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**Women, work, study and health:  
the experience of nurses  
engaged in paid  
work and further education**

A thesis presented in fulfilment of the requirements  
for the degree of  
Master of Philosophy in Nursing

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## **Abstract**

Most women undertake many roles in their lives; homemaker, partner, mother and paid worker. Nurses who may not have achieved to their potential during their earlier education, or who recognise the value of further education may be studying at a tertiary level. They may be working to increase their qualifications in addition to their other existing roles. While there have been positive effect noted from working outside the home and from being involved in study, there are some women who suffer feelings of guilt and stress from trying to combine these roles. Gendered expectations from themselves, their partner and the community have been found to influence women's lives and experiences.

This thesis examines the lives of eight women nurses who are engaged in study as well as part or full time paid work. A feminist analysis is made of the pressures and expectations that they experience from themselves, their families, their colleagues and their communities.

Currently, changes in the role of the advanced nursing practitioner are being discussed and New Zealand is experiencing the international trend towards difficulties with recruitment and retention of nurses. Recommendations are made which may assist to create a culture where nurses who advance their education, mainly at their own expense, can be utilised and valued to the advantage of New Zealand as a whole.

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# Chapter 1 - Introduction

## 1.1 Introduction

The history of nursing shows that the early organised nursing services were often administered by the church and managed by monks and nuns or associated with the military where men were involved in nursing care. During the nineteenth century nursing began to take place within the home and was considered to be a “natural” part of a woman’s character. Nursing then became seen as women’s work, developed as an extension of the invisible, natural and nurturing role already undertaken by many women within the home (Reverby, 1987; Baines, Evans & Neysmith, 1991). This has had an impact on its evolution as an occupation and as a profession. During the nineteenth century, Florence Nightingale established independent training schools in the United Kingdom, and in the United States nursing moved from the home into hospitals controlled by physicians. However, the invisibility and low value already placed on work within the confines of the home were transferred to the public domain.

This, together with a lack of control by its own members, has contributed to the ongoing undervaluing of nursing work and the lack of importance attached to further education (Reverby, 1987; Bunting & Campbell, 1990; Doering, 1992). This research project aims to explore the experience of women who are nurses and involved in further education, in addition to paid work in the profession and unpaid work in the home.

The necessity for nurses to be skilled and knowledgeable care givers and the need for them to undertake education in order to enhance their skills and to elevate their vocation to a profession began to be debated in the twentieth century. Early efforts to increase the knowledge level of nurses were controlled by physicians who restricted the knowledge required to that relating to issues of comfort and cleanliness (Doering, 1992; Bent, 1993; Miers, 2000). Nursing leaders who advocated professionalism, tried to distance themselves from the historical view of nursing as a domestic service requiring minimal skills (Mellos, 1989). Those advocating professionalisation saw specialist education or knowledge as important. Not all nurses, however, supported the move towards the

professionalisation of nursing, some believing that additional knowledge and technical skills were not necessary, or that proposing them to be important may harm the image of a caring vocation. Some who were still operating in the medically oriented paradigm were unable to see the need or relevance of a shift to a nursing paradigm. Some felt that their own education would be devalued. Others considered that nurses' skills were innate, that is nurses are born not made and that additional education was pointless (Melosh, 1989; Hughes, 1990; Baines, 1991; Newman, 1991).

There are many nurses who are aware of the value of maintaining or increasing their professional knowledge. Current graduate education aims to empower nurses, to develop a reflective and assertive practitioner with a positive self concept (Porter & Porter, 1991; Clay, 1992). Some of these individuals who are engaged in further education are supported by their employers and some are internally motivated. Many of these nurses are women and often they are involved in, and committed to, roles within their families or communities that are additional to their paid nursing work.

Studies conducted, particularly during the 1980s, have shown that there can be positive effects from the occupancy of multiple roles. Initially as with most research, these studies focused on men only. As studies began to include women it was found that the evidence that working outside the home benefited women, became less convincing (Doyal, 1995; Simon, 1995; Headlee & Elfin 1996). Women who added paid work to their already many roles, particularly if they continued to take major responsibility for the domestic labour in the home, experienced role overload and consequently anxiety and guilt. Further studies began to identify that while there were positive effects for some women, there were issues related to the experience of the particular roles concerned, which needed to be examined (Baruch & Barnett, 1986). The degree of control in the work setting and at home, the quality of the paid work experience and the desire of the woman to have a career or a job, all appeared to be relevant factors (McBride, 1988; Rosenfield, 1989; Lennon & Rosenfield, 1992; Dick & Anderson, 1993).

As well as the nature of the paid employment, the additional roles held by women were also shown to impact on whether the work experience had a positive effect on women's

lives. The continued responsibility for household management and difficulties with childcare appeared to create stress and lessen the positive effects (Lennon & Rosenfield, 1993; Glass & Fujimoto, 1994; Lennon, 1994; Doyal, 1995; Ross, Ridout & Carson, 1995; Simon, 1995). Women who as single parents were attempting to maintain their families, were particularly likely to be in paid employment, making this group particularly vulnerable (Headlee & Elfin, 1996). Although many women are involved in both paid and unpaid work, there may be additional issues to consider for nurses who in addition to this, engage in study.

This research evolved from my interest in the lives of women who were nurses and were involved in tertiary study in addition to their paid and unpaid work. As an educator and manager I was interested in examining the impact of adding postgraduate study to the multiple roles of women who could be staff members or students. I realised that I too fitted this profile. As a woman involved in study myself, I saw this thesis as an opportunity to explore the lives of these women nurses.

## **1.2 Aims of the study**

The aims of this study were threefold, including:

1. To describe the context in which increasing numbers of registered nurses are engaged in intensive study.
2. To explore the experience of women positioned in that context.
3. To identify the impact in terms of the health and wellbeing, on the women engaged in study.

## **1.3 Definition of terms**

### **1.3.1 Unpaid work and housework**

For the purposes of this study I have adopted the definition of housework described by Van Every (1995) and Kynaston (1996). They suggest that housework is the work done on behalf of the family, usually primarily by the woman, comprising tasks such as childcare, washing and ironing, cooking and shopping and cleaning. This work is unseen and undervalued because it is within the privacy of the home and because the restorative effects that will enhance the experience of partner and children are taken for granted. The labour output of the man is therefore increased by the efforts of the woman (Abel & Nelson, 1990; Angus, 1995; Doucet, 1995).

Male partners do not generally lessen the amount of housework to be done. Research has shown that having men in the house does not mean that housework will be shared. Unemployed and retired men have been shown to be unlikely to make a greater contribution to household work than those in paid work. When women are in paid work the amount of housework that they undertake is not generally lessened by their partners, although women themselves may cut down the amount of time that they spend (Delphy & Leonard, 1992). Additionally, women in paid work are also likely to feel that they are responsible for maintaining the management role of the family. They are likely to be the ones who make alternative arrangements for housework and childcare if this is necessary. It can be argued that not only are women exploited in that they are expected to take major responsibility for these areas, but that they are also less likely to have time for leisure activities (Bradley, 1995; Kynaston, 1996).

### **1.3.2 Paid work**

“Paid work” relates to the paid employment undertaken by the participants in the study, all of whom were involved in work as a nurse, either part time or full time.

### **1.3.3 Health**

The term “health” is used in its widest sense. Nursing uses the definition of the World Health Organisation (WHO); health is therefore “a state of complete physical, mental and social well being, not merely the absence of disease or infirmity” (WHO 1946. Cited by E. Bevis, p.4, 1979). The health of an individual therefore, depends on balance in their lives. The management of stress related to paid and unpaid work, job satisfaction and positive self-image are essential factors in a nursing definition of health.

## **1.4 The context of the study**

### **1.4.1 Nursing as a career choice for women**

It has been argued that individuals have been attracted to female dominated professions such as nursing, because of an interest in care or service. There has been an expectation or traditional view that women will fulfil this obligation as nurturing mothers (Reverby, 1987; Melosh, 1989; Bunting & Campbell, 1990; Baines, 1991). Studies conducted to identify motivating factors for career choices in student nurses have confirmed this. Kersten, Bakewell and Meyer (1991) found that the largest group in their study entered nursing because they wanted “to be nurturing caregivers” (p.32). Stevens and Walker (1993) who interviewed high school students regarding perceptions of nursing, found that those who were interested in nursing “wanted to help people” (p.15). More recent studies also indicate that perceptions have remained unchanged. Magmussen (1998) found that all her participants stated “the desire to be of service” (p.176) was a deciding reason to consider nursing as a career choice. The finding in a similar study by Hemsley-Brown and Foskett (1999) was that “to help people” (p.1345) was the main reason for choosing nursing. It has also been argued that women looked for a career choice that would allow them to both support their families economically and provide flexibility for family activities (Wuest, 1994; Magmussen, 1998).



Recently a change in nursing students' attitudes towards their chosen profession has been noted. Boughn and Lentini (1999) found that in the 1990s, in addition to a desire to care for others, the strongest motivating factor for the women in their research was the potential for power and empowerment for the nurses, and those with whom they would work. This change in attitude is part of the context that sees women who initially registered as nurses in the 1970s and 1980s, pursuing university study in the 1990s.

### **1.4.2 Educational level on entry to training and education in New Zealand**

The educational entry requirement for hospital based programmes in New Zealand during the 1930s was two years secondary schooling with a rise to a requirement of School Certificate in the 1960s (Burgess, 1984). These requirements reflected the attitude towards the education of the nurse and the belief that in order to participate in the profession, an ability to care and attend to the patients' pillows was more important than the knowledge to make judgements or critical decisions.

Advanced Diploma of Nursing programmes in Technical Institutes which began following the Carpenter Report (1971), usually required University Entrance or demonstration of successful study at a tertiary level. Managers of these programmes preferred nurses to have worked as a registered nurse prior to entering the programme. Most graduates had between two years and ten years of experience as a registered nurse prior to commencing. Intending students applied to their employer for sponsorship. A study conducted by Young (1987) found that school qualifications were not as important a part of the selection criteria, as were nursing qualifications and experience. Educational background varied with 12.7% having obtained no formal qualifications, and the largest group of 25% having University Entrance. In other words the perception that nursing education did not require intellect was perpetuated by those selecting participants for sponsorship for programmes. In spite of the selection criteria, when tutors teaching in the programmes were asked about study performance during the programme, 70% believed that those who had previous academic success were more likely to succeed in the programme (Young, 1987).



The move, which began in 1973, to a comprehensive registration system and programmes in the education sector resulted in a higher entry level. In most areas the equivalent of a pass in the University Entrance examination was expected. With the advent of undergraduate degrees in nursing in the early 1990s the entry level to programmes was reviewed. Applicants were all expected to meet the requirements for entrance to university although programmes were still available to assist with up-skilling for mature entrants.

## **1.5 The escalation of qualifications**

During the late 1960s in New Zealand, concerns were voiced regarding the attrition rates, the costs of nurse preparation and the standard of care provided by unqualified staff, resulting in a major review. Until this point it had been felt that training of nurses in a caring and nurturing vocation did not require an intellectually challenging and scientific education (Beletz, 1991). Dr Helen Carpenter's report "An Improved System of Nursing Education for New Zealand" was produced in 1971 and this resulted in the beginning of the transfer of nursing education from the practice to the educational setting. Graduates who completed these programmes were awarded a Diploma of Nursing as well as their nursing registration as Comprehensive Nurses.

Nursing education's shift from the clinical setting to the educational setting, in New Zealand the Technical Institutes, gave nurses, rather than doctors, control over the nursing profession. Despite this, it could be argued that the power which was traditionally held by the physician shifted to the nursing administrators and educators, rather than being devolved to the staff nurses and the wider profession (Mason, Backer and Georges, 1991). The move from the clinical to the education setting was followed in the 1990s by the development of Bachelor of Nursing or Health Science degrees which were ratified as the entry requirement to the profession. It was believed that in a rapidly changing world nurses needed to be able to utilise research and maintain their skills through a commitment to life-long learning. These skills were to be taught in the new degree programmes. Opportunities were made for nurses who had completed their

registration requirements prior to this point to obtain their degree. In spite of an element of apprehension at the prospect of returning to study, many nurses chose to do this.

## **1.6 Post basic nursing education in New Zealand**

The first attempt to provide further education for nurses was made by the New Zealand Trained Nurses Association, which persuaded the Otago University to offer a year long Diploma in Nursing in 1925. This programme collapsed the following year after disputes over funding issues. More success occurred in Wellington, where in 1928 a six month programme began. This was a joint venture which developed into the School of Advanced Nursing Studies which ran a successful programme with many adaptations and updates until 1978 (Burgess, 1984). In the Technical Institutes the development of the Advanced Diploma in Nursing took over from the School of Advanced Nursing Studies following the implementation of the Carpenter Report (1971).

Along with the development in basic nursing education, Dr. Carpenter's report recommended the development of nursing papers within the universities. This recommendation was part of a worldwide trend towards the professionalisation of nursing. Massey University and Victoria University both subsequently developed programmes for registered nurses with Massey moving from Diploma to undergraduate Bachelors and Masters degree levels. Massey and Victoria now provide opportunities for nurses to undertake doctoral studies in nursing. Auckland University of Technology and Otago University and some polytechnics also provide opportunities for postgraduate study.

Many nurses have realised the opportunity for enhancement of their nursing practice that is presented by engaging in postgraduate study. Others have found that in order to advance their positions or to create or move to new positions, additional postgraduate education is required. The decade of the 1990s saw the development of a new registered comprehensive nurse who had obtained a nursing degree. It also brought recognition of the future possibilities of the nursing role and a realisation by many nurses that additional education would be necessary in order to enhance their nursing practice and employment opportunities (Ministry of Health, 1998).

The political and social climate in which the proposed move to nurse prescribing and the expanding role of the nurse is being discussed, signals a change in the culture of nursing. Registered nurses are undertaking further study in recognition of this. In order to support the financial costs of their study and to continue the contribution they are making to their family income, most nurses continue with their nursing positions while they study part time. Others have to take leave to complete their studies. Despite this, successful completion of their study or advanced qualifications, in many instances, do not bring financial rewards. This research examines the experience of a group of these nurses.

## **1.7 Summary**

This chapter has introduced the research and described the New Zealand context in which nurses commenced their careers. I have outlined issues relating to women's involvement in unpaid work in the home and the possible effects of working in paid employment outside the home. The development of a change in the culture of nursing and the advent of professionalisation have been described. The attitudes of both administrators and nurses themselves, who historically considered advanced education to be unnecessary, has been identified. A brief history of nursing education and the current political and professional thinking, which at this point encourages nurses to undertake postgraduate study, has also been outlined.

The plan for the thesis is as follows. Chapter One provides an introduction and background, setting the context for the research. Chapter Two describes and analyses the literature previously published regarding women's paid and unpaid work and the stories of registered nurses returning to study. Chapter Three discusses issues relating to feminist research, the method used for data collection and analysis, the ethical issues related to the research process and introduces the themes. Chapters Four and Five present the themes identified in Chapter Three, with an analysis linked to the literature. Chapter Six discusses issues raised, the limitations of the research, the implications for nursing and education and suggestions for further research.

In the next chapter, I will provide an overview and analysis of the literature relating to the effects on women's lives of engaging in paid and unpaid work. I will also examine specific research that has explored the lives of mature nurses who have returned to a tertiary educational setting to further their education and qualifications.

# **Chapter 2 - Literature Review**

## **2.1 Introduction**

The literature search explored material from nursing, social sciences and educational sources, which examined issues of women's paid and unpaid work, the effects on health of work and the experiences of nurses' returning to school. This search was limited to the last ten years unless the material was considered of historic or noteworthy interest. The literature review critically explores the relevance of studies that have examined the effects of women's public and private roles. In particular, it considers the effects on women's health and lives of returning to study as a mature student.

## **2.2 Women and unpaid work – gendered expectations**

Women's unpaid work has become a subject of study over the past 30 years. Feminists, particularly in the 1970s, began to challenge the assumption that women who were engaged in housework were not employed in work. In 1974 Oakley published her work which described housework as "real work" rather than an expression of the female role. The industrial revolution had previously changed the productive relations within the home creating a situation where work outside the home (usually men's work) was paid and seen to be of value. Women's work within the home was invisible and their value was seen as maintaining the home and family. This provided a less stressful environment for men, because of the care from their female partner at home and they functioned better at work (Delphy & Leonard, 1992; Bradley, 1995; Headlee & Elfin, 1996).

This maintenance of the home and family is seen to create women's unpaid work and includes housework, such as cooking, washing and cleaning as well as childcare and care of elderly parents (Van Every, 1995; Kynaston, 1996; Bulbeck, 1997). The definition may also be widened to include the additional work done by women such as arranging holidays, communicating with relatives and providing support and transport for partners and children, often referred to as the emotional work (Delphy & Leonard,

1992; Payne, 1999; Thompson, 1999). In an analysis of which partner undertakes what task, some tasks may be described as gender neutral, for example cooking, or gender segregated, for example bathroom cleaning (Gregson & Lowe, 1994). Seymour (1992) has examined the concept of leisure time in families, suggesting that the lack of leisure time for women is a gender issue and unrelated to whether or not they are in paid employment. Men in her study who were not in paid employment and were financially supported by their wives still appeared to take for granted their right to leisure time and hobbies. The majority of women's time was spent in housework and childcare.

An article by Cook (1994), written for career counsellors discussing roles, career patterns and gender, points out that expectations regarding gendered behaviour may lead men to believe that their role is to provide, and that in fact by doing this they are making their expected contribution to domestic responsibilities. Even when the female partner makes a financial contribution to the household he sees his role as helping, rather than an equal contribution. The concept that women's work appears invisible may contribute to this. If the male partner does not see his female partner's contribution he will not realise that including paid work in her day will increase her workload. This article does not appear to question or analyse the points raised regarding occupancy of roles.

Researchers who have examined the fairness of women's housework and the perception of both women and men towards housework, maintain that there is little change in housework allocation in spite of women's increasing participation in the paid workforce, and that many women are accepting of this (Blair & Johnson, 1992; Brines, 1994; Lennon & Rosenfield, 1994; Sanchez, 1994). This belief is puzzling to researchers and has been questioned by them. It has been argued that women who feel that their contribution is fair, see their housework as part of their share, particularly if they are not in paid work or their paid contribution is less than that of their partner (Acker, 1988; Hoschild, 1989). Brines (1994) using data drawn from 1985, suggests that this argument is gender blind, and that it does not consider that gender itself is being displayed by each partner, during the earning of the greater share of the income or the completion of the housework. Sanchez acknowledges that her quantitative study does not uncover the reasons for apparently contradictory statements from her respondents. Lennon and Rosenfield, using data from a survey conducted in 1987-88, found that most women in their study considered two thirds of housework to be a fair



share for them and postulated that marital power impacted on their beliefs. In other words, women who believe their position to be dependent perceive their situation to be fair. Sanchez, in work published in 1994, deduced, from data collected in 1987-88, that the number of women's employment hours had little effect on the number of hours of house work in which they were likely to be engaged. She notes that, although in many cases women in paid work are unhappy, with respect to the allocation of housework little change has apparently occurred. While she recognises this incongruity and seeks to examine literature to explain it, there is limited exploration of the effects of power and gendered expectations within the relationships in this work. Although these writers are publishing work in the mid 1990s, their arguments appear to be impacted upon by data that was collected some time before.

Lennon and Rosenfield (1994) in a quantitative project, also found that women appear to accept the situation as being fair. These writers suggest that this is part of a larger belief system where women allocate fewer rewards to themselves. They state that perceptions of fairness by the women may be affected by a social exchange perspective. This suggests that the partner with fewer resources, for example ability to provide economically, has less power in a relationship. The review of the literature the researchers completed appeared to support this, however this was from the 1980s and earlier. They proposed research which investigated the theory that for women the lower the income and the more they stood to lose with divorce, the more likely they were to see unequal distribution as fair. They ask "...what determines employed women's perceptions that it is fair for them to do a larger share of household chores?" (p.508).

The data for the study by Lennon and Rosenfield (1994) came from a large survey of employed married individuals. In restricting their study to married persons there is limited opportunity to explore the different power relations which may operate in alternative partnerships. The results indicate that power issues rather than gender issues influenced women's perceptions of fairness. The woman who was going to be worse off if the partnership/marriage failed saw the unequal distribution as fair – in other words, she did not believe she had the right to more assistance. There appears to be an acceptance by these researchers that women's choices are restricted because of their dependence on marriage. However, this analysis does not seem to consider that in many

cases the woman's economic situation is related to her care of their mutual children, who are likely to have been created by both partners in the marriage.

Research by Blair and Johnson (1992) attempted to study the perception of fairness regarding the division of household labour. The researchers suggested that the reason that women who were not in paid employment felt that the division of housework was fair, was because they were demonstrating caring for their families. Instead of identifying this as the result of gendered expectations held by the women, completing an unfair share of the household labour was seen by the writers as a symbolic benefit of women's unpaid work.

More recent writing by Dempsey (1997) also attempts to explain the acceptance by men, and some women, of persistent inequalities. A difference noted in his qualitative research was that fewer women were happy with the unequal load, although they were finding it difficult to change their situations. However, his research confirmed that many men and women in Australia accepted an unequal share of housework by women. His attempt to explain this was based on theories of socialisation and traditional beliefs and the impact of power. He appears to take a broader view of partnerships and also considered *de facto* relationships. Dempsey believes that women may be more likely to compare each other's partners and their contributions that they made, rather than looking at their own individual situation.

Greenstein (2000) describes a study in which she attempted to replicate and extend the study by Brines (1994). Greenstein (2000) suggests that in partnerships where women are not economically dependent on their husbands, but where they maintain the major responsibility for the housework, imbalance of housework participation is not a gender issue. She considers it an effort to neutralise what may be seen as deviance in a situation where the woman is earning more than the husband. Whilst Greenstein's (2000) assessment may be accurate, her argument in itself conveys the degree to which gendered assumptions are deeply embedded in domestic relationships.

Researchers who have specifically examined the division of labour within dual career households include Weirisma and Van den Berg (1991), Marshall (1993), Gilbert (1994), Gregson and Lowe (1994) and Mintz and Mahalik (1996). Weirisma and Van



den Berg (1991) in a quantitative study, using participants who used day care facilities for their children, considered the impact of gendered expectations and attempted to measure work-home role conflict. This study found that the women participants experienced more role conflict than men did and postulated that this was related to the degree of support provided by family members.

Marshall (1993), using data that she collected in 1990, also looked at the division of housework and found inequalities. Most of the women in her study completed the majority of the housework in their homes. The author of this Canadian study found that younger dual earning couples were slightly more likely to share responsibilities equally but does not identify a reason for this finding. She also found that women with higher educational backgrounds were less likely take the major responsibility for household work and suggested that this may be related to their higher contribution of family income. She does not suggest a possible link between these findings. Marshall also points out that women continue to have primary responsibility for the planning and organising of many of the household chores, most of which have to be managed daily, whereas men, who may take responsibility for outside chores, for example lawn maintenance, can delay these to suit.

A qualitative study with fifty-nine households, conducted by Gregson and Lowe (1994) also looks at the sharing of domestic labour in dual career households and in particular the impact this has on the employment of paid help for housework or childcare. They found that the way the tasks are allocated to the paid worker depends on the way the household operates, whether it is on a traditional or shared model. In most cases in a traditional household tasks are taken from the female partner and the male partner is unlikely to contribute more. In a shared arrangement the sex segregated tasks, for example washing and bathroom cleaning, tend to be reallocated and the couple continue to share the sex neutral tasks, for example cooking and shopping.

Gilbert (1994) provides an overview of research into the lives of dual-career families. She focuses on the experience of women and suggests that there is a shift towards a more egalitarian sharing. In particular she believes that some men want more involvement with childcare, although they may see other domestic chores as more their partner's responsibility than their own. She also argues that women who consider that

they are contributing more financially feel more entitled to participation by their partners in household work. In this article, as with those above examining dual career households, the woman's experience is described and different patterns of family arrangements are identified, but there is no analysis of why responsibilities are allocated in the way that they are and therefore no real signposts for change.

Mintz and Mahalik (1996) provide a different perspective in their quantitative study examining men's roles in dual career families. This study uses three role types – traditional, participant and role sharing and describes the effects on the male in these categories. Whilst male partners in role sharing relationships were more likely to view their partners as equals, men's perceptions of gendered roles influenced their household participation. A limitation of this study was the requirement for participants to be married, partnerships were not described and therefore a sector of society was ignored.

In her qualitative study Van Every (1995) attempts to examine the division of labour in "anti sexist" living arrangements and make this visible rather than marginalised. This research has relevance because it begins to examine alternative attitudes to sharing housework. The author identified that the common factor for these households was that the women in the study were rejecting the commonly held view of "wife." This was demonstrated by remaining unmarried, not advertising marriage by taking on the husband's name, living in lesbian partnerships and maintaining financial independence. The result of this rejection was not only a shared division of housework, but for the women in paid employment with children, the housework was mainly completed by men so that both parents could take part in the child care.

The studies described, show that attempts are being made by researchers, to examine, describe and analyse the allocation of household work. Research on the perceptions of women of the fairness of their situations, has been discussed. There are several limitations to these studies, for instance many of them appear to be based on data collected in the 1980s. I would argue that in the 1990s attitudes and expectations have changed, albeit not yet fully documented in research. Many of the studies are quantitative; perceptions of fairness, and attitudes, may be identified more readily in qualitative research. Although researchers identify and discuss gender-related issues, on the whole they do not appear to examine critically the impact of power or gendered

attitudes within the relationships themselves. This means that they are subsequently unable to suggest realistic ways to encourage change in the unequal partnerships that they have identified.

## **2.3 Multiple roles of women and the effects on health**

The numbers of women in paid, particularly part time work has been increasing steadily since World War Two (Cook,1994; Doyal, 1995; Headlee & Elfin, 1996; Probert,1997). However, it can be shown that women in paid employment outside the home, believe they are still responsible, in the main, for the management of household work and the care of children. This responsibility occurs whether or not they have a partner, as studies show that the partner is unlikely to have a major input into the domestic labour (Delphy & Leonard, 1992; Cook, 1994; Angus, 1995; Bradley, 1995; Knyaston, 1996; Bulbeck, 1997). Many women also live in a culture where a traditional view of the gender division of labour supports this expectation (Shipley & Coats, 1992; Bolak, 1997).

Baruch and Barnett (1986) examined the social roles of paid worker, wife and mother and the quality of women's experience in these roles in relation to psychological well being. Self esteem was positively related to paid employment, well being was related to occupancy of roles such as paid worker, but the quality of the experience in the role was important. This research involved Caucasian women only, thus limiting the scope of its findings. However, this study is important because it begins to draw attention to the differences between individual women as well as amongst the experiences that they may have.

Several studies, published in social science literature, have attempted to identify the relationship between stress, depressive illnesses, paid employment, domestic responsibilities and the impact of social support (Rosenfield, 1989; Lennon & Rosenfield, 1992; Glass & Fujimoto, 1994; Lennon, 1994; Ross & Bird, 1994; Simon, 1995; Thoits, 1995). While an attempt is made to look at the different experiences of men and in some cases the impact of gender expectations, these writers constantly refer to "wives" or "married women." For example Glass and Fujimoto (1994) considered "cohabiting couples and partners," however, "for convenience referred to female

partners as wives” (p. 182). In the interests of convenience therefore, these authors rendered invisible the experience of a large group of women such as de facto couples and lesbian couples.

The different experience of women who were involved in paid and unpaid work was studied by Shipley and Coats (1992) and Barker (1993). Shipley and Coats (1992) surveyed and interviewed women to examine differences between the experience of low-income single mothers, better paid single mothers and married mothers. Barker (1993), using questionnaires sent to 328 women working in organisations, looked at the difference in experience between the woman working part time and the woman in full time work. The difficulties in accessing volunteers for the research conducted by Shipley and Coats (1992) may have influenced their findings, but the researchers were surprised to find the women’s experiences to be more similar than different. The exception to this was that although all women had difficulties accessing childcare, the single low-income women had considerably more difficulty. This has implications for single nurses with children who may require childcare.

Barker (1993) found that women working part time were more likely to be marginalised in their place of work, their job security was less, but that on the whole they were happier combining their careers and their family roles. This may have relevance for women who choose to add study to their lives as mothers and nurses. The findings of this study are limited by the narrow range of participants – lawyers and nurses, who were recruited through professional organisations in the United States. Twenty five per cent of those women did not have children, which would have been likely to lessen the impact of their household responsibilities.

In another project that compares groups, Simon (1995) examines differences in mental health outcomes for men and women, related to multiple roles. She believes that an understanding of the meaning attached to the roles by men and women may help to explain why the advantage for mental health for women is not as great as for men. Her research showed that men believed their primary role was to provide economic support and women believed their role was related to the home. Women in this study did not demonstrate insight into the impact of gendered expectations as a reason for their feelings of guilt or inadequacy. Instead, they believed that it was their own time

management that created the problems. Simon (1995) believes that positive feelings regarding employment are linked to contributing economically to the family. A question is therefore raised related to the woman who combines study with her other roles – it does not immediately produce income and is in fact a drain (because of fees); does this have an impact on the positive benefits of study? The author points out the need for research with divorced couples, however I believe it may be useful to research the experiences of single parents.

A recent study by Kennedy (2000) also compared groups. She compared women who were grouped by age in order to determine differences between stressors and health problems experienced and coping mechanisms. She found that although middle aged women (30-45 years) reported more stressors related to their multiple roles and lack of support from partners, on the whole they had better coping skills than younger women (18-29 years). This study suggests that not only are middle aged women juggling demands from partners, children and parents along with their employment but that they are less assertive and may meet their family's needs before their own. No analysis of the possible contribution of gendered expectations to the existence of these attitudes was made however.

Studies where the author critically reviewed and analysed other research and reinterpreted the findings included those by McBride (1988), Angus (1995) and Doyal, (1995). McBride (1988) reviewed research that examined the mental health of women managing multiple roles; parenting, working outside the home and caring for elderly parents. She believed that there was evidence to support the existence of role strain and subsequent overload and suggested further research was needed to establish the link between this and mental illness. Angus (1995) analysed literature to produce a picture of the working lives of women in Canada. She believes that the unpaid work that women engage in whilst supporting others may compromise their own health. She points out that public and paid employment counts as work, whereas activities within the home are private and invisible. The article discusses the concept of the home as a haven for the man but as a source of never ending work for the woman, with little change in this feeling when the woman is working outside the home in addition to completing household tasks. Angus (1995) found that there is little increase in the amount of housework completed by the male partner when both partners are in paid



work. Doyal (1995) interpreting several studies completed on the benefits and disadvantages of paid work, concludes that part time work may have health benefits for women with young children. She believes that it is important to consider the individual woman and the type of work she may be doing, but does not mention that the unique set of family circumstances will also be relevant.

The relationships between paid employment, parenting and the experience of stress or psychological distress were researched by Barnett and Marshall (1992) and Tingey, Kiger and Riley (1996). Barnett and Marshall (1992) using quantitative methods, examined the concept of "spillover" where work related or home related problems spill into the opposite arena. This study surveyed women who were employed full time as social workers or licensed practical nurses. This study did consider the possibility that women may live with partners rather than husbands. It was found that there were positive spillover effects to the home from rewarding jobs as shown by reward and concern scales. The authors suggest that these women compartmentalise any psychological distress they may experience at home or work. I would ask, does the occupation that they have chosen make them more likely to do this? What effect does this compartmentalising of their feelings have on their health? The study by Tingey et al. (1996) confirmed the findings of other studies which showed that difficulties with childcare arrangements and lack of a sense of control were associated with feelings of stress. They argued that because women were satisfied with the division of household tasks and providing emotional support, they were not stressed. They argued that this is because working mothers "take pride in and derive a sense of power from family work" (p. 189).

Studies which have attempted to examine the lives of women of other cultures include those completed by Hraba, Lorenz, Lee and Pechacova (1996), Bolak (1997), Douglas, Meleis and Paul (1997) and Warren (1997). These studies have examined the experience of women from Czechoslovakia, Turkey, Mexico and African American women from the United States. Bolak (1997) used a qualitative design for her study; the other studies were all completed using questionnaires. The researchers attempted to identify differences in these women's lives compared with previous studies of mainly Anglo Saxon women. They found that lack of control over the individual situation increases stress and that the particular role experience, rather than the number of roles,

was important. In fact their findings are similar to those already reported. There was no reference to the sexual division of labour in the majority of these studies; Bolak (1997) is the only researcher who considers gendered expectations to be relevant to the study of women's experiences of paid and unpaid work.

An additional study sought to explore the experience of African American working women who attended a programme to decrease role conflict and increase psychological well being (Sims & Napholz, 1996). The women in this qualitative study believed that they carried both race and gender minority status and that this affected their work environment and led to abuse in the workplace. They felt excluded, invisible and experienced negative attitudes from colleagues. These feelings produced physiological responses such as headache, backache and diarrhoea. Because their expectations were that they would be in paid work all their lives, they did not report feeling conflict relating to their paid and unpaid work. They believed that their stress occurred because of conflict in the workplace related to race and gender.

The studies described, which have sought links between the holding of multiple roles and mental health in women have some limitations. Results regarding the occurrence of psychological distress or stress relating to the balancing of working and domestic roles are inconsistent. The existence of distress appears to be dependent on the experiences of women, issues with childcare and a feeling of lack of control in the home or workplace also playing a part. It is the need to continue to take total responsibility for the organisation of the household that appears to create the stress. Researchers, while identifying this in the main, have not examined what it is that is creating this expectation. The impact of gendered expectations both by women and men does not appear to have been considered. A recognition of the different possibilities in living arrangements for women was rare in literature studied, the social science literature in particular, appeared to consider married, heterosexual relationships only. The different experiences between women have not been highlighted and this may be contributed to by the research methods used. Large quantitative studies may not identify the particular experience of individual women, single parents, women of colour or homosexual women.

## **2.4 Issues of personal control at home and at work**

A focus of the literature is the issue of control, both over paid work and at home. Personal control is seen as an important predictor of well being, and it is believed there is an interaction between control at work and demands at home. Researchers who examined the relationship between job control and family demands showed that there was a relationship relating to the level of job autonomy. It was found that the woman with less job autonomy might show greater signs of distress in terms of family demands related to children (Rosenfield, 1989; Lennon & Rosenfield, 1992; Lennon, 1994). Rosenfield (1989) suggests that alterations to the division of labour within the home could lead to a feeling of control for women because of the sharing of demands of housework and children. It is also argued that the results support the theory that women's health outcomes would be improved if their jobs were characterised by greater control and complexity. This finding has relevance for registered nurses where perceived job autonomy varies considerably depending on their position and their workplace.

Other studies which examined the effects of control in the work life conducted by Ross, Rideout and Carson, (1995) and Walters, Lenton, French, Eyeles, Mayr and Newbold (1996) showed that lack of control in the work environment was a factor in creating stress for both sexes. The study by Walters et al. (1996) pointed out the need for more study in the area of difference between men and women. For female nurses who were involved in caring both at work and at home, the study by Ross et al. (1995) showed that there was an association between health problems and the demands of their unpaid roles at home. Ross et al. (1995) also considered the benefits, which were seen to be financial as well as opportunities for personal and family growth. These researchers stated that feelings of control are important with regard to being satisfied at work and home and suggested that nurses need to balance their personal and professional lives and seek strategies to lessen the demands, particularly at home. While supportive to nurses and women, this article only considered heterosexual relationships and discussed the need for "husbands" to play a more active role in household management. This not only places the responsibility for balance on the shoulders of the woman, it ignores the



many women who may have no support at home and for whom it is difficult to lessen demands.

Factors such as a feeling of personal control in the workplace and support, both there and at home, to balance the effects of role conflict where nurses in full time work returned to study were found to be important in research conducted by Dick and Anderson (1993). They investigated the relationship between burnout and the multiple roles and argued that for the participants in their research, adding study did not increase the level of burnout. In the current New Zealand health environment a feeling of personal control and support from the work setting may not be a feature of the lives of some employed women. Therefore the balancing effects of control and support may not always be available to them. I would further argue that, given the demographic information stated, the factors that may have influenced the degree of role overload were not identified. Although most of the respondents were women, the study was not limited to women; gender issues again, were therefore not addressed. Eighty per cent of the respondents were described as married or divorced, however there was no data gathered on whether they cared for children. The initial analysis showed no difference between part time and full time workers, therefore this factor was not studied. These two factors, caring for children and the difference between part time and full time work, have been shown in other studies to relate to stress levels (Rosenfield, 1989; Glass & Fujimoto, 1994; Lennon, 1994; Doyal, 1995; Ross, Ridout & Carson, 1995). Ignoring these factors must therefore be a significant limitation of the study by Dick and Anderson (1993).

A language of powerlessness and a feeling of lack of control while at school were identified by Rather (1994) in a qualitative study with female participants. During unstructured interviews participants were "asked to describe anything that stood out in their minds about what it is like to be a registered nurse returning to school" (p.264). As a lack of control in paid and unpaid work has been identified as contributing to feelings of stress, we need to consider the effect of this feeling with regard to the experience of education.

## 2.5 The return of the registered nurse to tertiary study

As the philosophical and legislative shift from diploma to degree preparation for registered nurses occurs, increasing numbers of registered nurses and (in New Zealand) enrolled nurses, are returning to tertiary education to upgrade their qualifications. Studies have examined different aspects such as the profile of these women (Green, 1987) and their fears and motivations (Mannion, Gierulski, Wheeler, Weiksnor, Yankelitis & Haggerty, 1993). The experience of the registered nurse has been examined by writers such as Baker (1992), Hersey (1993) and Rather (1994). Strategies to assist them have been identified by Mannion, et al. (1993), Dailey (1994) and Kearney (1994). I noted that articles in nursing literature on the whole seem to consider the total experience of the woman, in contrast with some of the social science literature.

Green (1987) in a study that is referred to by many researchers examined the profile of learners and the interface between their lives and their returning to school. She gives very specific information regarding the demographics of the learners – age and sex in particular. She points out that age may have an impact because of midlife and developmental upheaval. She notes the many roles, such as homemaker, partner, paid worker and parent/mother that may be held by the student. She believes stress affects physical and mental health and looks at strategies to assist the mature nurse learner. A quantitative study by Mattson (1990), using students in a Baccalaureate completion programme also examines the implications of coping and stress related to developmental maturity. The author believes that students with higher scores on a measure of adult development will use more effective coping strategies. Although the focus appeared to be on women, the sample included males but the discussion did not identify differences in coping behaviours between women and men. She found that the most influential predictors of coping effectiveness were developmental maturity and past successful coping with a similar incident. There was a lack of correlation between age and developing maturity, supporting research that asserts people mature at their own pace.

Two studies undertaken in the United Kingdom looked at the experience of older students undertaking a pre-registration diploma alongside younger students. Both

female and male students were surveyed and all groups described concerns relating to financial costs, fear of academic failure and family commitments. Glackin and Glackin (1998) defined older students as twenty-one and older and Lauder and Cuthbertson (1998) used twenty-six years as the defining point. This affected the number of participants who perceived they had family commitments that were seen as interfering with their study.

Both women and men were surveyed using a questionnaire with both structured and unstructured questions. The researchers noted that female students described problems with childcare, domestic duties and hobbies but that a minority of male respondents encountered these problems. The authors of both these studies argued that mature students did in fact encounter significant problems as a result of their participation in study compared with younger students. Although the methods used enabled a comparison to be made between female and male students and it was identified that female mature students had more course and family related problems, no attempt was made to discuss reasons for these.

The importance of recognition of prior learning and experience appears to be an important factor for mature students, the effect of which is not always examined in studies. This aspect is surveyed by Viverais-Dresler, Rukholm and Koren (1991), in a Canadian study where the personal effects of undertaking challenge testing by mature students is examined. The authors also argue that distance students may experience more anxiety than on site students because they attempt to maintain all of their current roles. This contrasts with the intention of lessening stress by offering a programme with greater flexibility (Dailey, 1994). The discussion showed that students who were not in paid work reported more “uplifts” (p. 416) or positive effects from study, than part time or full time employees. This suggests that participating in paid work increases the amount of stress. However the total life experience of the woman has to be considered, and this may also be linked to research which suggests that increasing the number of roles can be beneficial (Baruch & Barnett, 1986; Lengacher, 1993).

Researchers in the United States and the United Kingdom have investigated motivating factors that have encouraged mature nurses to return to study. Mannion, Gierulski, Wheeler, Yankelitis and Haggerty (1993), in a quantitative project, attempted to identify

why registered nurses returned to school. Motivation was not well reported apart from a belief that there would be an increased likelihood for advancement. Factors relating to already existing roles were not considered, because there was no attempt to differentiate between the experience of men and women. However, it was noted that the majority of respondents were internally motivated, that is they did not feel under pressure from their employers to upgrade their qualifications.

This contrasted with research completed in the United Kingdom where the participants, who were enrolled nurses taking part in a conversion programme, felt there was pressure from employers to upgrade. This project by Dowswell, Hewison and Millar (1998) focused on motivating factors for study and the effects on the work and lives of the participants. Although the majority of these people were women, the survey did not exclude men. All participants had felt "trapped" (p. 542), and insecure in their work roles. While they acknowledged that they felt up to date, the majority did not feel that their practice had been enhanced by their study. This may have been related to the length of time that they had been practising as enrolled nurses or to the nature of the programme that they were undertaking. This study can be related to the experience of registered nurses in New Zealand who feel that they are being left behind by nurses graduating from degree programmes.

The effect of motivation on the academic success of registered nurses undertaking a Master of Nursing programme was examined in a descriptive, correlational study by McEwan and Goldenburg (1999). All the nurses were female, although this was not a requirement of the study. Gender related issues therefore were not considered to be specifically important. A further limitation of this study was that it took place during the first semester of study, limiting the amount of information gathered. McEwan and Goldenburg (1999) argued that academic success was multifactorial, but that participants had indicated that internally motivating factors such as personal goals and career advancement were their main reasons for studying towards their Masters degree in Nursing.

One of the few feminist studies located was one undertaken by Glass (1997) in Australia. She used a survey, journalling and interviewing to elicit women's stories about returning to tertiary education as registered nurses. Glass (1997) believed that in

order to understand and critique women's positions she needed initially to survey males and females. Glass (1997) describes a feeling of growing empowerment among her participants who felt safe to speak out regarding their experiences to other students, but not always to colleagues in their workplaces or to their families. She identifies their reversion to a feeling of powerlessness to be linked to their previous experiences of oppression in work and family roles.

Glass (1998) extended the exploration, focusing particularly on the experience of registered nurses in the workplace during their degree study. She also interviewed nurses who were not participating in study and examined the statements made by both groups. The registered nurse study group found many of their colleagues in the workplace to be negative to, and rejecting of them, because they did not see any value in university study. The group who were not studying believed that it was not possible to study at a tertiary level and continue to be a caring nurse. Glass (1998) believed that these behaviours were a demonstration of the oppression felt by the women nurses. This links to the earlier research by Dick and Anderson (1993) who argued that support by colleagues in the workplace lessened the feelings of stress and burnout for the nurse who was in paid work and engaged in study.

A qualitative study was undertaken in Canada by Macdonald (1998). She interviewed nine women who were registered nurses with children, from a range of cultural backgrounds. All were in either full time or part time work and two were enrolled in degree nursing programmes. The focus of her study was to identify sources of energy that facilitated the caring behaviours of her participants. Supportive relationships at home and work, as well as caring for themselves assisted these women to balance their lives. The two women who were studying found the experience while challenging, to be energising. Another qualitative study which explored the experience of four married women who returned to study as full time students in a doctoral programme was documented by Padula and Miller (1999). These women were psychology students. The researchers, following recognition of the difficulties they experienced identified the need for further qualitative research to better understand women in this position.

The relinquishing of the work role is mentioned by Hersey (1993) and Keddy (1994). Hersey (1993) writes her article as a guide to nurses contemplating a return to study.



She describes giving up paid work in order to facilitate her study as the loss of a legitimate and public role in return for one which she saw as less legitimate for an adult. Although Keddy (1994) touches on this in her work on mature nurses, I have not found grieving for a lost role described elsewhere in the literature. I believe that it may be an additional factor in the number of roles onto which the mature student attempts to hold. If paid employment is seen as a positive factor in women's lives, feeling compelled to reduce it, to continue their education, must be a significant loss.

Several studies have been completed within New Zealand, examining the experience and practice of registered nurses engaged in study. Dixon, (1996) examined the difference in practice, for enrolled nurses once they had completed study in a conversion to registered nurse programme. She noted some surprise regarding their plans to upgrade their qualifications within the friends and colleagues of the enrolled nurses. For example the statement "what are you doing that for, you're already a nurse?" (pp. 200/201). This demonstrates the belief for some, that education for nurses does not need to be extended.

Two New Zealand studies have examined the experience of registered nurses undertaking tertiary study as mature students. Idour (1997) described the lived experience of nurses, focusing on what they considered to be the highlights of their experience. She used both men and women as participants in her study. She describes the returning registered nurse as "the Juggler" (p.112) as they attempt to balance their multiple commitments. Seaton (1998) examines the lived experience of the registered nurse who returns to a New Zealand polytechnic to undertake a baccalaureate degree, focusing in particular on the experience of the programme itself. Although both these studies are of considerable interest because of their local nature, they do not specifically consider the gendered experience of women who balance the different roles in their lives.

The motivation which encourages women to include study in their busy lives has been identified for some as intrinsic motivation and in some nurses, as being related to the qualification escalation. However, there are many nurses who chose not to return to study and who in fact may react negatively towards the nurse undertaking tertiary studies. We need to find out more about what motivates both of these groups of women

in order to assist them to provide the best care. Although the majority of studies identified examining the experience of the registered nurse returning to study have focused mainly on women, this relates to the demographics of the population studied. Most studies did not specifically *exclude* men, indicating a lack of consideration of the possible difference in life experience between women and men. A gap has therefore been identified in the research examining the experience of women who return to study as mature students. In particular research has not been conducted on the gendered circumstances that relate to their positions within their families and the worlds in which they live.

## **2.6 Summary**

In this chapter literature which has examines women's lives in paid and unpaid work has been discussed. I have also looked at research that has been undertaken with nurses who have combined these paid and unpaid roles with additional study. Limitations in the literature relate to the lack of consideration of the impact of gendered expectations.

A gap has been identified within the literature, relating to nurses returning to study, with little consideration given to the unique experience of the mature female nurse involved in multiple roles. Nurses are predominantly women who work in an occupation where for many currently engaged, initial entry qualifications were minimal. They are now faced with a qualification escalation that places pressure on them to return to study as mature students. The literature shows that most women in paid work complete a "second shift" as they undertake the domestic tasks related to their families. Women who engage in study in addition to this, complete their study during their scarce leisure time. This is not clearly identified in the literature as being recognised by employers or families. There is therefore little acknowledgement of the gendered nature of the experience; the expectation of families and colleagues is that the necessary further education will be undertaken in addition to other responsibilities and roles. However, the additional stresses that these gendered expectations may produce have not been examined. This gap in the literature supports my intention to describe the experience of the mature woman student in New Zealand who returns to tertiary study.

In addition to the possible stresses for some women of maintaining their perceived domestic responsibilities, the literature has identified issues of control and conflict in the workplace and at home. Women who feel in control of their paid and unpaid working roles appear to be less stressed. Some working environments have been described as openly hostile to the nurse engaged in postgraduate study. These issues will be explored further in the study of the lives of New Zealand nurses who are studying and in paid employment in nursing positions.

Chapter three describes the theoretical underpinning of the study and the method of data collection and analysis. It discusses ethical issues raised during the study. It closes with identification of themes relating to the experience of the women participants.



## **Chapter 3 - Methodology and Method**

### **3.1 Introduction**

This chapter describes the theoretical underpinning of the study and provides a justification for the suitability for the methodology chosen. The approach to be used for the analysis of the data is outlined and the relevance explained. The women who participated in the research are introduced. The method of data collection and the steps in the process of analysis of the data are discussed. The framework used is described and the themes that emerged are identified.

### **3.2 Methodology**

The methodology is the theoretical underpinning which will guide the research process, “a theory and analysis of how research does or should proceed” (Harding, 1987 p.3). When considering the study question, and the best way of researching this issue, I believed that the use of a qualitative approach would produce data that would assist in generating understanding regarding the experience of the women. I was attempting to understand the complexity of the lives of the women participants. I aimed to generate an understanding of human experience by interpreting meaning from the experiences of the women as they described them to me (Field & Morse, 1985; Schultz, 1994; Bailey, 1997; Crawford & Kimmel, 1999).

Because I was attempting to assist the women participants in the study to make sense of their experiences and lives, the research was informed by a feminist perspective. I considered that using gender as a lens during analysis of the data would assist this process (Harding, 1987; Lather, 1991). I would argue that an understanding of feminism assists us to see gender as central, not only to our ways of viewing the world, but as the basis of unequal power relations. Feminist research can therefore work towards an enlightenment which will lessen the inequalities of oppression (Lather, 1991). For this study, which examines women’s personal and professional lives, gender and issues of power were central concepts.

### **3.3 Feminist theory**

An analysis of feminist theory shows that shifts have occurred since the second wave of feminism developed in the late 1960s. There has been a move from considering issues of equality to the acknowledging of difference. Gender has not always been a central concept of feminism. Liberal feminists, described as gender blind, stressed the lack of difference between women and men, identifying equality of opportunity as the means for ensuring that women obtained a chance to participate in society, outside as well as inside the home. They failed to consider that the social construction of gender relationships and attitudes of society did not allow equal opportunity (Pohl & Boyd, 1993; Evans, 1995).

Radical feminists did acknowledge the social construction of gender and emphasised the biological difference between women and men, suggesting that women should take charge of their own reproduction. They examined patriarchy, identifying men rather than society as the cause of oppression. They believed that patriarchy and gender roles within the family rather than those in the workplace, created oppression of women (Weedon, 1987; Stacey, 1997).

Marxist and socialist feminists developed the ideas of capitalism and patriarchy as explanations for inequality, comparing the role of women with that of the labourer or servant. This contributed to the understanding of why women's work, particularly domestic work, was seen as being of little value. They saw gender as not only affecting family relationships but also affecting relationships at work and in public life (Weedon, 1987; Tong, 1989).

In a post structuralist world the emphasis on the equality of women's experience has been strongly challenged by women of difference. Disabled women, coloured women and lesbian women have questioned previous views. The experiences of individuals and groups of women are seen as being as different from each other as they may be from men (Evans, 1995).

Stanley and Wise (1993) agree that there are three principal themes of feminist theory and that these must be central to feminist research. They accept that these concepts may have different meanings for different women. These themes are:

- *Women are oppressed.* They state that this has consequences for everyone in society and argue that this situation is not inevitable and that change can occur.
- *The personal is political.* They argue that women's shared experiences are personal and valid. They also recognise that in order to understand the impact of power and social structures, women's everyday lives and experiences must be examined.
- *The development of feminist consciousness.* They believe that this is the ability that women have to develop new understandings of their lives while at the same time acknowledging their old beliefs (pp. 61-64).

To summarise, Stanley and Wise (1993) do not see feminist research as merely adding women to the research process. They argue that basic concepts of feminist theory must be interwoven within feminist research.

### 3.4 Feminist research

Feminist research, as defined by Lather (1991, p. 71) "is to put the social construction of gender at the centre of one's inquiry." Feminist research provides the environment and support to create new knowledge and understanding about women's lives with the aim of making the impact of gender and issues of power and oppression more explicit. Feminist researchers acknowledge that research cannot be value free and that objectivity is not possible, nor even desirable. They argue that the relationship between the researcher and the participants is as partners or co-researchers, rather than subjects, and the research findings must be widely available to women in understandable language (Lather, 1991; Speedy, 1991; Sigsworth, 1995; Jackson 1997). I believe that the knowledge I will generate of the women's lives will have value for nursing practice and education.

Much feminist research requires the researcher to place herself explicitly within the research, making clear her background and assumptions and acknowledging the influence this may have on her area of interest and its consequent analysis. As a woman currently engaged in study myself, I acknowledge that I too will be positioned within the research. My own experience and context as a recent educator and manager has had an impact on my choice of research question and on the development of my research and there will be an acknowledgement of this (de Marco, Campbell & Wuest, 1993; Schultz, 1994; Carryer, 1995). Through the process of reflexivity, where the researcher constantly examines her work self critically, asking how she may influence the work, I hope to lessen the possible distortion which occurs when researcher biases are not examined and acknowledged (Harding, 1987; Wuest, 1994; Koch & Harrington 1998; Crawford & Kimmel, 1999).

### **3.4.1 Principles of feminist research**

Feminist researchers have developed principles of feminist research. Worrel and Etaugh (1994) suggest six principles and these concepts are supported, in the main, by other researchers (Hall & Stevens, 1991; Lather, 1991; Parker & McFarlane, 1991; Sigsworth, 1995; Carryer, 1997; Crawford & Kimmel, 1999).

Feminist research seeks:

- *To challenge the traditional values of scientific inquiry.* Feminist researchers argue that it is impossible for scientific research to be value free. Instead they acknowledge their position within the research. They argue that traditional scientific research has ignored women and a variety of populations and cultures.
- *To focus on the lives and experience of women.* Not only must the contribution of women researchers be acknowledged, but also issues relevant to women's lives need to be researched. It is also important to understand that women are individuals and that their experiences will be different according to their circumstances.
- *To recognise the importance of power relations.* We must consider the power relations in women's lives; the contribution power makes to the status of women and inequalities between women as well as between women and men.

- *To acknowledge the place of gender in analysis.* Feminist researchers see gender linked to power inequalities and at the centre of feminist analysis. They argue that there are expectations surrounding women, especially related to their dominance of the private sphere of the home. These expectations need to be deconstructed.
- *To understand the relevance and importance of language.* Feminist researchers have enhanced comprehension of the hidden meanings embedded in everyday language.
- *To promote social change.* It is a goal of feminist research that institutions and expectations will change in a way that will benefit women.

### **3.4.2 Application of a feminist perspective to this study**

A feminist perspective underpinning the research design was appropriate for several reasons. This study described research with women, which examined the effects of the management of their multiple roles to their health and lives. The research examined the impact of expectations relating to gendered performance. Because of the nature of the nursing workforce, I argue that a feminist perspective is particularly relevant to examine the lives of nurses in paid work. Knowledge was surfaced which may make a difference to the lives of mature women students through increased understanding of their own lives and increased understanding by institutions of the costs that their women employees may incur. It is anticipated that there will also be the satisfaction of creating knowledge that could be useful to others who are similarly positioned (Webb, 1984; Kelly, Burton & Regan, 1994; Carryer, 1995).

There have been shown to be benefits to faculty and students in storytelling by registered and enrolled nurses because both gain insights into student experiences. For faculty they gain new understandings of the lives of their women students. For the students this can be a transformative process illuminating their experiences, enabling and empowering them to deal constructively with issues reflected upon (Blecke & Flatt,

1993; Jackson, 1997). It is hoped that participants have benefited from participation in the research process as they listened to their stories.

## **3.5 Gender**

### **3.5.1 Definition of gender**

Gender refers to our understanding of the meaning of interactions between individuals, not necessarily to our expectations of females and males (Bohan, 1997). This is a separate concept from sex, which refers to the biological differences between women and men. Gender is the various constructions of masculinity and femininity differently expressed in different locations. This means that for all women there is a set of expectations relating to their roles and behaviour. This is particularly likely to apply to the private sphere of the family and the home, where women are seen to take major responsibility for maintenance.

The concept of gender was taken for granted until feminist theorists began to deconstruct it and ask whether differences in behaviours and relative positions of power were biologically natural and fixed. There has been a challenge to the concept of gender as being socially constructed and fixed as a result of shaping because of biological identity (West & Zimmerman, 1994). In other words, if gender is socially constructed it does not have to remain fixed and the behaviour does not have to remain specifically female or male (Flax, 1997).

Women and men “do” gender and we interpret the meaning of their behaviour on the basis of our own experience and education. They also demonstrate their own understanding of gender at this time (Ferree, 1990). In some contexts women may do what appears to be “masculine,” for example some women in positions of power. Within the home women may “do” gender by completing what are thought to be traditional housework tasks. It is likely that our understanding of gender will be reinforced by the contexts in which behaviour takes place. In other words our individual experiences and expectations will impact on our understanding of gender.



Performances and understandings of gender are impacted on by the historical context in which we live and the social relations in which we participate (Harding, 1991). That is, changing attitudes and different understandings and contexts impact on the expectations both we and our partners and families have of gender roles. In studying and questioning the “naturalness” of gender, we ask ourselves if behaviours and roles understood to be traditional, need to stay that way. In other words we do not have to take for granted the socialisation of women into domestic roles. The expectations that they and their partner and community may have, can be questioned and change can occur.

### **3.5.2 The essentialist and constructionist views of gender**

Essentialism is a belief that all women have inherently similar qualities and this is now vigorously challenged by feminist scholars. A difficulty with the essentialist view is the lack of acknowledgement of the socio-political context. This contributes to the view that women are totally responsible for their own positions and the attributes of the social construction of gender will remain fixed. Any change therefore relates to the individual rather than the system, and this may contribute to the belief that her circumstances are the fault of the woman herself (Bohan, 1997). Post-modern thinking encourages us to see women not only as different from men, but as individuals, and different from each other.

Constructionism, as opposed to socialisation, means that gender is not fixed to individuals, but is a construct in the minds of those who hold expectations that behaviours will be appropriate or common to a particular sex (Bohan, 1997). Gendered behaviour therefore becomes part of our expectations with regard to what is considered appropriate for each sex and unless questioned, over time these behaviours become accepted as natural. Socialisation then occurs because both women and men expect and reinforce these behaviours; for example that men are breadwinners and women stay at home to care for the family.

### **3.5.3 The relationship of gender to this study**

The purpose of this study is to explore the health and wellbeing of women nurses who are studying and maintaining their multiple life roles. The roles that are additional to

that of paid worker and student for the most part revolve around their families and their homes. It is particularly these private work roles within the family, which are impacted on by the gendered expectations of the community around them. Feminism and an understanding of the use of gender as a lens can assist us to explore the issues (West & Zimmerman, 1994). As these understandings are surfaced, they can be examined, questioned and possibly changed.

Women and men carry out their gendered roles within the family, which as a social institution, reinforces many of the expectations and attitudes of its members. In order to make sense of the lives of the participants in this study, the use of gender as a lens enabled me to examine the impact of attitudes and expectations, their own and that of their families and their colleagues.

## **3.6 Method**

### **3.6.1 Introduction to the method**

Feminist researchers may attach different meanings to traditional methods or ways of gathering and analysing data. For example they regard the individuals who share their stories as participants as opposed to informants. They interact in a way which seeks to uncover the underlying meaning attached to women's lives by women themselves and others. While listening, the feminist researcher is analysing the stories in the light of the socially constructed expectations and experiences of the women concerned and the people around them (Harding, 1987).

### **3.6.2 Research design**

Following identification of the purpose of the research the study was designed as a qualitative study using semi-structured, audiotaped interviews. Eight women participants were involved; each woman was interviewed twice. Interviews were then transcribed and analysed using thematic analysis.

### 3.7 Participant selection

Flyers advertising the study were sent to three public and one private hospital in Christchurch and one in a rural area not far from Christchurch (Appendix A). Additional flyers were sent to the Otago University, Centre for Postgraduate Nursing Studies in Christchurch and Canterbury University. Staff and students from Christchurch Polytechnic were excluded from the study because of my position as Head of School. Interested women were asked to contact me and an information sheet was sent to those who did (Appendix B). Fourteen women, between the ages of 30 and 55 years initially made contact and of these, eight agreed to take part in the study. These women were all studying part time at this stage and working in paid employment either full or part time. Some of the women commented at this initial contact that when they heard about the project they wanted to take part, they felt as though it meant something to them. Some thought it would be helpful to talk through experiences. Thinking ahead to the point where they would be involved in their own research and seeking participants, they also stated that they thought – “this will be me at some stage.”

### 3.8 Profiles of the participants

There were eight participants who chose to take part in the study.

**Karen** lives with her partner in a semi rural area. She had completed a Bachelor of Nursing programme on a part time basis, following achieving her Comprehensive Registration some years earlier. She had found tertiary study a challenge but she had “really loved it.” She felt that she had done well and that it had given her a huge amount of confidence. She had planned to complete her Masters degree from the time she finished her Comprehensive Registration. At this point she does not have children. She is completing her Masters degree and in full time paid work in middle management.

**Sam** had completed her initial registration programme some years ago and applied unsuccessfully for several clinically based programmes since. She then completed an undergraduate degree as a full time student because it fitted in with her need for

childcare. She had gone on to complete an Honours degree before commencing her doctoral studies. Sam lives on her own with her son. She works in paid part time work as a staff nurse and relieves in a middle management position.

**Elizabeth** lives with her partner and two children. She is studying for her Masters degree and has several paid part time positions. She has completed her nursing registration and followed it some years later with an undergraduate degree in nursing. This had a “huge impact” on her practice. Elizabeth was motivated to complete postgraduate study as part of her desire to achieve to the best of her abilities.

**Eve** had completed a hospital based nursing programme and was seeking recognition for her experience. She had completed courses that “weren’t really leading to anything” and decided to “take the plunge” directly into Masters study. Eve lives with her partner and is employed in a full time middle management position.

**Natalie** followed a similar pathway to that of Eve. Following completion of a Comprehensive diploma she described her need for a “personal mental challenge, something that was of value and interest, just for me.” She remembers her early study in her Masters degree as a “huge learning curve.” Natalie lives with her partner and two young children. She works as a staff nurse in a part time capacity.

**Maria** was conscious of the qualification escalation and felt she needed to “keep up” by completing an undergraduate degree in nursing. She stated that she had always wanted to do it, the timing had to fit around her family. Maria lives in a semi rural area with her partner and three children. She works part time, either as a staff nurse or relieving in a middle management position.

**Brenda** was also influenced by the qualification escalation and by the fact that the courses she had completed previously “did not really accrue to anything in the end”. She sought recognition for the nursing work she had undertaken since her Comprehensive Registration and moved straight into Masters study. She stated it “made you start working your brain cogs, made you quite analytical.” Brenda lives with her partner in a semi rural area. She works in a community position in a part time capacity.

**Jane** was committed to ongoing education having completed an additional registration programme after receiving her Comprehensive Diploma. She undertook an undergraduate degree in nursing in Australia before moving into Masters study. She does not regret the additional courses she has completed and said that education “opened up a whole new world.” Jane lives with her partner and young child and works full time in a middle management position.

### **3.9. Ethical issues**

The following ethical issues were addressed during the completion of this study.

#### **3.9.1 Ethical approval**

Approval was sought and obtained from the Massey University Human Ethics Committee and the Christchurch Polytechnic Academic Board Research Committee.

#### **3.9.2 Informed consent**

Once the women had reviewed the information sheet they contacted me if they felt interested in participating in the study. At this point we arranged a meeting at a place of their choice, either their home or their place of work. There was an opportunity to discuss the study, clarify any points of concern and answer any questions. All potential participants were keen to commit themselves at this point. It was made clear that they could withdraw at any time and they were free to alter transcripts on reflection. Each participant signed a consent form (Appendix C) before they took part in the study. They were also given the name and contact number of the supervisor of the study.

The first interview was then arranged for a time that was mutually suitable. For three participants the signing of the consent and the initial interview took place at the same meeting.

### **3.9.3 Confidentiality**

Tapes and transcripts were kept in a locked filing cabinet when not in use. The material was only viewed by myself, my supervisor and the transcriber. The transcriber signed a confidentiality declaration (Appendix D). The tapes will be returned to the participants or destroyed, following the marking of the thesis.

### **3.9.4 Anonymity**

This was a significant ethical and moral issue because protection of the participants was important. Some of them were concerned regarding possible identification. The person who transcribed the second set of interviews was in paid employment as a secretary /receptionist and did not know any of the participants. The participants were told that verbatim excerpts of the interviews may be used in the written thesis. A pseudonym was chosen by each participant to be used throughout the study in order to protect his or her identity. Information, which may identify the participants, was to be withheld.

### **3.9.5 Conflict of interest for researcher**

I came to this research with an interest in the effects of study, on the lives of women who were in paid and unpaid work. This was because I had observed students with responsibilities that had affected their study outcomes. I had also worked at Christchurch Polytechnic during the period of upgrading of qualifications by staff because we moved from providing a Diploma of Nursing to a Bachelor of Nursing. I had been engaged firstly in my own undergraduate and then postgraduate study in a part time capacity for thirteen consecutive years. During this time I had worked in full time paid employment, remarried, seen my son through his own schooling and university study and experienced the sudden death of my stepson. My interest was in discovering through the experiences of the women, ways in which their journey could be facilitated by the education process and their employers. I recognised that I was travelling the same journey.



### **3.10 Interview format and data collection**

It was necessary for the participants to feel comfortable during the data gathering process. I felt there may be some inequality during the interviews. As the researcher, I wanted the participants to feel as though they had some control of the process. For this reason they chose where the interviews were to take place. I was acutely aware that these women were busy. The purpose of my study was to look at their busy lives. It therefore initially felt as though I was adding to this busyness. However, the feedback I received was that they welcomed the opportunity to talk about their lives, and in fact to spend some time on themselves reflecting on what they were doing. Some had to work the interview around their children, only once was a child present during the interview. Most interviews took place in the home of the participant, although for those who worked full time, some took place in the workplace at the end of the day. I felt that it was important to establish trust and so there was always some general conversation and, prior to the second interview, some catching up to be done before the interview itself commenced (Sorrell & Redmond, 1995). I had prepared some questions to guide the interview and used open ended questions when possible.

During the first interview I asked questions which were centred around more objective data such as study background and perceptions of the division of labour within the partnership. In the second we explored the experience of the study combined with the other roles the women managed. In some cases the interview was shaped by the participant's responses and the sequence of questions changed. This was feminist co-participatory research and while I entered the research with a particular expectation the participants had some different ideas about which issues were important to them. In keeping with their co-researcher status, the findings indicate their direction as much as mine.

I found that there were advantages in interviewing each woman twice. Questions from the first interview could be clarified, additional material from other interviews could also be discussed and I believe the process was enhanced by the previous opportunity we had to meet each other. In some situations I not only obtained a description of the

women's experience but together we tried to analyse or make sense of the experience from their perspective and understandings.

During the interview I used active listening skills and tried to appear attentive using encouraging comments and non verbal cues such as nodding and maintaining eye contact, to assist the participants to tell their stories. On several occasions they sought encouragement or affirmation in recognition that I was experiencing the same process that they were. I hope that the feeling of reciprocity from self-disclosure and from sharing experiences, usually before and after the interview, contributed, to the interview process (Jackson, 1997). Particularly following the second interview some women said that they believed that the process had helped them to understand the complexities and issues that they were going to face themselves in the near future. All the transcripts were returned to the participants following typing for their comments and an opportunity to delete or change material. Changes were rarely made. Many of the women commented on how interesting they found it to be, reading their stories although some also commented on the verbal hesitations contained in the typed versions.

### **3.11 Data analysis**

#### **3.11.1 Thematic analysis**

The method of data collection for this study was to complete two semi-structured interviews with each of the participants. These interviews were then transcribed. The transcribed data from the interviews was interpreted and analysed using thematic analysis. Thematic analysis is described by Morse and Field (1995) as involving "the search for and identification of common threads that extend throughout an entire interview or set of interviews" (p.139). The development of these threads or themes from the interviews came from reading, listening to and reflecting on, the stories of the women. Themes searched for in this way are described in the literature as "emerging" from the data but as De Santis and Ugarriga (2000), point out this process does not occur without careful and logical analysis.

Boyatis (1998) identifies four stages to the development of themes. Firstly he believes the researcher senses themes – that is, recognises the codeable moment. Following this they begin to encode it consistently or reliably. The final two stages relate to the development of codes and the subsequent interpretation of the information and themes in the context of a theory or conceptual framework; the contribution to the development of knowledge.

De Santis and Ugarriga (2000 pg. 362) define a theme as,

“an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole.”

In developing this definition they argue that themes emerge from the data, that they must come from the data. They also consider that they are likely to be implicit rather than explicit and must be extracted from the data by the researcher. De Santis and Ugarriga (2000) believe that themes are expressions of recurrences of feelings or experiences by the participants and that they may arise at multiple levels from simple to more complex. Thematic analysis of qualitative data therefore attempts to make explicit the implied or hidden commonalities found in the interviews of participants.

### **3.11.2 The purpose and value of this approach**

This method of data analysis allowed me to search for the meaning to be found in the descriptions of their lives by the women. It is important to stay with the data, in other words to go back to the original tapes and transcripts listening and reading, in order to make sure the interpretation is coming from the data (Burnard, 1991; Koch, 1994). De Santis and Ugarriza (2000) believe that the development of themes from the stories of participants adds to our understanding of their lives.

### 3.11.3 The process of analysis

Data analysis began at the time of each interview. Notes of impressions gained were made following these. I then listened to each interview before commencing to transcribe it. I completed the transcription of the first set of interviews myself. Following the transcribing of each interview I searched the transcript for broad impressions and noted questions to follow up at the second interview. As the interviews progressed, similar and differing answers were made by some participants to the questions I asked. These provided more areas to clarify at the second interview. These transcripts were returned to the participants but they rarely made changes. One participant added additional information and one expressed concern that she may be identifiable. This was addressed in this transcript and the second one and she was happy with the changes.

Following the second interviews (most of which were transcribed for me) I again read the transcripts and listened to the tapes looking for broad impressions. I was looking not only for commonalities within the women's lives but also for differences in their experiences (Polit & Hungler, 1997). At this point initial interpretative comments and questions were made on the transcripts as I began to make meaning from the data. Burnard (1991) who describes a type of thematic analysis, suggests line by line analysis, however my process differed from his suggestion in that I looked at chunks of data or concepts as described to me by the participants. The context seemed important to me, and disjointing the material by line by line coding did not feel right. As well as attempting to look for themes that seemed to describe the impact including study had on the lives of these women I was also looking at how issues arose during the interview process. At this point it was necessary to try to step back and listen for what the participants were trying to say (Field & Morse, 1985). To say "what is going on here?" to search for the reason several women may be saying the same thing, as Miles and Huberman (1984, p. 67) suggest, the "whys".

I initially used a "mind map" process for identifying issues and while I believe this helped me to become familiar with the data I did not continue to refer to this material. I then colour coded the broad impressions intending to cut these up and file them separately. However, before doing this I realised that this was going to fragment the

information and could lead to a loss of the context of the data. I therefore decided to leave the transcripts whole and work from them in this way.

As I reread the transcripts and listened to the tapes the initial themes changed as some seemed to become more important or relevant and others seemed less pertinent. I was aware at this point that I had originally selected the research question, had to some extent formed the data as I had used semi structured interviews, and was now choosing what to present and what to leave out. I found this process very difficult. At this point I sent a copy of my thoughts to several of the participants, inviting them to comment as to whether I was addressing the issues that had meaning for them. Reaction to this was varied, some participants returned them with a “looks fine,” others highlighted themes that were particularly meaningful for them. I was acutely aware at this point of my own position in the research as a woman currently studying. It had proved too difficult for me to maintain my own paid employment and complete my research, I had resigned from my position and I was feeling that I had much in common with my participants.

#### **3.11.4 The final themes**

The final themes were developed following this process when I felt as sure as possible that I was reflecting the experience for the women that they had described to me.

These have been grouped in two sections. The first, “Taking the Plunge” incorporates

- Getting ahead
- The learning curve
- The juggler
- Education is a cost

The second, “Negotiating the Rapids” incorporates

- The mother thing
- They don’t understand
- Ways I’m supported
- Taking turns
- Will I survive?

- End in sight
- Benefits to practice

## **3.12 Issues of rigour**

The reliability and validity of qualitative research is measured in different ways from research conducted in the positivist paradigm. Researchers who use the qualitative approach argue that no research can be objective, that the researcher is part of the study and that her acknowledged subjectivities are part of the research process (Hall & Stevens, 1991). Qualitative researchers have identified some of the following concepts for establishing the trustworthiness and value of their research.

### **3.12.1 Dependability**

It has been argued that in qualitative and feminist research a measure of rigour or reliability is dependability (Hall & Stevens, 1991; Koch, 1994). This term is used instead of reliability or repeatability because a feminist perspective does not suggest repeatability, rather it emphasises the individuality of each woman's experience. What is important in qualitative research is that the analysed experience accurately represents the individual's experience and the interpretation seeks to explain honestly the meaning behind the reality of the lives of the participants. It is suggested that one way of achieving this is through an audit or decision trail so that the process can be followed by others. During the process I kept a journal where I recorded questions, thoughts, ideas and decisions as I completed the research journey. Dependability means being systematic and clearly documenting all aspects of the research process.

### **3.12.2 Validity**

Validity usually refers to the accuracy of the research instrument in measuring the phenomena being studied. This accuracy then ensures that the results are generalisable. The ability to generalise results is not an issue in qualitative research where the individuality of human experience is valued. However, it is possible to find, as I did in



my research that there are experiences that are common to participants. Hall and Stevens (1991) suggest adequacy rather than validity, as a term to ensure reliability in feminist research. Face validity is a term used in qualitative research and means that others agree with the researcher's assumptions and they too can relate to the experience (Lather, 1991).

Adequacy and face validity are achieved by the researcher consistently asking herself if the process is producing a fair and accurate representation of the experience of the participants. The ethics of the process used must be examined and the researcher must be sure that the assumptions made come from the participants and not from preconceived ideas. Returning the themes to the participants for their feedback was an attempt I made to ensure adequacy and face validity. Reflexivity is another part of the process that assists this.

### **3.12.3 Reflexivity**

Reflexivity is the reflective process undertaken by the researcher, constantly questioning and criticising the research process and the impact of the researcher on the process; of continually asking "what influence am I having on this process?" (Wuest, 1994; Crawford & Kimmel, 1999). Feminist researchers acknowledge their preconceived attitudes but check constantly for the effect that they may have. As I was in a similar position to my participants I had to consider the possibility that my own situation would cause me to look for themes in the data that were not there.

### **3.12.4 Credibility**

Credibility means being systematic, clearly documenting all aspects of the research process and representing the data honestly. This means that participants reading the research study would judge the findings as true (LoBiondo-Wood & Haber, 1994; Sigsworth, 1995). Koch (1994) argues that credibility is increased when the researcher makes explicit their own position and demonstrates an understanding of the possible impact of this position. I attempted to enhance credibility by returning the transcripts to participants and by seeking feedback from them on the themes that I developed. I was

also very aware that my original interest in this topic was influenced by my position as a woman working in paid and unpaid employment and studying and that this position was similar to my participants.

### **3.12.5 Reciprocity**

Quantitative researchers emphasise objectivity and distance between the researcher and the subject (Sandelowski, 1986). Qualitative researchers on the other hand, acknowledge subjectivity and endorse the establishing of a relationship between the researcher and their participants. Within this relationship is the concept of reciprocity. Reciprocity in feminist research is the situation between the researcher and their participants where both benefit from the experience and the power inherent in the research process is shared (Lather, 19991). Reciprocity in the study was enhanced by my self-disclosure and acknowledgement of similar experiences during the interview and by seeking feedback from the participants during the evolving development of the themes.

### **3.13 Summary**

This chapter has acknowledged and discussed the ethical issues I encountered during this study. I have identified gender as central to my research and I have described the use of a feminist perspective to inform the research. I have detailed the process through which I moved as I interpreted and analysed the stories told to me by the women participants. Issues relating to the rigour of qualitative research and the ways in which I have dealt with these issues have been addressed. Themes have been identified which I believed encapsulate the experiences of the women. Chapter four begins to examine and analyse these themes as the women begin their journey.

## **Chapter 4 - Taking the Plunge**

### **4.1 Introduction**

The analysis is divided into two sections. The first, "Taking the Plunge" deals with the issues of considering study, the initial meaning of study, the impact on the lives of the women and some of the costs of engaging in further education in addition to their already busy personal and professional lives. During the interview process it became obvious that for many women, engaging in study created additional stress both at home and at work. It became clear that for some, they were expected to continue to take responsibility for the household and for some there was insufficient support in the workplace. There was little evidence of financial recognition for their increased knowledge and experience on completion of their post graduate study. The following question is raised therefore, and must be addressed "why are these women taking on additional stress and responsibility when the rewards do not appear to be explicit?"

### **4.2 Getting ahead**

As the women discussed the early considerations of including study in their lives, the initial thoughts of some centred on "getting ahead." Several participants had long planned to take their studies further; others felt nervous and unsure. Many of them had completed short courses over the years. The feeling that these women wanted to do something that was going to lead somewhere was common. For some women the motivation to study appeared to be extrinsic, for example a belief that it was necessary to upgrade their qualification, for others the pressure was intrinsic or personal. Some wanted to feel recognised for the study or experience that they had completed and to move straight into a Masters programme, others completed more study than was required in their journey. Eve describes her initial thoughts,

*“I was just doing courses through Polytech and they were good courses but they weren’t really leading to anything ..//.. So I ..//.. talked to [course coordinator] for information and decided to take the plunge” (Interview 1 p. 2)*

Eve felt that she wanted recognition to be given to the hospital training that she had completed and decided after consultation to attempt a postgraduate diploma, planning to go on if she was successful. She describes the initial step as “taking the plunge” which implies that she believes that this was a big step. She found that the work was more difficult than she expected and suggests that it,

*“changed your thinking and that – yes a bit shocking at first –[laughs]. A lot of people dropped out of that class. For purely that reason I think, they found it quite hard. It was also challenging your way of thinking as well and I think some people found it a bit threatening.” (Interview 1 p. 3)*

In spite of identifying the need for a stepping stone up to the programme she chose, she does not identify at this stage that completing an undergraduate degree may have been an advantage. There are also short preparatory courses available but to Eve they had not been visible or at that stage considered necessary. This lack of preparation may have made the move into postgraduate study more difficult for Eve than it could have been.

Brenda is looking for what she sees as achievable and also considers direct entry to Masters level. She also does not acknowledge value in an undergraduate degree for her. She describes her initial thoughts,

*“I sort of thought if I didn’t do it now ..//.., I’d never go ..//.. It was really, really tough but I think masters is tough anyway, it’s just that step up. And I guess I was psychologically prepared but it was still jolly hard work.” (Interview 1 p. 3)*

Brenda describes her first thoughts, her feelings of doubt regarding her potential for achievement, at the same time as a feeling of now or never. “Finding the right time” (p. 97), is a theme described by Thompson (1992), in her study examining the motivation of registered nurses returning to study. She believes that this is linked strongly to

commitment and what she terms “reslicing the pie” (p.99). In other words the participants in her study had to reprioritise their busy lives to fit in study.

Because all nurses do not undertake additional study, I was interested to find out what motivated these women to complete study and whether this motivation was intrinsic or extrinsic. Maria has almost completed her undergraduate degree following completion of a hospital registration programme. She had earlier stated that she had “*always wanted to do it*” (Interview 1 p. 4). When questioned as to whether this was a common feeling amongst her colleagues Maria says,

*“no, I don’t think so because there are a lot, quite a few of my colleagues I work with who just simply aren’t interested. [Long pause] Maybe I’m more ambitious than others. I’m just you know always one that’s – I just want to improve myself. I just want to get ahead. I think one or two just feel they’ve got to a stage in their lives where they just really, just want to do what they are doing. I don’t see it that way. (Interview 1 p. 5)*

She is also aware of the “qualification escalation” the need to upgrade qualifications as the educational level of the beginning practitioners increases and higher qualifications are sought for positions. None of the participants described pressure from their employers to upgrade their education. This may have been because the majority were undertaking post graduate study. However, Mannion, Gierulski, Wheeler, Weiksnev, Yankelitis and Haggerty (1993) in their study, state that registered nurses undertaking undergraduate education in the United States did not feel pressured by employers. This was not the case for enrolled nurses in a study in the United Kingdom who felt “trapped or under pressure to take part” in upgrading education (Dowsell, Hewison & Millar, 1998, p. 542).

Maria continues, emphasising her belief that registered nurses who had completed their education in a hospital programme, need to “keep up”,

*“but it’s certainly a thing that’s encouraged now, particularly I think, the one’s who are hospital trained – I think to keep up with what’s coming out of the Universities and Polytechs now – they need to keep up.” (Interview 1 p. 6)*

Eve thinks about her early thoughts regarding her career planning and also recognises the need for further education,

*“I think I also recognised that I wasn't probably as qualified as I would need to be if I wanted to get on. But, I knew I wanted to either get into management or teaching, and I sort of probably recognised then that I really wouldn't have the qualifications.” (Interview 2 p. 8)*

Eve also sees herself as moving from her clinical nursing position. She wants to “get on” or get ahead but does not see this occurring in her current position as a staff nurse. This may be because of her experience during her study in her clinical area or because she does not see any additional qualifications as having ongoing relevance. Eve continues, and uses the phrase *“set about doing that”* demonstrating a purposeful plan to improve her qualifications and her opportunity to move into management or education.

Brenda also articulates a belief that the qualification escalation is going to affect her chances of obtaining the sort of position that she may want in the future and therefore it is necessary to demonstrate commitment to ongoing education. She explains,

*“but I've always wanted to sort of do something more than that and also knowing that the girls, are coming out now, and guys, with their degrees if ever I want to move onto something else.” (Interview 1 p. 3)*

Sam had previously applied for courses but had not been able to complete any education and is disappointed that this is not the case. She understates her frustration, as she believes that it appears as though she is not interested.

*“For all the nursing courses I've applied to do I've never actually got into any of them ..!/. So, when I pull out pieces of paper it fascinates me, when I just write down RGON, it doesn't actually, it makes it look like I have no interest in any form of ongoing nursing education when in actual fact I've made a number of attempts to do various things. (Interview 1 pp. 2-3)*



For Sam, motivation was related to the flexibility university study gave her life when she was managing her son as a single parent. It created the possibility of balance in her life as opposed to most other participants where including study disturbed the balance of their lives. At this point she decided to complete degree in Education [at university] where childcare was available.

Natalie thinks through her motivation and thoughts prior to beginning her study and describes the intrinsic pressure she felt to achieve,

*“I felt like I was in a fog, my brain was in a fog, and that I had no direction, and life was just ticking over, and I didn’t want it to pass me by and so one day when I came out of the fog think, - I hadn’t achieved, well I had achieved bringing up two children which is a big achievement, but I didn’t have anything left that was just for me ..//.., I had plenty of physical challenges but I didn’t feel like mentally I was being challenged. I just needed a personal mental challenge, something that was of value and interest just for me. I didn’t want to come back into nursing and just be a staff nurse on the ward. I wanted to go somewhere – I still do. I want to go somewhere and do something with my career.” (Interview 2 p. 3)*

Natalie graphically describes her feelings at home caring for her children. While she sees this as very important, she wants something to challenge her that is for her personal gain. The acquisition of new knowledge was found to be a motivating factor in the lives of registered nurses returning to education in a study by Rather (1992). She states that this supports earlier findings that demonstrate the need for the learning environment to be challenging for these students.

Natalie says she does not want to “just be a staff nurse on the ward” showing that she like Eve, does not perceive bedside care to have its own value, but sees additional education as being used in a different sphere from direct patient care. This attitude may be reinforced in the area in which she works. She also articulates a belief that the qualification escalation is going to affect her chances of obtaining the sort of position

that she may want and therefore it is necessary to demonstrate commitment to ongoing education. Natalie goes on to describe a similar pathway to Brenda,

*“I got accepted straight into a Masters programme, based on my study history, they went into that, and my work experience ..//.. I wasn’t accepted straight into Masters – I was accepted into a Diploma and I had to prove that I could get marks above a B average before they would accept me into Masters, which I did do.” (Interview 1 p. 3)*

Elizabeth discusses the experience she had doing her undergraduate degree. She describes the planned process using short courses as stepping-stones. She also acknowledges the positive aspect of the “Recognition of Prior Learning process” but understates the level of difficulty she found.

*“On the whole it was a really positive experience, it was a little bit of a challenge because we were the first students to go through the Transition degree.” (Interview 1 p. 1)*

Elizabeth discusses early thoughts she had regarding her career plans. She also has seen her early child rearing work as important, but has looked ahead and decided that further education will prepare her for better career options. She uses the terms “minion” a dependent, especially a servile one, and “gopher” a burrowing rodent, (Collins English Dictionary, 1979) both negative words that describe where she felt she was at that point. She sees herself in a subservient position and is very definite in her desire to move as she sees it, upwards. Elizabeth continues and analyses her motivation to study,

*“I think I’m a very motivated positive, enthusiastic person. And it gave me something to do that wasn’t child orientated– I guess that I saw that I wanted to go somewhere with my nursing ..//..– I didn’t want to be a minion any more, very, very tired of working ... //.. and really being a gopher, in my opinion, very tired of that. The opportunity to be involved in this [area] gave me a step up if you like. Otherwise I would have left the setting but I saw an opportunity as a nurse to go further.” (Interview 1 pp. 9-10)*

She thought back to the point at which she left school and clearly identifies that engaging in study was a personal ambition,

*“I didn’t go to university then because there wasn’t a course I wanted to do and I could see if I wasn’t motivated I wouldn’t study – and if I didn’t study I wouldn’t pass. There always been a wee inkling in the back of my mind I have to do as well as my brother – that’s never ever come from anyone other than myself ..//..But I’ve always wanted to prove that I could do it. Some of the motivation to do the undergraduate degree was to prove that I too could succeed in the academic area and it had nothing to do with nursing whatsoever really.” (Interview 1 p. 10)*

Elizabeth recognises that when she began her nursing programme nursing was not considered an academic career. She is clear that successful completion of her studies will prove to herself and her family that she can succeed academically.

*“My brother was considered the academic ..//.. So some of it is ingrained personal thing – I wanted to succeed academically. And it took a while to recognise it really ..//.. So he too is quite impressed, I think, that his little sister is managing to hack it.” (Interview 1 p. 14)*

She acknowledges her feelings of competitiveness but she is also seeking respect and recognition from her older brother. She analyses her motivation to continue with her study and suggests that she now sees her work as a “career” implying that it may have not been this earlier or that others may not see their nursing work as a career. She articulates her recognition that she has the potential to succeed.

*“A career nurse, that’s what I would call it now ..//.. I think it’s just been an interesting progression. I hadn’t necessarily planned but in the back of my mind I’d thought, perhaps I could do more. And really it’s the frustration of staying at staff nurse level for the rest of my days. I wanted to move out of that certainly, and increasing educational opportunities allowed me to do that.” (Interview 1 p. 10)*

Karen describes a slower, challenging but determined process where she builds on her undergraduate degree, which she saw as an integral part of the educational pathway towards her Masters degree. Karen realises that completing her Masters degree has been her goal since graduation. She reflects on her pathway,

*“I think looking back on it, the whole reason I did the BN [Bachelor of Nursing] was because I wanted to do my Masters ../.. I think I left [educational institution] thinking I want my Masters one day and then I worked and I travelled after the diploma and then I came back and that was the goal – so I did the BN – finished it at the end of the year, applied and started [Masters] the very following term.” (Interview 1 pp. 2-3)*

The theme “getting ahead” has been illustrated by the thoughts of the women as they began their plans for study. For most of them timing has been important. Some have always planned to continue their education – the timing has been affected by what they have seen as their additional responsibilities. For women with families they have consciously planned for the right time. This decision has therefore been influenced by what they and their families see as their unpaid home responsibilities. None of the women has moved on in her education programme without a considerable period of time in paid work, contributing to the family income.

Some of the participants have considered continuing their education because they are aware of the qualification escalation. They identify themselves as motivated and ambitious and see education as a way to move into new areas. Many of the women describe an element of personal compulsion in their comments. None of the women felt any compulsion or even any direct encouragement from their employers or management to return to education. Having made the decision to advance their qualifications, the women then reflected on the challenge provided by the decision to engage in study.

### 4.3 The learning curve

Several of the participants identified the intellectual impact the study had for them. They believed the level of understanding and critical analysis was challenging and described a steep learning curve. Brenda enlarges on the feelings of anxiety regarding the level of study and the impact this had on herself and her family. Using the word “survive” indicates a high level of stress in her life,

*“the first year was very difficult ../.. I don't know how, in retrospect I don't know how you sort of mentally survived it, or your family survived it ../.. It was really a big thing for me, so it was huge learning curve.”(Interview 2 p. 1)*

She uses several words such as “very difficult,” “really big” and “huge” in this extract which illustrate the enormity of the task she was undertaking. Brenda also describes the educational background of her family indicating that she is alone in her immediate family at undertaking university study.

*“My dad's sister went to university. But no one else in my family ../.. not at sort of tertiary level theoretical studies. And neither of my brothers has gone on to do anything.” (Interview 1 p. 12)*

She goes on to describe her feelings at the beginning of the second year of study, which indicate that it was stressful for her to even consider continuing with her study.

*“And the real struggle to start the next year. The thought of having to enter into all that again and surprisingly meeting up with people I'd started the first year with ../.. and hearing them all say the same thing, like "don't know what I'm doing back here.” (Interview 2. p. 13)*

When questioned as to how she managed and whether she thought an undergraduate degree would have been an advantage Natalie also describes the huge learning curve,

*“Yes, it was a huge learning curve. In the first semester, the first paper we did there was definitely a clear difference between the women ..//.. who had done diplomas. They seemed to slot into the academic way of thinking and writing for that first assignment far easier.” (Interview 1 pp. 3-4).*

Natalie recognises a difference between those who had previously completed study and herself, and she sees that difference relating not only to knowledge but also to an ability to think and write academically. Several of the women in the study had completed hospital based educational programmes where the criteria for entry may not have encouraged planning for postgraduate study. For some of these women the requirements of academic study at tertiary level meant a significant amount of hard work and a high level of motivation.

In addition to being motivated to study, in order to find the additional time needed to complete assignments and attend lectures it was necessary for the women to organise their lives to “fit in” their study. The next theme describes how they perceive the way that they manage their lives.

#### **4.4 The juggler**

While the role of student was important, it was in addition to the roles already held by the women. When participants reflected on the experience of study, they described making allowances for study to “fit in” or “fitting around” their other responsibilities. The theme of “juggling” describes the attempts to keep everything going in the mature woman’s management of her multiple roles and it relates closely to “fitting around.” Juggle is a word that has been used by several participants and is present in the literature. Thompson, (1992) suggests that the nurses in her study used juggling to maintain balance in their lives. Idour (1998) in her study labelled the returning registered nurse, “the Juggler.” Maria describes the juggling in her life,

*“I have managed to work it [study] around family life very well and I always put family things first. So probably because of that at times maybe my study has*



*suffered a little bit, but I just feel myself that I have managed fairly well to be able to sort of juggle the two.” (Interview 2 p. 6)*

Maria is also clear that in her time management her family comes first. She “juggles” family and study and acknowledges that her study may have suffered. Being able to “sort of juggle” suggests that there have been times when the two roles may have conflicted.

Eve verbalises her understanding of juggling and also moves from first person to second person as though inviting me to agree,

*“you're constantly juggling aren't you? I mean, your work, your study time at night, you're constantly juggling and prioritising and things ..//.. I mean if you've got an assignment to do you concentrate a bit harder and you give up other things. But if you haven't got an assignment to do, you can perhaps give more time to your husband or whatever. So you're constantly weighing things up and juggling all the time.” (Interview 2 p. 9)*

To Eve, juggling means prioritising to spend time on her study and at that point she “gives up other things” for example giving less time to her husband. Natalie also describes this concept as she perceives that it relates to her.

*“It is a juggling game. It's prioritising what you can put off, what you can, what you have got to get done, yes it's juggling – what you can do and what you can leave.” (Interview 2 p. 1)*

Natalie reviews her early study experiences, illustrating that meeting the commitments she had and making “sure that the family still ticked over” or was maintained in an orderly fashion, was a priority for her. In order to maintain her family responsibilities and complete her study she believes she had to be disciplined. She describes this,

*“the first year of study, I had to ..//.. make sure that the family still ticked over and that I actually got through all my assignments ..//.. and your discipline, not slobbing out at the end of the day in front of TV. Actually getting up and*

*putting the effort into getting the study done - a huge amount of self-discipline.” (Interview 2 p. 1)*

She sees the maintenance of the family as her responsibility, illustrating the expectation she places on herself or is placed on her by her family. It is her leisure time that disappears. She negates her right to relax by describing it as “slobbing out” instead she focuses on the need for effort and self-discipline.

Brenda describes the pressure she too felt to maintain the household,

*“you'd spread yourself thinner to try and accomplish everything. But even things that perhaps weren't when you look back at them, weren't that important to accomplish but you still did them all. Still maintained everything.” (Interview 2 ps. 3-4)*

While some tasks in retrospect, did not need to be completed, Brenda felt a drive to push herself, a feeling of responsibility to keep everything going. Thompson (1992, pg.102) in analysing her research on the motivation of registered nurses returning to study, draws on work of McClusky (1973), who describes the concept of load and the margin needed to manage loads. Thompson identifies the “external load” of the woman student as their multiple roles and the “internal load” as the need to continue as a successful wife or mother in addition to succeeding academically. Brenda and Natalie both illustrate, in the above extracts, their experience of the internal load.

Green (1987) points out that home is a work area for nurses in paid work, not a place for complete relaxation. Green (1987) goes on to acknowledge their many roles and describes the registered nurse student as a “multiple role woman” (p.269), and the taking on of study as an additional demand which can create stress. Dowswell, Hewison and Millar (1998) described the participants in their study as fitting study into lives that were already busy with roles as parents and partners. Maria describes the way she managed her life and demonstrates that she had to organise her study in addition to everything else.

*“I didn’t find it too difficult because when I did start studying my children were at school ..//.. I just had to be disciplined in allocating myself most of the times each week around whatever I was doing with the children, and I usually managed to do that fairly well.” (Interview 2 p. 1)*

She states she “didn’t find it too difficult,” however her study had to fit around what she saw as her priority, her childcare responsibilities and in saying she “usually managed to do that fairly well” she is implying that it was not always easy. Maria also uses the word “disciplined” illustrating the intentional effort that she has to be make in order to fit everything in. Glass (1998) found in her study that women were maintaining current roles while studying. In other words, studying was fitted in on top of everything else.

Elizabeth describes the choice she has made in order to fit everything in as she juggles her roles.

*“Because I’m studying now I’ve dropped my clinical component – I work one day a week [in the unit] which means I have lost some of my clinical skills but one has to recognise that and balance it up against the need for study.” (Interview 1 p. 6)*

Here Elizabeth is making choices about what is currently most important to her. She sees her family as her priority and fits her study around her paid work, reducing this as necessary. She acknowledges that she will lose expertise in the area of technical skills as she pursues her goal of education. The use of the word “balance” suggests harmony and that there is a maintenance of equilibrium. Balance is very important to Elizabeth, she goes on,

*“it all balances with the study and with the home life. It has to balance. And I make sure that it balances ” (Interview 1 p. 12)*

She emphasises quite strongly the importance of “balance” and suggests that she works hard, she “makes sure,” that work and study do not upset the balance with home life. Her answer when life did not balance was to cut down of some of her paid work.

Brenda also reduced her paid work to part time, when she felt too pressured to fit everything in. She reflects on her coping strategy.

*“Although sort of halfway through that year, I did drop my full time and got rid of two days of work, so I had the two days spare and that helped me to get through some of the work.” (Interview 1 p. 9)*

The nurse returning to study who is involved in paid and unpaid work has an additional role to manage or fit in, this role does not only take time. The participants have described requiring special time “thinking time” which requires specific arrangements regarding the family, particularly children.

Here Brenda describes her management of study time and the effect that it has on the time she is able to spend with her father.

*“Normally ‘cos I’ve got Mon and Tues off ..//.. and I try to keep dad to a minimum and just keep my head down and get things done.” (Interview 1 pp. 17-18).*

In an effort to contain her study to specific days, Brenda juggles her family responsibilities and acknowledges that she spends less time with her father. Jane describes the arrangements she needs to make for childcare so that she can have undisturbed time for writing.

*“At the weekends, if I’m ready to write something then I will organise so that I have the house to myself. And that usually entails either getting, asking C take M out somewhere for 2-3 hours ..//..because about 3 hours is generally what I find is my most productive writing time.” (Interview 1 p. 8)*

Jane sees it as her responsibility to arrange for childcare for their son, so that she can have undisturbed time to herself for writing. Sam also describes working and writing at a quiet part of the day but finds her childcare and household responsibilities mean that it is difficult to find the energy at the to write end of the day.

*“Some of the best writing that I actually do is between 1 and 3 in the morning, that’s just how my body clock seems to function, I’m not a morning person ..//..But this having to get up and get M to school does try me a bit ..//.. I haven’t got any energy left to actually do any university work.” (Interview 1 p. 10)*

Natalie’s partner is also involved in study. She describes his management of study time.

*“L gets plenty of study done during the day because if he feels an assignment needs doing or whatever, he just goes and shuts himself away and does it and leaves me to look after the children.” (Interview 1 p. 10)*

Here the expectation within the family is that Natalie will take responsibility for the childcare. She feels that it indicates that her study is not as important and can be done in her spare time.

For all the participants their study had to be “fitted around” their other commitments. For several of them, the priority was their families and the expectations they had of themselves in maintaining the domestic arena in the same way as they had previously. This was their “internal load.” They were all in paid work so had already experienced the need to maintain the second shift described by Hochschild (1989) in her research on working mothers. For several of the women cutting back on their involvement in paid work was their answer to maintaining balance in their lives. They all saw fitting in the study as their own choice and therefore it was their responsibility to manage the family situation - the “internal load” described by Thompson (1992).

For all the women, therefore, juggling was a concept that related to the prioritising of their lives and the fulfilment of theirs’ and others’ expectations. In order to make time for study, other responsibilities had to be **managed**. In other words, childcare had to be arranged; no mother described a situation where her partner spontaneously offered to care for the children to allow her study time.

In addition to the active concepts of “juggling” or “fitting around” in which the women engaged in order to maintain their roles the participants in the research all identified

costs that had been incurred because of their study. The next theme “education is a cost” relates to the overt and covert costs for the woman and her family, of engaging in study.

## 4.5 Education is a cost

The theme “education is a cost” relates to financial, personal and health costs. When discussing costs of study the first that came to mind for all the women was the financial cost. None of the women had obtained a student loan (they would need to be studying full time) and therefore the financial cost to these women is invisible to the state. Some had increased their mortgages, some had financed their study from their own earnings and some, with their partners, saw it as a joint endeavour. Very few of them had managed to obtain financial support from their employers or funding bodies and there were perceived hurdles in some instances in doing this successfully.

For some women the financial cost increased the level of stress associated with combining study and paid employment. The financial cost was further increased in situations where in order to maintain balance in their lives, the women decreased the amount of paid work that they did. However, although most considered it a huge cost, they still felt the outlay worthwhile.

Brenda outlines her situation.

*“Well at this stage of things, probably financial. Because it's a huge outlay. With a mortgage and things. ..//.. that hurts when you see it going down, and then suddenly it's gone back up. So yes that's definitely a big cost and that takes a lot of resaving or redoing, especially if you've dropped hours to do this study and actually it costing you more in lots of ways ..//.. I mean travel and phone calls and paper work and books and all those sorts of things. It all just keeps adding up.” (Interview 2 pp. 7-8)*

Brenda has reduced her work to part time to allow time for necessary study with a resulting further financial cost. Cutting back on the number of roles that they fulfil may



be necessary in order to maintain balance and prevent psychological distress (Dowswell, Hewison & Hinds, 1998). As a strategy used by women to balance their lives, this has a greater cost than the purely financial one. If the power in the relationship is based on an income/provider role, reducing their contribution may have an effect on the balance of power in the relationship (Hochschild, 1989). This could be either positive or negative. Brenda identifies this shift and sees it as a positive feature for her partner and their relationship. She reflects,

*B. now he feels actually quite good. I think it's probably better for us as a couple, for him to feel like he's now supporting the family and I'm studying ..//..so I think he feels quite good about that.*

*A. So you think that kind of traditional 'breadwinner' type role, he's appreciating?*

*B. I think so, because he would never have had that opportunity before ..//.., it's always been well mostly been me bringing in the monies ..//..I know as far as men and women go, that there is something in them that's a bit of pride, that they're the ones who can support their family and that kind of thing.” (Interview 2 p. 11)*

Brenda recognises the traditional belief that men are breadwinners and women maintain the home (Baines, Evans & Neysmith, 1991; Baxter, 1998). She believes that her partner will see his maintenance of the bread-winning role as positive.

Natalie describes her situation,

*“ a huge financial commitment. As you know I've just received a grant at the end of last year, which contributes towards the actual thesis part. But all the other papers we funded ourselves. So there's quite a huge financial cost, as you know. I wouldn't have worked any more, like I said. So there's probably not a loss of earnings.” (Interview 2 pp. 4-5)*

Natalie in this description acknowledges that the contribution is from both herself and her partner and acknowledges the huge cost. Because she began her study while her children were very young, she feels that caring for them would have limited her participation in paid work, whether or not she had been studying.

She goes on to describe her effort to obtain funding,

*“I think I’d just got to the point where I thought well it was just in the too hard basket – I was spending so much time just trying to get funding, funding applications and stuff that I wasn’t spending my time on my thesis. And so in the end it’s easier just to get stuck in to my thesis and not worry about funding.” (Interview 1 p. 15)*

Natalie describes the difficulties she experienced in obtaining funding from her employer. Although she was successful, she perceived the process as a difficult and time consuming one and with time as a limited resource she believed she could not spend any more time away from her direct study. This highlights the financial disadvantage for the woman who is unwilling or unable to rely on a supportive partner to assist her financially. She may not have a partner or she may see her relationship as unequal and therefore does not expect her partner to make a direct financial contribution to what she believes is her education or endeavour.

Karen reflects on the impact of the financial cost for her.

*“Huge financial costs, but I don’t think about that regularly. I think it’s just me, I don’t concentrate a lot on money but it’s cost thousands and thousands and thousands of dollars. And I guess occasionally I do look around my house and think – what would I have here if it hadn’t been that I was spending my money on other things.” (Interview 2 p. 2)*

Karen, while she acknowledges the cost, accepts it. She acknowledges that her priorities may be different from her peers, but that there are material possessions on which she and her partner have missed out.

Maria thinks about the financial effects for her,

*“yes, the costs are an issue. But I've thought about that before I started the papers. I was able to [obtain] some help for the first two papers I did, which was a great help. And the fact of it that I am working, you know I can finance the papers. But you do have to think ahead, OK this is going to cost so much this year and you do have to budget for it.” (Interview 2 p. 5)*

Maria was also able to receive some support from her employer. She sees the provision of the money for the cost of the remainder of her study as her responsibility, rather than a joint endeavour with her partner. This may be as a result of Maria's perception of the power imbalance in the relationship. She budgets it from what she sees as her own money from her part time paid work.

Sam has financial pressures that are specific to her and are related to her single parenthood and lack of money.

*“Because I was a single parent, I got access to a student allowance ..//.. it was done through the university ..//.. I also had subsidised access to crèche care for M and that worked really well. The second year I decided to do part time ..//.. and worked 3 shifts a week and paid a student to look after M when he wasn't at creche, because I did mainly afternoons. And then my third year I got a student allowance again.” (Interview 1 p. 4)*

She has had a bursary for some of her postgraduate study but is now reliant on part time work for money on which to live. The shifts that she can work are governed by her need for child care and this impacts on the type of employment open to her, also affecting the amount of work available. Sam continues,

*“ I don't earn enough to pay that sort of money [hourly rate for child care] to someone to look after M, and ..//.. I need to work but in order to work I need the childcare so the cheapest thing for me is to get someone for a couple of hours in the morning ..//.. I'm determined to get this thesis finished and if this is how I have to do it then I'll do it ..//.. However because I am constrained with*

*childcare as to what shifts I can work, this limits my access to permanent part time work because it is expected that you will work rostered shifts.” (Interview 1 pp. 8-9)*

The opportunity to work sufficient shifts is compromised by her need to arrange child care at a cost she can afford. The responsibility Sam has for her child and the management of his care, means that both her study programme and their financial situation are affected.

Although she has applied for and been granted money to support her study, Eve describes the process as *“having got money out of them”* (Interview 1 pg. 7), which suggests that she does not necessarily perceive this as support for her study. Jane has also had assistance through her employer and she has valued this.

*“Well there’s obviously the financial cost. But that’s been aided. I mean I have received a good deal of support from my employer. So that’s minimised or lessened the impact of that. But there’s still a lot of cost involved.” (Interview 2 pp. 3-4)*

Because Eve had been successful in obtaining funding through her employer I talked with her regarding perceived inequities regarding funding. Eve analyses her view of the situation,

*“I think it’s knowing the channels. I mean ..//.. [supervisor] ..//.. she knows what to apply for and she gives me study days and things like that and financial assistance ..//.. like it’s not very well known what you do and who you apply to. I think it’s just barriers to getting the information. Like there’s a [grant] that’s now available and I’m applying for that ..//.. And they seem to be very medically orientated ..//.. you need to ..//.. ask and [supervisor] knows the things to contact and things to do. I suppose it’s just getting out and doing it really. But private funding is quite, is quite daunting really because you have to really have your proposal done and everything written and be very clear about what you are doing because the forms are quite intimidating.” (Interview 2 p. 9)*

Eve acknowledges that there are barriers perceived by some staff, and that not knowing the “channels” disadvantages some women. She acknowledges that her position may expedite funding. Eve sees her supervisor as “giving” her study days and financial assistance and therefore it is not seen by Eve as explicit support of engaging in postgraduate study. Eve sees the forms as medically orientated and intimidating, illustrating the patriarchal power of the administration.

It seems that for men the funding of their study is likely to be paid for by their employers. Natalie explains the situation with her partner’s study.

*“My course is going to cost \$11,000 at the end ../.. L’s will have cost about \$16,000 but most of his has been reimbursed by his company. There seems to be unlimited support in the [company] world for this.” (Interview 1 p. 15)*

Elizabeth also describes the financial support her partner received for his post graduate study and his attitude towards support for educational qualifications within nursing.

*“When he did his MBA his work paid for that, it was enormously expensive ../.. and they supported him for three yeas to study ../.. he sees that nursing is a hard road. We pay for our own education, we go to our own inservice, always in our own time whereas he has it all paid for him. And he can’t see why nursing isn’t like that.” (Interview 1 p. 13)*

Both these men are illustrating the effects of the attitude of management in companies where education is valued and seen as a potential resource for the future development of the company. At this point, administrators in health institutions appear reluctant to take this view, contributed perhaps by their view that additional education is not necessary for a domestic and caring profession. However, many women who entered the gendered career of nursing at a point where postgraduate qualifications were not considered, now see the need for, and value of, additional education.

Reverby (1987) argues that service needs have historically come before educational needs in the eyes of administrators. Weeks, Starck, Liehr and LaFontaine (1996) argue

that graduate nursing education is cost effective in terms of nurse recruitment and retention, and patient outcomes. However, Oulton (1997) believes that in most countries nurses bear the costs of their own continuing education. Glass (1998) argues that participants in her research were pressured by nursing administrators to undertake study but that support – either financial or in the form of study leave was not available. If these structural barriers which appear to be examples of gender discrimination, are to be lowered, society and in particular, health administrators, need to acknowledge the difference to patient outcomes nurses could make. I would argue, based on anecdotal evidence only, that nursing management in many instances fights for funding but finds that it does not have the power to capture sufficient funds.

The financial impact of study has been managed by the participants in different ways. Some have seen it as a joint effort; others have seen the cost as their personal responsibility. Some have sought assistance from their employers or outside funding bodies; others have found the process intimidating or time consuming. Financial costs have impacted on the lives of the women both directly and indirectly. For some the cost of the study is an issue, for others reducing paid work has meant that they are able to earn less. For all, it has been a consideration and an additional source of stress.

When women are beginning their educational journey, lack of knowledge and confidence may mean that for some women the process of obtaining financial assistance is difficult and for some it is impossible. This in turn may limit the opportunity for women to take up study which in turn affects the culture of, and the care given, in the institutions and communities in which they work as nurses.

Together with what the participants describe as “huge financial costs” there are personal costs because these women attempt to keep their lives balanced. Most of the women see the main cost as being time. Lack of time for activities of their choice, for children, their relationships with their partners and their own leisure activities. The importance and meaning of leisure has been recognised since Greek times. At that time “free people” as opposed to slaves were entitled to leisure. With industrialisation labour received more emphasis, leisure has recently become more central to our lives (Wearing, 1995). For women however, what is counted as leisure may be seen as unattainable through lack of time. Women with families feel constrained by their belief in the ethic of care and the



burden of their “internal load” or their drive to maintain all their perceived domestic roles (Thompson, 1992; Shaw, 1994; Drew & Paradice, 1996). For women who are attempting to combine paid employment and domestic responsibilities, this situation is even more likely (Seymour, 1992). I would argue that the woman who adds study to this combination has even less leisure time.

Shaw (1994) describes three approaches to the analysis of women’s leisure. The first focuses on constraints, in particular suggesting that the subordinate position of women in the family limits their participation in leisure. Seymour’s (1992) description of women’s lack of time because of the amount of household activity in which they are engaged, fits in with this approach as does that of Drew and Paradice (1996). Shaw’s (1994) second approach examines the constraining nature of traditional activities, for example, restrictions in those which are seen to be suitable for women. The third approach that Shaw (1994) sees as an emerging one, is more positive. This recognises agency of women and their ability to choose activities as a form of resistance to the oppression of gender relations. Shaw (1994) argues that the use of leisure as a form of resistance allows women to use personal choice and demonstrate control in their lives.

I consider that women who are working as nurses and studying, choose to use the time which may be available for recreational pursuits for their study and demonstrate their self-determination by doing this. In other words, the use of leisure time is purposeful; study for them is seen as a legitimate use of time free from domestic responsibilities, which will in the future, enable them to enhance their nursing practice and/or career options. However, at this point, as a result of this commitment, most have no time for personal, pleasurable recreation. It is not possible to fit study in without making these adjustments in their lives. They also compromise their health by decreasing their time for exercise and relaxation. For these women there are personal costs as they adjust their paid work to include study and try to maintain balance in their lives

In order to cope with this pressure, most participants have found that exercise is a casualty of having to fit study into their busy lives. Karen has given up running and tennis at this point (Interview 2 p. 5). Brenda describes giving up netball,

*“and I stopped playing netball ..//.. and it was quite a big decision because I enjoyed that social contact and the getting out and doing something as a team. I couldn't just fit everything in and it was one of the few things that was expendable compared to all the other things we do.” (Interview 2 pp. 8-9)*

Again the theme of “fitting around” is expressed because she could not fit everything in. Although she acknowledges the enjoyment she received from the social contact of her netball, as well as the benefit of exercise, she sees it as one of the few activities in her life that is not essential to maintain. She demonstrates regret in understating her decision – “it was **quite** a big decision” (my emphasis) and also illustrates the personal sacrifice she makes in order to fit in her study.

Natalie also gives up exercise. She reflects on her decision to give up running, at the same time recognising how valuable this time was for her both personally and as part of her study time. Natalie says,

*“that was really the only time in the day, that's my half an hour in my day, where there's no one trying to speak to me, when there's no noise, and I used to do a huge amount of my study running ..//.. it was wonderful and I flagged the running, I still walk, not as much as I would like to ..//.. I flagged the running, and, touch wood, I've just had one very minor cold ..//.. The physical demands, that that was putting on my body was too much on top of the mental and emotional stress, it was just too many things. Something had to go, and I guess it was the easiest thing to drop, I mean not the healthiest thing to .. //... you've got to decide what's a priority and I really wanted to get the Masters done.” (Interview 2 pp. 6-8)*

Natalie picks up again on expendability, demonstrating that fitting in her study means that running, an activity that benefits her in many ways, has to be cut out of her day. These women are giving up something from their lives, in this case something they know is healthy and beneficial in order to accommodate their study. It seemed that the women in the study when stressed or stretched in their lives, cut back on something which was theirs (exercise or paid work) rather than considering the delegation of more to their partners. Seymour (1992) found that for women in paid work, retaining personal

or leisure time was related to gendered expectations which viewed the time spent in the household as women's personal time. In other words, for these women their study takes any spare time from household "leisure" time.

Eve, however, manages to maintain her exercise routine and sees this as an essential part of her day,

*"I go the gym every day now before work, I get up at 6 and go to the gym ..//.. my body even wakes up without an alarm clock now, so it's just automatic. Go to the gym and then have a shower and come here. I mean exercise is a stress release for me too and it also gives you the energy during the day as well. So yes I really notice it when I don't do it. I go cranky." (Interview 2 p. 6)*

Eve has no childcare responsibilities and therefore has more choice in the way she manages her morning. She acknowledges the difference this makes when she discusses juggling her life,

*"I mean I'm lucky I don't have kids, imagine having kids, it would be horrendous. I don't know how people do it actually. I'm lucky I'll have it [the study] out of the way before I have kids." (Interview 2 p. 10)*

In talking with the participants about the costs and benefits of their study, many of them related stories of personal friendships that they had to relinquish. Karen says,

*" I mean there's friendships that maybe haven't been fostered ..//.. and I think sometimes, gosh I'm not sometimes included in some of these things, and I think it's simply because I've said - no I can't make it on that many occasions."(Interview 2 p. 3)*

Karen reflects that her friends have realised that she is otherwise committed and have begun to leave her out of their plans. Brenda says the same thing, her personal friendships have suffered because she does not have time to keep in touch with all the friends she would like to.

*“And I guess I’m not keeping in touch with perhaps friends that are ‘on the fringe’ friends to me, people that I might have met up with every few weeks or so, now perhaps I mightn’t have seen for two or three years. And so there’s been lots of movement away.” (Interview 2 p. 8)*

Karen is constantly thinking of the need to preserve study time. In an effort to maintain balance she believes that she is unable to be spontaneous or impulsive. She goes on,

*“but I’m not likely to be spontaneous and say “hey I’m coming round for coffee” or “right, let’s go out.” You know, I’m very conscious of late nights and the fact that, that ruins the next day for study.”(Interview 2 p. 3)*

Eve also uses the word spontaneous, when she describes the pressure to keep going, the feeling that time might run out. She also illustrates the planning that has gone on in her life in order for her to manage.

*“ But it's more the time really, the time together, time to do things together like you know, you can't really plan to just spontaneously go away for the weekend ..//.If K comes and says to me "well let's go away for the weekend," I'd be thinking holy hell, I can't do it, I've got this and I've got that and of course that doesn't excite him too much.” (Interview 2 p. 10)*

Her thoughts “holy hell, I can’t do it” illustrate her immediate reaction to the thought of spending a weekend and the opportunity of study time, away. She recognises the effect this may have on her partner and demonstrates a gendered understanding that his needs must be considered.

Karen describes a major concern for herself and her partner,

*“ I’m hoping, I guess one of the costs that, I hope it hasn’t cost time to have a family and that worries me. It’s something that has been put off and like I say it will be a huge cost if we have difficulties. I’ll be getting older. So I’m just hopeful.” (Interview 2 p. 3)*

The postponing of her family for financial reasons is a potential major cost for Karen if she and her partner have any difficulties once they are ready to commence their family. Karen is the major financial provider in her relationship and to cut back on her full time employment and to pay for her studies would create difficulties. She has planned to take a year's leave without pay because she cannot see herself being able to continue her full time employment while completing her thesis. She describes it as being a potentially a difficult year financially,

*“and this year is going to be a real struggle actually – it’s the first year that will be a struggle ‘cos I won’t be working” (Interview 1 p. 13)*

Several of the women have given up reading for pleasure. Eve, one of them, describes her thoughts.

*“On the weekend I was thinking "God it would be nice to read a book" and do things like that ..//.. I just don't, when I'm studying I don't even read books, don't even do anything and, it would just be nice to relax really.” (Interview 2 p. 5)*

Brenda enjoys reading and describes her pragmatic approach when I question her,

*“well at four o'clock that afternoon, I put this blooming book down and I hadn't done any study all day ..//.. But I felt really guilty about it afterwards. But I mean sometimes you've got to give yourself permission to have time off and do nothing and to curl up with a good book.” (Interview 2 p. 9)*

Although Brenda acknowledges the need for balance in her life and the positive effects of time for herself, she cannot help feeling guilty that she has not used the day designated for study for that purpose. Natalie graphically describes the delayed gratification she is inflicting on herself,

*“I went and bought two books, two rubbish books, absolutely trash novels. I was given a voucher when I left work and they are sitting on the bookcase and every time I want to give up hope of everything, of ever coming out of this – I*

*look at these books and think – November – [when study finishes] (Interview 2 pp.7-8)*

Natalie is pushing herself in order to survive and realises that I will understand her craving for reading that is not related to her study. Karen describes recreational activities that she would like to pursue if there was more time in her life.

*“ Things come to mind like yoga, I’ve been wanting to do that for ages. Sports, tennis, I’d love to do some crafts, I’d love to try to do some sketching or painting.” (Interview 2 p. 4)*

I believe that women are compelled to manage their study along with their additional responsibilities in a different way from men. This situation is unlikely to occur in men’s lives. Many men continue with their tertiary education following completion of schooling. Those who leave their further education until later are often supported by their partners while they engage in additional qualifications. They are mostly untroubled by the responsibilities of home life (Weedon, 1987). These women, on the other hand, are using the only spare time they have from their household and paid work responsibilities, to engage in their study.

I was particularly interested in identifying the impact on health, using a nursing definition where health is not merely the absence of disease, of including study in women’s lives. The participants also interpreted “health” in a wide sense and described the impact of including study on their personal lives. The more specific health costs of juggling work, home and study for the women in the research varied. Some of the personal costs involving giving up exercise at this point may affect the health of participants in the future.

Many studies have been carried out examining the cost and benefits for women, of paid work (Baruch & Barnett, 1986; Lennon, 1994; Simon, 1995). Some work has been done on the registered nurse returning to study (Baker, 1992; Dick & Anderson, 1993). Results have been inconclusive. In some cases paid work has been found to enhance women’s self esteem (Barnett & Marshall, 1992; Doyal, 1995), and study has been



found to be energising (Glass, 1997; Macdonald, 1998). The factor which creates the greatest additional stress appears to be not just the additional work childcare may create, but the responsibility of organising this (Shipley & Coats, 1992; Tingey, Kiger & Riley, 1996).

With regard to health effects or costs of study, the negative effects participants mainly described, they believed were related to stress. They also described difficulty sleeping and consequent tiredness. Brenda reflects on her situation,

*“certainly I was surprised not to get really sick. You know burning the candle at both ends and I'm really busy and stretching myself, often I do get sick, especially when I stop for any reason, to have a break. Then I get sick. But I haven't actually been, other than the occasional cold, I haven't been physically sick. But I certainly felt very stressed and abnormally grumpy and sharp and quick to take offence, and overwhelmingly tired ..//.. , but certainly that first year would have been great for the Panadol factory.” (Interview 2 p. 12)*

Karen also believes additional headaches have resulted from her busy life.

*“I think, that at times the stress has affected my health, which has been quite frightening ..//.. I think that it has accentuated some hormonal, problems with my hormonal cycle, I do get very, very bad headaches and I've noticed that they are accentuated by stress and stressful times ..//..- yeah, just run down at times ..//.. But it's probably mostly the headaches and sometimes the lack of sleep. Sometimes if I really have a lot on I have difficulty sleeping ..//.. it's waking up in the middle of the night and trying to slow the brain down.” (Interview 2 p. 6)*

Jane describes the effects she saw on her health and again relates the effects to sleeping problems brought on by worry,

*“I know there was this period of time when I was really worried that I didn't sleep well and I felt really tired and felt ghastly really. And quite emotionally*

*labile as well. But I wouldn't necessarily say that I was physically unwell, it was more a tension situation.” (Interview 2 p. 4)*

Eve denies any health problems and believes she has developed coping mechanisms. She demonstrates the control she has over her life.

She explains,

*“I suppose it comes down to the way you cope with stress too. Like, I mean I'm a person that, I know, I do thrive under stress. With even all the stuff that has been going on these last few months, I've coped with it because I just structure, I plan my time, I know exactly what I have to do and I get on and do it” (Interview 2 p. 7)*

The coping mechanisms of registered nurse students were examined by Mattson (1990) who found that mature students who coped successfully used strategies that had worked for them in the past, such as problem solving and use of supports. Natalie, however describes what she viewed as a serious breakdown in her health following her move to full time study.

*“So then I strode away ..//.. and [began] working at it full time level, and the impact on my health was virtually instantaneous. From someone who very rarely gets ill, by the end of July I was on antibiotics for pneumonia ..//.. and it sort of climaxed at one in the morning and the children had colds and stuff at the time. And I can remember the doctor saying to me when she saw me, go home, go to bed, and get your husband to take tomorrow off work and you're to stay in bed ..//.. And so I fell into bed at half past five in the morning. And I was very, very ill and it took me about 4 weeks to come right after that.” (Interview 2 p. 6)*

She attributes this episode to the increased commitment to study. Following this she reduced her exercise and relinquished her running. Again Natalie saw these personal activities as expendable or not essential in her life at this point. However, she did not decrease her study or the time that she devoted to her family.

Physical health problems therefore, do not appear to have affected the women to a great extent. Several of them describe difficulty sleeping and an increase in feelings of stress. Only one describes a major health breakdown that she attributes directly to being involved in her study. I believe that the apparent lack of health problems is related to the coping strategies of the women and that it is their management that produces this situation. In other words the women have cut back on their exercise programmes and leisure activities in order to survive and provide study time. The long-term effects of these strategies are not obvious at this stage.

## **4. 6 Summary**

This chapter has begun to explore the impact on the lives of mature women, of entering an education programme at the tertiary level. The women involved have described the strategies they use to “fit around” or “juggle” their lives. The women have told me what is important to them – a feature of feminist co-participatory research. They have described financial, health and personal costs that have arisen from the combining of their roles.

It is clear that each woman’s unique place within their own family affects the way in which they manage their study. The expectation for most, from families and others is that study will be completed “on top” of other responsibilities, a result of the gendered expectations held by themselves and their communities. The participants have illustrated the internal dialogue they engage in as they attempt to prioritise what they see as their responsibilities. For most women, the time for their study is taken from time spent previously in paid work or in potential leisure time, rather than from time completing what is seen as their domestic responsibilities or unpaid work. However this is an informed choice they have made, in many cases to improve their qualifications and their subsequent opportunities for employment.

Chapter five will continue to interpret and analyse the lives of these women as I examine the themes relating to their lives as mothers, paid workers and colleagues, their feelings of desperation and the positive outcomes of study.

## **Chapter 5 - Negotiating the rapids**

### **5.1 Introduction**

The first section of the analysis “taking the plunge,” described the motivation and initial thoughts of the women as they contemplated a return to study while continuing their involvement in paid and unpaid work. Issues relating to the maintenance of these multiple roles were identified, the impact on the general health and well being of the women was described and links with previous research and theory were made.

The second section of the analysis “negotiating the rapids” deals with some of the areas of difficulty for the participants. I describe the family issues and the resistance from colleagues and argue that the issues and their effects arise from gendered beliefs and attitudes. I identify the possible emergence of a new sharing between partners relating to engaging in study – “taking turns.” The chapter ends with the description of positive effects on the lives and practice worlds of the participants.

### **5.2 The “mother thing”**

The theme of mothering was central to the lives of the participants. The women in the study had many responsibilities that needed to be fitted around their study. This varied according to whether they had children or not. However, all of the women believed that they participated and in most cases, took major responsibility for, the unpaid work within the home. They saw this as mothering.

In spite of second wave feminism, increased discussion of equality and women’s increased workforce participation, family or unpaid work is still not shared equally between partners in the majority of households. Women, for the most part are taking responsibility for the organisation and management as well as the completion of two thirds of the household work (Bittman & Pixley, 1997; Dempsey, 1997; Baxter, 1998).

The family as an institution has undergone change since the industrial revolution. Prior to this time families worked together on their land or produced goods within the household. Tasks were shared. Following the industrial revolution the roles of family members changed, the man worked outside the home as the breadwinner and the woman (who may also have been in paid work) looked after the household and nurtured the family (Giddens, 1989; Baines, Evans & Neysmith, 1991; Bittman & Pixley, 1997; Baxter, 1998). Sociological theory described the specialisation of roles related to gender with the man taking responsibility for providing financially for the family. The woman's role, which has been stated as expressive, as opposed to the man's which was instrumental, was to stay within the home supporting the family (Van Every, 1995). This meant that because of biological difference, women's caring for their families was seen as part of the natural role and therefore not seen as work (Baines et al., 1991). Child bearing, presumed responsibility for on going child care. Baines et al. (1991) argue that the ethic of care is part of the socialisation of women and suggest its assimilation is as a result of the acceptance of patriarchy in industrialised society. Feminists have continued this debate, criticising socialisation theories and the resulting division of labour, and arguing that power and inequality are factors in the inequalities within the family. However these ideological effects remain within the thinking of both men and women and continue to influence their attitudes and behaviour (Van Every, 1995).

For the women in this project, the work completed in the home was in addition to full or part time work and their study. Many of the women saw their role as a mother as the most important and therefore making time for study created additional difficulties. The amount of assistance from partners varied, as did the perceptions of fairness of the women. These factors affected the effect of maintaining these multiple roles on the lives and health of the women.

The theme of mothering related not only to the children of participants but also to other people in their lives. In discussing what the participants saw as their responsibilities, it was clear that they saw caring for their children, their partners and their parents as part of their mothering role. The expectation that these roles are natural and are theirs because of their sex rather than their qualifications has been questioned by feminists such as Aronson (1991), Baines et al. (1991) Bittman and Pixley (1997) and many



others. In the study, some women were caring for their own parents, some were sharing the responsibility of their partner's parents. Some found that because they were a nurse they were viewed by family members in that particular role. Karen describes the way she is seen by her parents.

*“I’m the only daughter, and I’m a nurse. I’m very much the first phone call if someone’s got a scratch or a bite or a bump or there’s been a loss in the family – I’ve been the big support person.” (Interview 1 p. 4)*

Karen identifies that fact that she is seen as a support person to be related to her position as a daughter and a nurse. She cannot escape the expectations brought on by these dual caring roles. Sam has no immediate family but finds she is seen as the support person for an aunt and uncle.

*“And so it was me who was deemed to be the support person because I’m a nurse, I assume, and that got very stressful.” (Interview 1 p. 9)*

Sam had little support from her aunt and uncle with her son, but her support was expected by them when they needed it. Again she relates it to her expected caring role as a nurse. Eve also finds that she is seen by her parents in this role.

*“Yes, I’m always asked, “I went to see Dr H this morning or whatever and he told me this – what do you think?” They give you drugs and say what do you think of it, things like that and whatever – you always get that, mind you, you always get that when you’re a nurse don’t you? You say you’re a nurse, you always get it.” (Interview 1 p. 6)*

Brenda's parents moved to be closer to her. Following her mother's death she has taken most of the responsibility for her father. She describes this,

*“dad’s there on his own, although he is fit I still feel sort of responsible for him.” (Interview 1 p. 1)*

She indicates that she has a feeling of responsibility towards him even though there are other family members. I believe this comes from her role as a nurse. The literature suggests that all women are likely to be the carers of their own and their partner's parents (Abel, 1990; Baines et al., 1991). However, I would argue that nurses may feel even more responsibility towards their parents than do their siblings.

Brenda continues and states that she believes that even family members who live quite close depend on her.

*“They’ve always kind of just left things to me pretty much ..!/. . . they tend to think well good old Brenda she’ll do it all, being the nurse and the youngest and that carry on, yes.” (Interview 1 p. 2)*

Although parents are important responsibilities within the lives of participants, children are even more important. Natalie is very sure of what she sees as her role with regard to her children.

*“I guess it depends on what sort of a mother you want to be - I want to be in there with them, an interested mum, I don’t want to put my children in child care, I never have and I never will. I don’t believe in putting them in child care and leaving it to someone else. I brought them into the world and it’s my responsibility.” (Interview 1 p. 2)*

Natalie appears to want to take the total responsibility for her children, whatever the cost to herself. She does not perceive childcare as legitimate assistance. Elizabeth echoes this feeling when she says,

*“the philosophy of my husband and I has always been that we would do the childcare and not have nannies in, which has always been a wee bit of a challenge but we felt that the children were our responsibility.” (Interview 1 p. 10)*

In stating this as “a wee bit of a challenge” Elizabeth is understating the difficulties encountered in managing the childcare within the nuclear family. However, she is clear that this is the way she and her husband want to manage their childcare responsibilities.

With regard to the sharing of the unpaid work, some of the participants felt that this was divided along traditional lines. Others believed that they had a more shared process. Socialisation and the development of attitudes towards work within the family impact on both women and men. While the traditional expectation remains within society that it is the mother’s responsibility to care for the children, both partners will be affected by these attitudes. Although the number of women in paid work is rising, studies show that in the majority of heterosexual households the female partner still takes responsibility for approximately 70 per cent of the household and childcare tasks (Hochschild, 1989; Marshall, 1993; Bittman & Pixley, 1997; Dempsey, 1997; Baxter, 1998). It is likely however, that even in households where the male partner is seen as contributing significant “help” that the arranging and planning will be undertaken by the woman (Lindsey, 1997). There is some evidence that in households where both partners are working full time paid work the male partner is more likely to assist with work inside the home (Marshall, 1993; Lindsey, 1997). However, where women are engaged in study in addition to either full time or part time paid work, the study does not appear to count as work. If this is the case we must ask how seriously is the study taken?

Power within a relationship may be perceived or may come from the financial contribution of either partner. If the woman is earning less and feels she has less power within the relationship she may attempt to keep the peace by doing a larger share of the work (Milkie & Peltola, 1999). It has been suggested that in some situations where men earn less they take less responsibility in order to preserve their masculinity – a demonstration of gendered behaviour (Hochschild, 1989; Marshall, 1993; Spain & Bianchi, 1996; Greenstein, 2000).

Researchers have identified household patterns that explain the extent to which the division of labour within the home is shared. There is some evidence that there is movement in these patterns. The egalitarian or role-sharing model appears to be becoming more common in younger couples and where women have attained a higher educational level (Marshall, 1993; Lindsey, 1997). However, Dempsey (1997) in his

survey in Australia found little evidence to support this. He found very few men and “only a handful” of women belonged to the egalitarian category (p.133). In an egalitarian model the male partner takes responsibility for a task rather than “helping” or being asked to assist each time. A woman expects to be supported in her career by her partner in the same way that men expect support from their partner. She also expects to have equal power in the relationship (Dempsey, 1997). It is also suggested that in households where income levels were similar, men are more likely to share. I believe there is some evidence from the women in this study that there is a move towards a more egalitarian partnership for some women.

Elizabeth describes the division of labour in their home.

*“Well it really hasn’t been a problem. Since the early days of our marriage my husband’s always done most of the cooking – so I’ve been extraordinarily lucky. The mornings I tend to take responsibility for organising the children’s lunches, organising the after school activities and being there to pick them up but my husband hangs out the washing and he does the breakfast and he often cooks tea. So if I’m home I cook tea and if I’m not he does. If I’m out ..//... . he cooks but I don’t have to have a meal prepared, so we just, hopefully the freezer’s full but we live near the supermarket too. So all those things are really, really useful so we don’t have any division of labour as such. We share the duties so I think I’m extraordinarily lucky and without that I couldn’t do what I do, because I would find it extremely stressful. So on that basis and that basis of having a very shared relationship it works very well.” (Interview 1 p. 11)*

Elizabeth’s husband participates more independently in the cooking responsibilities than some others so that she does not feel obliged to leave food prepared for him to serve for himself and the children when she is doing paid work. She does however, take responsibility for the childcare arrangements. Although Elizabeth describes a situation where she believes that the home responsibilities are shared she uses the term “extraordinarily lucky” several times. This indicates that she sees this situation as unusual and happening by chance rather than a fair and expected sharing of responsibilities.

The traditional or conventional model occurs where both the household work and parenting is managed by the woman and men attend to the outside chores or help out when it suits. The woman plays a subordinate and supportive role (Abel, 1990; Delphy & Leonard, 1992; Gilbert, 1994; Bittman & Pixley, 1997; Lindsey, 1997). However, Dempsey (1997) found that, in some traditional partnerships there was likely to be egalitarian beliefs particularly among the women, even if they were not practised.

The modern or transitional model occurs where a higher level of sharing than in the traditional model takes place. This is particularly in relation to childcare where the male partner participates in the more straightforward aspects of care such as playing with the children. It is likely that he will support the fact that the woman is in paid work as long as the household continues to run smoothly. The male partner in many cases still expects the woman to take major responsibility for the housework and arrangements relating to childcare (Hochschild, 1989; Gilbert, 1994; Dempsey, 1997). Thompson and Walker (1989), suggest that in many cases the male partner may feel that he is receiving less attention from his female partner if she is in paid work and therefore he believes he is demonstrating unselfish behaviour by “allowing” her to be in paid work.

Maria has a traditional view of her role as a mother, and states,

*“my study is a secondary thing ..//.. and I’ve always put family first. So that’s the mother thing, isn’t it? Family comes first ..//.. I do feel that your job, generally your role as a mother, is very underrated because it’s basically unpaid work and to me it’s the most important job I’ve done and I’m sure a lot of women feel that way.” (Interview 1 p. 9)*

She sees her work as very important to her but as “women’s work” it is not adequately valued. This statement is supported by Lindsey (1997) who states that even women who feel satisfied with what they achieve as a mother, believe that the role is not valued. In spite of the fact that this role is not valued women are expected to manage it with enthusiasm. Maria goes on to say that the view of her that her family has, is,

*“what’s for tea, mum!”(Interview 1 p. 12)*

Maria contributes to this expectation and explains what she does before she leaves for her paid employment.

*“As far as cooking an actual meal, like the tea meal with peas and potatoes I leave that prepared. I’m sure they’d be quite capable – probably as a wife and mother you just like to go away and know they’ve got something there.”*  
(Interview 1 p. 13)

Here she demonstrates the strong feelings she has regarding her role in the family. She acknowledges that the family may be able to manage but she cannot rid herself of her own need to provide. Maria believes that she does not see this work as duty, she is happy to maintain her family in this way. This is an example of the concept of “internal load” describes by Thompson (p.102, 1992). This need to provide is underpinned by the ethic of care, which has developed from our view of our responsibilities as women and mothers. Stohs (1994) suggests that for some women there is a conflict between an ethic of equity and a belief that household duties should be shared, and their commitment to an ethic of care, of responsiveness to the needs of their family. She believes that women come to terms with this conflict by perceiving the ethic of care as being more important – therefore reinforcing society’s expectations.

Jane sees her unpaid work as that which is expected of her,

*“well basically around housework and childcare, I guess. Basically it is housework and childcare and the garden.”* (Interview 1 pp. 6-7)

In describing the division of labour she says,

*[pause], “well, it could work better, I mean my partner does work quite long hours, he’s in sales and he works, every other weekend and usually he doesn’t get home before half past 6 at night so a lot of the stuff that needs to be done needs to be done before that. Having said that you know he’s always willing to do things but he needs direction – laughs ..//.., he doesn’t do things spontaneously although in the morning there is a division of labour – he likes*



*to take a lunch to work with him as well, so his responsibility is to get the lunches ready – to get the breakfast ready, feed the cat, where I whiz round and tidy up, get the washing out, that sort of thing. So in the mornings it's fine, in the evenings it would be easier if he was home a little bit earlier because usually it does fall to me to get dinner ready and get M sorted.”*  
(Interview 1 p. 7)

She excuses her partner because of his long hours and takes responsibility for “the stuff” and getting M “sorted” even though she also works long hours. She accepts this division of labour. Baxter (1998) argues that is not only gendered expectations which produce this acceptance of the division of labour. Instead, taking responsibility for housework is “doing gender,” in other words, demonstrating our roles (West & Zimmerman, 1994). Dempsey (1997) suggests that in doing this we reinforce the current inequalities and ensure they continue.

Brenda sees herself in the middle of her family.

*“And sometimes you think you can't juggle it all and keep everyone happy, and still survive somehow in the middle yourself ..||... I think it's a woman thing isn't it – you try and keep everyone happy, it doesn't matter, the fact that you are going insane yourself! As long as you keep them all happy.”*  
(Interview 1 pg. 3)

She analyses her behaviour and realises that her belief that she has to keep everyone else happy even at a cost to herself, is an attitude she has been conditioned into believing. I would argue that it is part of her “internal load.” She believes that, even if the situation is serious and she feels as if she is going insane, being a woman means it does not matter.

Sam is a single parent with a primary school aged son. Sam feels angry that she is in a position where she has no support with household duties. This total responsibility feels a burden. She says,

*“basically I’m responsible for all the domestic chores, the shopping, the washing, the cleaning, the whole 10 yards.” (Interview 1 p. 1)*

Natalie also sees herself as taking major responsibility and describes the way she sees her role in the home,

*“I am the primary housekeeper, I do basically everything inside the house and also anything that’s not straight out lawn mowing I seem to cop in the garden, I’m not a great gardener, my husband is even less of one ..//.. he maintains the lawns and he’s pretty good about sweeping up leaves and things but that’s about as far as it goes.” (Interview 1 p. 5)*

Many men take responsibility for “outside” jobs such as lawns or car maintenance. However, these chores can be put off or do not occur on a daily basis – unlike meal preparation, and therefore do not have the same routine feel about them. They are also tasks which are seen to have a “finish” unlike tidying the house which may result in little satisfaction (Bittman & Pixley, 1997; Lindsey, 1997; Baxter, 1998). Natalie goes on to say,

*“so I do all the housework, I manage all the finances, as far as childcare goes it seems to be an unwritten rule in our family at least, that I’m the primary child carer. If I want to work I have to arrange it with him in advance, if I want to go and have my hair done or a doctor’s appointment I have to arrange it with him in advance to make sure that the children are going to be cared for otherwise they end up coming with me ..//.. As far as any social event that I want to go to without my husband for whatever reason, I have to definitely arrange it in advance. Whereas if he wants to go fishing he will just say to me, “oh I’m off fishing today, hon,” and there’s nothing about are you all right to look after the children? It’s just assumed that I will look after the children, which is fine. I still think it is common in our society that it is just assumed that women are the primary child carers. I think it’s just ingrained.” (Interview 1 p. 6)*

Natalie illustrates here the expectation of the management role she has for the household and the childcare. The children are perceived as her responsibility and any time she needs for herself has to be negotiated. Her partner on the other hand has developed an expectation that she will take responsibility for the children so that he can pursue his leisure activities. This may be an example of unequal power within the partnership or an ideological expectation on the part of her partner. Henderson (1991) talking about leisure constraints from a feminist perspective, argues that early work on constraints on leisure have not considered the different experiences of women and men. She criticises research that renders women invisible. Natalie makes a comparison between her need for some free time or leisure and that of her husband and identifies that her partner has different expectations from her own.

Natalie attempts to make sense of her situation by stating her belief that the attitude of her partner is part of the socialisation of women and men. While she has to arrange hers in advance, his leisure is taken for granted and facilitated by her labour and management of childcare (Delphy & Leonard, 1992). Dempsey (1997) agrees and suggests socialisation from an early age ensures that our internalised attitudes help to perpetuate traditional ways of understanding relationships. Although she states that it "is fine" and explains it by stating it as "ingrained," I believe she is justified in feeling some resentment regarding the inequality.

Women's perceptions of fairness have been researched by feminists and sociologists. Understanding these perceptions appears to be a complex process. Research suggests that although women employed in paid work do the majority of the household tasks they do not see this as unfair (Blair & Johnson, 1991; Thompson, 1991; Stohs, 1994; Dempsey, 1997).

Attempts have been made to uncover the reason why many women see the household division of labour as fair even though they themselves do a larger portion (Thompson, 1991; Blair & Johnson, 1991; Stohs, 1994; Dempsey, 1997). It has been suggested that demanding more equity may be seen by some women as risk taking behaviour and that it may hurt family members by disadvantaging them financially if the male partner (or major breadwinner) is expected to increase his load of domestic tasks (Stohs, 1994). Thompson (1991) argues that the feeling that husbands are responsive and attentive

towards their partners may be perceived as more important than the tasks that they do. I would argue that comments by some participants in this project however, suggest that they see the amount of responsibility they take as unfair.

I consider that fairness is related to the meaning of the tasks but that this meaning comes from our background and expectations and can be changed. Meaning may be influenced by the value attached to the tasks. This may mean for some women the task of caring for their family has significant meaning and for some women it may have little meaning because unpaid housework, compared with a paid wage is given little value by society at large. More recognition is given to visible work such as lawn mowing than invisible, repetitive tasks such as cleaning floors (Thompson, 1991). Because of the meaning of the work, assistance is then seen as assistance for the woman as a personal need, rather than a division of the housework. Men's contribution is then seen as an example of their caring towards their partners rather than their rightful share of the total amount of work needed to maintain the family (Thompson, 1991).

This is demonstrated by the stories of some of the participants. Several of the women saw their partners as supportive even when they required encouragement or "nagging" to provide help. There appeared to be a feeling or expectation that any assistance was positive. Brenda describes the division of labour in her home and how she feels about it.

*" I do the dusting and he does the vacuuming, he's supposed to do the bathroom on Thursdays, but usually I end up doing it on Friday. On Sunday when we do our big clean up again then he does the vacuuming and I do the bathroom again. I think men don't like bathrooms very much, [laughs]. And he tends to do things like lawns and heavy work outside, but I like getting outside and doing the garden and lawns if I get a chance ..//.., it never feels quite right – there's always times when you feel oh it's not fair ..//.. I know I carry the load, and also I don't know men don't see, or most men don't see the little things do they?" (Interview 1 p. 6)*

By stating "I know I carry the load" Brenda indicates that she believes that the "load" is hers and that the ultimate responsibility for the maintenance of the domestic arena is hers. Bittman and Pixley (1997) support Brenda's statement "men don't see the little

things, do they?" with material from their study. They found that men claimed to have lower standards than their wives who were considered by them to be "too fussy" (p.158).

Some participants believe that the behaviour of their partners is likely to be contributed to by their upbringing. Jane describes her partner's mother.

*"She's sort of in that generation where, I think she worked before she was married, maybe, but has not worked outside the home since then and so her career was very much I guess home and family and she – C's upbringing was very much that sort of traditional, that sort of family where the mother worked inside the home. She was always a wonderful cook, made clothes, you know – the works." (Interview 1 p. 11)*

Jane understands the impact the upbringing she describes as traditional, has had on her partner. His mother provided "the works" in other words, everything. Maria also describes a similar picture of the home from which her husband comes and the impact she feels this has on his attitudes.

*"I think his perception is changing. He's been brought up in a farming family and his, - and it's also his mother's attitude that your role is in the home, she worked hard in the home, and I think he came out with that sort of attitude and I think he always felt that right at the start that he should be the breadwinner and I should be in the home." (Interview 1 p. 14)*

The linking of masculinity with "provision" has developed since the industrial revolution. It was part of the view that men's work was of significance and valued as opposed to women's family work which emphasised femininity and which occurred in the privacy of the home (Baines et al., 1991; Baxter, 1998). Men who define themselves as breadwinners or providers, see any paid work done by their wives as producing supplementary income only. This contribution does not usually result in an increase in men's contribution to the housework (Thompson & Walker, 1989; Dempsey, 1997).

Maria goes on to describe what she sees as her role as mother as she takes care of her children with regard to school lunches for her sons.

*“The 2 boys take bread rolls and I make them the day before and just leave them in the fridge ../.. they take those out and get anything else they want, and I’ve always sort of done that. Probably sometimes I think they should probably make them themselves, but then I know that they are taking something ../.. what we feel ( pause) - that we should do without feeling guilty. You know what I mean.” (Interview 1 pp. 13-14)*

Again Maria mentions guilt as she tries to balance her commitments whilst maintaining her mothering role. She also invites me as a co-participant to demonstrate understanding of her dilemma. Sam illustrates clearly in a heated conversation with her ex partner her view of not only what she believes she is responsible for, but also the fact that she is completing several tasks at once and that this makes her life very busy. She states,

*“and I said to him there’s no one here but me to do everything in the house, to get the groceries, to do the garden, to organise the lawn mowing, to organise child care, to do university work, to do paid employment and he just stood there and looked at me and said, but yes I work too. And I said so while you’re at work, ../.. you’re thinking about what you’re going to have for tea tonight, and he just stood there and looked at me and said, oh no P [his current partner] will cook the tea.” (Interview 1 p. 13)*

Elizabeth describes her methods of managing what she sees as her responsibilities emphasising the importance of being home for the children.

*“So I compensate that by studying part time, working part time, being home most days at 3 ../.. and on the whole it works very well and my husband has flexible hours ../..and so from time to time he’ll come home at 3 and look after the children and so there’s been a commitment from both of us and without that I couldn’t do it.” (Interview 1 p. 10)*



Although she acknowledges the support from her husband, she uses the word “compensate” and indicates that she has adjusted her paid work and her study so that she can be there for her children. To her, her role as a mother is very important. She also says “on the whole” which implies that there are times when balancing her life is more difficult than others.

“Scaling back” or reducing one’s commitments is a term used by Becker and Moen (1999) in their study of dual earner couples. They surveyed couples that they believed made decisions to assist them to balance their lives. In their study however, two thirds of those who placed limits on their work life were women. Several of the participants had reduced their paid work commitments in order to achieve balance in their lives. Elizabeth therefore demonstrates “scaling back” as a strategy she has developed to allow her to balance her life.

Karen sees her relationship as a shared one. She describes what she sees as her responsibilities.

*“Well I guess my number one is my partner, we’re incredibly close and we’re building a life for ourselves which is, we hope to be more healthy and more sustainable and more in touch with the environment and the things we think are more important and real in our lives ..!/. So there’s that relationship, and to the land and our house - I mean I have a huge garden – that’s my hobby but it’s a job.” (Interview 1 pp. 3-4)*

Over the past few years both Karen and her partner have been studying. This year she is studying on her own and finds it more difficult. Because her partner works from home her expectations of his contribution have been affected. She has to travel to her full time job and is away from the property which they both love for a large part of the day. While she sees him as “*absolutely wonderful and incredibly supportive,*” she feels that it would be helpful if he could “*just keep things tidy and ticking, it would be great.*” (Interview 1 p. 5)

She describes the division of work to be done at home.

*“This year it’s turn and turn about unless I’m incredibly stressed in which case my partner will do most of the meals and housework, [laughs], just gets done occasionally, I mean I like the house to be tidy but I guess we’re lucky there’s just the two of us there. My partner has certain jobs, he always does the vacuuming, or he did it if I nagged enough. The other stuff gets done at weekends.” (Interview 1 p. 9)*

Sometimes partners can assist by being absent. Brenda describes the situation when her partner was away on a course.

*B. “F was away for a wee while with a course he had to go to Wellington on, about three weeks. And so like I only had the children on and off over the weekends and to have the days freer ..//... But to have the evenings freer and not that there was any pressure on me to be around for F, but I had that pressure on me to want to be there for him, and to not fail at something else while I was working. And it was much freer being on my own. Also you made less work and you make simpler meals. You ate when you were ready and there seemed to be so much more hours in the evening. Which is silly really but there isn’t anything really different, just a sort of perceived pressure you feel to be available.*

*A. “So why, you say F wasn’t really contributing to that pressure, but you felt pressure. Why do you think you felt like that?”*

*B. “Because I’m my mother’s daughter, of course! [Laughter.] Because you take care of your family and you are there to support them and your husband’s important and he needs someone to listen to him and you need to be able to converse and you need to spend time together and be available to him. Which is sort of silly in lots of ways because he’s more than likely to go out and do something ..//.. in the shed ..//.. But I always felt the pressure on me to be available when he was home. I mean talking to him he didn’t mind. But I felt it and I’d keep putting myself under the pressure.” (Interview 2 pp. 2-3)*

Brenda discusses her perception of her responsibilities as a wife. She uses the phrase “not to fail at something else” as though there was anxiety that she may fail at her studies at the same time as she “failed” as a wife. She talks of “putting herself under pressure.” These are further examples of the internal load she is carrying. When Brenda analyses this situation she understands that her attitude is part of her upbringing. She has been conditioned through observing her mother’s behaviour in a traditional home, as to the perceived appropriate way to care for her partner. Stanley and Wise (1993) argue that we must be aware that blaming our mothers for our socialisation and its effects can be viewed as blaming the victim. However, the majority of the women and their partners in this study were growing up in families in the 1960s and 1970s. The home in the 1950s and 1960s, following a role change for some women during World War Two, had reverted again to the place for women. The expectation for many women growing up during this time was that the appropriate way to behave was to maintain the home as a haven (Whelan, 1995).

Another strategy that was used by a few of the participants to manage their load, was to utilise additional paid help. Jane and Eve both invested in help to assist them to manage the responsibilities. Eve describes this,

*“... the place we’ve got has half an acre - with a huge garden ..//.. so we got a gardener because we couldn’t cope with it ..//.. so we thought it was a bit too much to get a cleaner as well –[laughs]. But we would like to get a cleaner, but at the moment we split, we do half and half – with the cleaning in the house, yes, my partner does the outside work, so it’s pretty shared.” (Interview 1 p. 5)*

Jane also describes the additional paid help she has arranged in order to relieve her of some of her responsibilities,

*“I’ve got a cleaner who comes in once a week and this year I’ve also got a gardener because I’ve never really had the chance to do what I want to do there. And having waited and lived in units most of our time, we really wanted a garden and last year it became more of a stress than a pleasure. I mean she*

*doesn't do everything but what it does is that it takes the pressure off .. //.. and the money that it costs is worth twice its weight. (Interview 1 p. 7)*

This lightens the load for Jane and frees up time for her study during the weekend. She sees it as very worthwhile but it is a financial cost in order for her to make time. The hiring of domestic help to assist with the workload is dependent on the income level and responsibilities of the couple (Lindsey, 1997). The extent to which this assists in the direct sharing of household duties between the couple depends on the type of sharing arrangement they have. It is possible for the paid help to mean that all household work is then shared between the paid help and the female partner – the male partner having been relieved of his responsibilities (Gregson & Lowe, 1994).

The theme “the mother thing” clearly illustrates the unpaid work responsibilities undertaken by the women participants in addition to their paid work and study. For the majority of the women their position in their family is impacted upon by the gendered expectations both they and their partners have of themselves. Most of them believe that they must maintain the family at all cost and that their paid work and study comes second. They acknowledge the effect a traditional upbringing has had on the expectations of their partners.

In some cases however, I consider that there are signs that a more egalitarian model is developing. It seems that in many cases both women and men have come from a traditional background and therefore a change in attitudes in both partners is necessary. The women participants who in many cases took major responsibility for the invisible and unpaid domestic work at home were working as nurses in a climate where their professional skills were not always valued and their commitment to education was seen as unnecessary. The next section examines their lives in their nursing work and illustrates the behaviour that may occur related to the attitudes of individuals with whom they work. In some cases these attitudes demonstrate that there are similarities in the value placed on work in the home and the domestic nature of nursing work.

### 5.3 They don't understand

Several nurses described an attitude among their colleagues of resistance, or indifference. Participants found that the fact that they were undertaking study was not always appreciated by many of their colleagues. Attitudes varied from those who were surprised or indifferent to those who demonstrated resistance or even hostility. This was usually shown by comments made when they learned of the participants' involvement in study. When asked if colleagues were supportive Natalie says,

*“nothing, no support whatsoever, not an iota. There's a prevailing attitude of – you're only doing it for yourself, it's going to be no benefit to us, even though every single assignment I've done where we've had to try and put something into practice, I have focused on the area that I work in.” (Interview 1 p. 13)*

Here she believes that her colleagues see her study as something that will only be of benefit to herself, not to the wider nursing community. They also voiced their disapproval of her using work time to study. She goes on to say,

*“like if there was down time at work I would sit down and get out my studies and just do some reading and that was really frowned upon – that was the worst thing I could possibly do – because it was seen as I was doing something for myself.” (Interview 1 p. 14)*

However when questioned as to what her colleagues did in “down time” she says,

*“oh gossiped, made cups of tea, chatted, talked, that was all ..//... they did crosswords, that sort of thing, commented on the newspaper.” (Interview 1 p. 14)*

Natalie did not perceive these activities as having value, however because these were joint activities which did not advance the individual they may have been seen by her colleagues as more legitimate ways of using time, than working as an individual on a nursing related activity.

Participants who had identified the benefits of study for themselves or had always intended to continue their education, found that colleagues did not understand why they took on study. Karen says,

*“the team that I work with here, I think a lot of them think I’m quite mad really – they don’t understand why I do it and I can understand why they think that because I guess a lot of people are driven by money and what you’re going to gain by it at the end ..//.. they know that my life is very much study so they probably think it’s pretty odd.” (Interview 1 p.11)*

Karen and her colleagues realise that in their organisation there will be no financial reward for the additional qualifications gained. While she has accepted this and is involved for her own reasons she realises that for some colleagues intrinsic motivation is not enough. Brenda also found that nurses with whom she came into contact found it difficult to understand her motivation.

*“Other nurses ..//.. think I’m quite mad going on and doing – quite strange, what’s the point in doing all that. I don’t understand why you bother – you know, what a load of rubbish.” (Interview 1 p. 14)*

These nurses are not verbalising concerns about the lack of financial rewards, they see little value in the content of the degrees offered and in fact devalue the worth of what she is doing. One participant encountered active resistance when she needed to change shifts to allow her to attend lectures although she conceded that this did not apply to everyone.

*“They used to get a bit obstructive when you wanted to change shifts with them and you said you sort of wanted to do study. It was then sometimes, they got a bit obstructive, some of them.” (Interview 1 p. 3)*

She believed that this was a more negative reaction from the one she would receive if she asked to change her shift for a social occasion.



In discussion with the participants as we worked together to make sense of the attitudes of their colleagues the women demonstrated an understanding of the possible feelings and anxieties their colleagues might be experiencing. Eve goes on to say,

*“a lot of them were sort of very set in their ways and didn't like change and sort of felt I don't know, like I think the [nurses] at that time felt quite threatened, particularly one of them. She felt quite threatened and yes, they either saw it as a threat or they thought I was going to want to change everything.”*

She continues,

*“and I think it goes back to some of them didn't see the necessity to be doing study. They thought once you were a nurse, you were always a nurse and you don't need to do any further study. And they really didn't understand why I was doing it.” (Interview 2 pp. 2-3)*

This belief is common among both members of the community and nurses. Thompson (1992) in her research identified participants who were currently involved in study, who believed that nursing was a practical not an academic discipline. Brenda considers the reason that her colleagues may react with scorn at her commitment to study.

*“Fear of things happening that they don't want to have to be involved in and a fear that they might have to do something else themselves one day. And perhaps there is a little bit of envy, I don't know, of the fact that someone's gone ahead and doing something that perhaps is going to be inevitable.”*

I asked her,

*“why do you think though, having those sorts of fears makes them react in the way that they do?”*

She goes on,

*“because it's safest that way perhaps ..//.. I don't think they recognise it as a fear of change. It's a feeling of not wanting to have to do anything more, just wanting to stay exactly the way everything is now. Not wanting anything to change ever and not wanting anything for her to have to contribute anything to those changes. So to me that's saying she's afraid or sees that as a real big step, and a threat to her working as she does and what she knows. The world as she knows it.” (Interview 2 p. 14)*

Maria who had always wanted to complete further study found that she was one of only two who were undertaking it at this particular time.

She says,

*“there are a lot, quite a few of my colleagues I work with who just simply aren't interested ..//... most said I don't know whether I could be bothered or I just couldn't find the time.”(Interview 1 p. 16)*

Maria's colleagues identify the amount of effort necessary and the need for a time commitment and indicate that they do not have the motivation to join her. Karen believes that some of her colleagues feel intimidated by the level of study and believe that they are not capable of achieving at that level,

*“ but they see the academic work as something they couldn't ever achieve and they don't seem to see it as something that you learn in steps. And I can remember my first work I did and it was hand-written and it was appalling – but I didn't fail it.” (Interview 2 p.7)*

She continues,

*“and they see the referencing and they see that you are using other academic work and incorporating it into your work and they see that as something they couldn't do and I think it's mostly because for a lot of people when they*

*trained – they didn't do that sort of thing. They – lots of, not just nurses when I try to explain that I'm studying, I think they still think that I'm sitting down and reciting signs and symptoms of chronic bronchitis.” (Interview 2 p. 8)*

These attitudes are not unusual. Within nursing there has been debate for many years regarding what Hughes describes as “professionalizing domesticity” (p. 25. 1990). Nursing leaders have attempted to distance nursing from its roots in women’s work in the home, arguing that further learning in an educational institution is the key to the development of a profession (Melosh, 1989). Some nurses themselves have resisted this argument believing that further education is unnecessary or that their own registration will be devalued (Melosh, 1989; Glass, 1998). Glass (1998) has examined the lives of registered nurses who have returned to study in Australia and has looked particularly at the attitudes of their colleagues in the workplace. She describes the oppressive behaviour demonstrated by the nursing colleagues as horizontal violence.

Horizontal violence has been described as the outcome within nursing of oppressed group behaviour (Roberts, 1983). Roberts (1983) believes that nurses demonstrate behaviours such as sensitivity and nurturance which characterise them as oppressed compared with the dominant medical culture who are seen to exhibit intelligence and decisiveness. The oppression model is based on the understanding that groups, for example those who have been colonised and women, have been controlled or exploited by others who have more power or status (Roberts, 1983). Attempts, usually unsuccessful, to become more like the oppressor lead to feelings of low self esteem in the oppressed group. The situation where the oppressed group is unable to directly express their aggressive behaviour towards the oppressor enhances these feelings. A result of this feeling of powerlessness may be the development of horizontal violence.

McCall (1996) in a more recent qualitative study, with a small group of registered nurses, found that her participants related both distant and recent experiences of behaviour, which they experienced as oppressive by, in their case predominantly “middle management” (p.28). The participants identified expectations by health professionals that nurses remain as handmaidens, as contributing to the experience of horizontal violence in their work areas. They saw education as the factor that could bring about change. They also noted that this could contribute to feelings of insecurity

in those yet to undertake education, contributing to their use of horizontal violence as a means of keeping all members of the group oppressed.

Nurses as a group have historically lacked autonomy and control over their profession. The medicalisation of nursing education in the hospital setting contributed to this feeling of powerlessness. This feeling, which was contributed to by the changes in the education system, manifested itself in the existence of fear of change, and behaviour which indicates that individuals feel threatened – horizontal violence. Nurses who feel that the standing of their education or qualification is being devalued by a system or individuals who are pursuing further education are likely to defend their position and demonstrate resistance (Melosh, 1989). It seems likely then if registered nurses view nurses undertaking study as being a potentially dominant group, their reaction is likely to be negative and portrayed in subtle or not so subtle behaviours, for example criticism and undermining comments as described by the nurses in this study.

In her study Glass (1998) reported that “non degree nurses believed they were already ‘good’ nurses, the courses offered by universities are, therefore irrelevant, so there should be no need for further study.” (p.28). She supported the analysis made by the women in this study when she stated that feelings of resentment, fear and powerlessness in the non degree study group, resulted in destructive behaviours towards the nurses who were studying. While the women in my study showed an understanding of why nurses might behave in this way, for some it created feelings of alienation or frustration which in some instances led to a change in their employment position.

Negative comments did not only come from nursing staff, Elizabeth describes the reaction of medical staff she worked with who would undermine nurses by saying,

*“God help us, these nurses are educating, what are we going to do next?”  
(Interview 1 p. 15)*

However, among nurses she found the development of interest as she progressed from her undergraduate to her post graduate degree. Later she describes, as Jane does, a situation where her colleagues see her as a resource person.

*“They often come to bounce off ideas and it’s the very same people who gave me a hard time a number of years ago, I’m clearly useful as a resource person for my colleagues.”(Interview 1 p. 14)*

Elizabeth sees herself as useful to her colleagues – I consider that she sees this as part of her caring role as she assists and mentors nurses who are developing an interest in studying. Jane not only felt that her colleagues were positive, she believed that they were becoming interested in their own study. They also used her as a resource person.

She states,

*“that’s been really good, it’s been great actually, because I’ve been able to help people think through what they might do for assignments and topics.”  
(Interview 1 p. 12)*

Maria also says that, although her colleagues did not see themselves as completing study, she experienced support from colleagues. She felt that,

*“generally speaking I think they admired what I was doing really. There was never any, [pause], bad comments made to the effect that I was studying really – no it was fairly well accepted really.”(Interview 1 p. 16)*

There may be several reasons for this difference in experience. The context in which the nurse works both at the organisational level and the local level is important. As the culture changes and particularly as nurses in management are seen to value higher nursing education, more nurses will see the value of engaging in additional study. Participants themselves identified positive strategies that they saw as creating a climate where education was accepted and valued.

Elizabeth acknowledges the impact of a supportive management view.

*“In fact in our institution we have a clinical career programme which has encouraged people to study because – there’s a monetary reward on the steps attached to study in so far as one of the steps you have to have a degree to get*

*to. And in our area it's a dollar an hour more than I would have been on so there's quite a financial incentive to get there. Which is perhaps one of the reasons that people are studying, but the benefit is that they are learning as well and changing their thinking regardless of motivation.” (Interview 1 p. 15)*

Elizabeth acknowledges the effect of the financial reward for completed study. She believes that it creates additional motivation for some nurses but also reflects on the positive outcomes that accompany the changes in thinking contributed by the education. Jane also describes a supportive feeling in her institution.

*“I mean I think that the management team here and some perhaps more than others, can see the value of further education for nurses and I think that is particularly so for the service manager here. She is very supportive and positive about nurses furthering their education and she's supportive right up to the hilt. In fact I know she's had many a battle to get support and funding for nurses to do further education.”(Interview 1 p. 13)*

However, when she describes her service manager she identifies that the support that she provides has come at a cost and not without a fight. Her use of the terms “up to the hilt” and “battle” suggest that she is aware that there has been resistance presumably from the more senior management who have needed persuasion that the organisation will benefit before providing financial support.

The participants describe different experiences relating to support or understanding from their colleagues. For several, colleagues are puzzled by their commitment, they see no need for or benefit from, education. Others demonstrate hostile behaviours. The participants demonstrate an understanding, supported by the literature, of why their peers may react in this way. Support of management is identified as important to culture change, and some instances participants describe this change as occurring. Participants identified people who did support them. They pay tribute to these people in the next section.



## 5.4 Ways I'm supported

While in many cases colleagues were resistant or indifferent to the post graduate education of their peers the participants in the study in the main, felt well supported by their student friends, their partners and their families. When considering the effect of study on the health and lives of these women, this support from other students and families was seen to be of value. Friends who were studying provided mutual support and an opportunity to discuss their work critically.

Jane acknowledges the assistance that she feels she has had from colleagues and friends studying with her even though they are engaged in different programmes.

*“There are a couple of my close friends in the unit who have started studying towards their degree about the same time that I was starting the masters journey. And so they’ve been incredibly helpful and very supportive and S has acted as my critical friend in Practicum One ..//.. We used to have great discussion on different theorists and who you were incorporating into your assignments.” (Interview 1 p. 12)*

Jane goes on in the second interview to describe her feelings of anxiety regarding her academic ability, a particularly difficult time for her and the caring nature of the relationship with her women friends.

*“I actually seriously wondered, whether I could do it. And it was the first time that I’d wondered whether I could actually academically ..//.. yes I really doubted my own ability. But I was fortunate to have a very supportive group of study companions who knew I could do it and they got me through it.” (Interview 2 p. 2)*

Jane believes, during this period of doubt, that her friends also engaged in study understood and supported her to continue.

Maria acknowledges the isolation and a lack of support that she feels completing a paper on her own in a rural area.

*“The fact that there is nobody else at work sitting the paper with me ../.. I think this is actually the first paper I've actually been really alone ../.. This paper hasn't had tele-conferencing which I have had in other papers, which if I hadn't been able to go up I've found it quite helpful. And the paper did say that there was going to be an e-mail group which I tried to log onto but we haven't had our computer that long and I'm still learning inter-net and e-mail and all that sort of thing and I tried to log onto that and there was actually some difficulties and so they haven't followed through with that ../.. But definitely isolation can be a definite factor.” (Interview 2 p. 3)*

Maria is not only identifying the additional difficulties that the student in a rural area studying on her own experiences, but she is also struggling with the stress of new technology and the lack of support that she has to manage this. This may be a particular problem for women, especially if the male partner (traditionally considered the more technically competent), is unable to assist with the computer technology.

Families are also on the whole supportive; Karen describes her parents,

*“mum's just so proud, she thinks it's wonderful, yes she's really very, very supportive. I don't think either of my brothers would have a clue what I was doing ../.. but they know that I study ../.. And dad's very proud and ../.. they know it's a struggle and they know that that's what I'm doing.” (Interview 1 p. 10)*

Sam on the other hand, who has neither parental or sibling support and has no partner, explains her situation.

*“My extended family, I was told in no uncertain terms when I came back down here by my aunt and uncle who are the closest sort of blood tie that I have – they'd done their years of bringing up children thank you very much*

*and their time was theirs. So I have never even contemplated asking them to help out.” (Interview 1 p. 9)*

Sam is unable to ask her only relatives for support. Natalie’s parents however, see her study in a different light and articulate their support.

*“As far as my own parents go they are totally supportive of my study - they have even offered to have the children for a whole term... They would have them while I studied - I couldn’t do it, I couldn’t be away for my children for that long.” (Interview 1 p. 12)*

This possible solution to freeing up her time for study is not even considered by Natalie because of the bond between herself and her children. Jane also finds her parents supportive of her need for childcare before and after school and states,

*“and they’re very involved in M’s before and after school care ... it’s only 5 minutes walk away ... Before school he goes to my parents place, my husband drops him off there ... and my mother takes him to school and then dad picks him up from school and he stays with dad till I pick him up ... I don’t have someone I’m paying that needs to go and get on and pick up their own life in the evening. And ...it’s nice for M and dad because they do enjoy each other’s company really and dad’s happy to have M’s friends over to play.” (Interview 1 p. 1)*

Here Jane is taking responsibility for planning for childcare but she is aware that being able to rely on her parents means that she has additional flexibility.

Support from partners regarding study came in different ways. Several women relied on their partners to assist with their computer problems. Karen describes her partner’s involvement.

*“He helps me with the computer when I get stuck which is regularly, or delete files, my instructions are to touch nothing and to come and get me.” (Interview 1 p. 10)*

Jane relies on her partner to look after their son when she is studying, however she has to request this. I would question whether this may be a lack of realisation of the need for time for study or a lack of valuing of study as “real” work. Jane explains,

*“I will organise so that I have the house to myself. That usually entails either getting, asking C take M out somewhere for 2-3 hours.” (Interview 1 pg. 8)*

The women, who all have male partners, apart from Sam, feel on the whole that they are supported emotionally by their partners. Practical support is provided through computer expertise and taking responsibility for the children. The participants in the study did not mention any specific increase in the performance of household tasks by partners.

The next section is linked to the concept of support and relates to the planning necessary to undertake educational qualifications by the couple. This planning involved an explicit understanding that support would be given financially or emotionally to complete education in turn. Interestingly, the women all appeared to be taking the second turn, however I had not found this concept described elsewhere in the literature.

## **5.5 Taking turns**

The theme “taking turns” arose from the stories of several women who described a sharing process that had taken place with their partners. For some partnerships it had been explicitly agreed that the women were to have “their turn” at taking part in further education. In some situations it was stated that the women had supported their partners during their career development. This is common (Weedon, 1987) but not always acknowledged.

Brenda describes her situation,

*“but he says, “well it’s my turn to support you now ‘cos you supported me through my apprenticeship,” so he sort of sees it as my turn to go on and do something.” (Interview 1 p. 13)*

Elizabeth explains the plans that she and her partner made on their return to New Zealand,

*“we also came back for educational opportunities ../.. my husband began an MBA part time ../.. and the deal was that it was his turn and I would study later.” (Interview 1 p. 9)*

Karen, whose partner has also been studying, describes the shared attitude she and her partner have to her education,

*“ it’s a joint mission this thesis, it’s not just mine, it’s ours.” (Interview 1 pg. 3)*

It is clear from these stories that these women feel supported emotionally by their partners who clearly articulate that they see the opportunity for study as important for both partners. I have not found this concept described in international literature and question whether it is a developmental issue relating to the growth in numbers of women studying, or a phenomenon more common in New Zealand. If this is the case then it may be the sign of a more egalitarian family dynamic.

## **5.6 Will I survive?**

The theme “will I survive” is closely related to those of “fitting in” and “juggling.” It describes the feeling when life is totally out of balance. The life of a mature student is often already characterised by upheaval or alteration (Green, 1987). For some of the women there are times during this period of combining paid and unpaid work and study when they wonder if they are going to survive. Karen identifies survival as,

*“it’s just making it through into the next day ../.. I certainly have had times when I’ve thought, well I’ve got to give up something here.” (Interview 2 p. 6)*

She goes on to describes strategies she uses to ensure her survival, such as pacing herself and making herself achieve things earlier than she needs to. These are ways that she keeps her life balanced and in control. The literature identified control as an important factor in maintaining the mental health of women who were engaged in maintaining several roles (Ross, Ridout & Carson, 1995; Walters, Lenton, French, Eyeles, Mayr & Newbold, 1996).

Elizabeth describes the importance of control and choice in maintaining balance in her life. She also identifies clearly that she sees her study as an appropriate use of free time which she has chosen, as she describes her study as a leisure activity.

*“It’s been my choice to study, I don’t have to and part of it is that I enjoy the academic challenge and so it’s like a hobby.” (Interview 2 p. 6)*

Brenda has stated that she “**survived** one year”. When questioned as to why she used the word “survive,” she reflects on her statement,

*“because at the time you feel like you’re not going to make it to the other end.” (Interview 2 pg. 1)*

Her feelings are linked to a fear of being seen publicly as a failure. Fear of failure has been identified as an issue, particularly for mature students (Dailey, 1994; Glackin & Glackin, 1998). In their study, Glackin and Glackin (1998) found that there was a direct relationship between fear of failure and the amount of money the registered nurses believed they had invested. Dailey (1994) describes extreme physical symptoms related to fear of failure in examinations. She questions this finding in mature students and believes it is related to their past educational experiences and their current complex lives and needs. Brenda goes on

*“but you feel committed because of the money you’ve put into it or the time you’ve already put in. Also a bit of pride perhaps too, because you’ve committed yourself to this and other people know you’re doing it and you feel like if you stop it, you’ve failed and you know you feel like you could at least get to the end of the first year before you drop out or whatever.” (Interview 2 p. 1)*



This analysis of her feelings occurs in spite of the fact that very few of her colleagues have undertaken postgraduate study. She describes her life when it was further complicated by the illness of her mother. She feels at this point that it is still her responsibility to “keep everything going” and looks back on this period as a very difficult time.

*“I just couldn’t remain sane and keep everything going ..//.. and I don’t know how I did anyway, because it was pretty hectic and horrible.” (Interview 1 pg. 10)*

The only way Brenda was able to continue managing her responsibilities to her parents and step children was by reducing her full time work to part time in order to keep some control and balance in her life. Jane also describes a difficult time for her when she felt her survival was in doubt,

*“At some stages, yes it really was [the feeling of trying to survive] because I really had to think about how, how I was really going to do it and yes, how I was going to get through it.” (Interview 2 pg. 6)*

She also found that she could not manage to continue all her roles and so dropped her paid work for a time. These women have all believed that their roles as mothers and domestic workers are not able to be reduced and have reduced their paid work with consequent financial implications. Fortunately, because of the financial support of their partners, they are able to do so. Sam, however is not able to do this. She has worked part time in order to accommodate her study, but has to continue with some paid work. She describes her situation,

*“to survive I need at least six shifts a fortnight, preferably more ..//.. but I had one fortnight when I think I got three shifts. I can’t survive on that ..//.. so I’m going from pay day to pay day.” (Interview 2 p. 5)*

With no outside support Sam's financial situation at this point was very precarious. Natalie describes very vividly, a time in her life when she doubted for a time that she would survive.

*“I thought, I’m like a pod of dolphins or a pod of whales, just beached myself off shore. And I’m just waiting for high tide to come in and wash me back out to sea. And I really need someone to give me a push to get me back out to sea ..//.. and it’ll lift the pressure, the pressure valve, and sort of like high tide coming in, and yes, saying - you don’t need to work under quite this much stress and pressure and strain. And I’ll be able to swim again. And get it done. And yes it is survive and yes, if that high tide doesn’t come in, if there’s not someone to turn you round you won’t survive.” (Interview 2 p. 9)*

For Natalie, at this point, she has the additional stress of moving with her family to a new city. This is for her partner's employment, which is not an unusual situation for women. The male partner's employment often takes priority, requiring the shifting of the whole family (Dempsey, 1997). Men may be seen as more geographically mobile as stated by Ratcliffe (1999) but he fails to consider that the likely reason for this is the support given for domestic responsibility and childcare by their female partners. Natalie also appears to have less support from her partner regarding childcare and household responsibilities than some participants. She goes on to describe the feelings of anxiety she has as she faces the more unstructured work on her thesis rather than papers.

*“And there’s such a phenomenal amount of work that goes into it. And with thesis you’re so much ..//.. on your own. You’ve just got to be self disciplined ... //.. [pause]. When you’re doing it all by yourself and the day is way out there when it’s due it’s hard to judge exactly how much time it’s going to take to do this and so you put this huge amount of pressure on yourself ..//.. You just feel if you don’t sit down every single night you may not get there. And you may just run out of time.” (Interview 2 p. 10)*

Her feeling of not making it, of running out of time is linked to her feeling of isolation whilst completing her thesis. Completing thesis requirements appears to be a

particularly difficult time, when women students require additional support. Sam, completing her PhD has no support from her ex partner. She explains,

*“I don’t think he recognises how much work is involved, at all ..//.. he’s got no concept and I think he sees my thesis as just something. Oh well it’s easy, anyone can sit at a computer and write words, I don’t think there’s any perception there of what writing a thesis actually involves.” (Interview 1 pp. 12-13)*

Natalie’s partner is also studying for a management degree whilst she is completing her post graduate studies in nursing. She describes his attitude.

*“I don’t know if this comes from his background or all male sort of work environment and one-upmanship and the sorts of things that men seem to get into. But definitely [he sees] my study is not as difficult as his. And certainly doesn’t require as much time put into it and will not carry as much weight at the end of it. So that’s how my husband sees the study. ..//..I mean I’m not, don’t get me wrong, he doesn’t belittle it but it just doesn’t carry the weight that his study carries in his eyes. (Interview 1 p. 9)*

She is not sure why he feels like this although she senses a gendered reason, but she believes that her partner, who has been studying in a different discipline, does not see nursing as a legitimately academic programme.

For some women however, the word “survival” did not have the same meaning. Elizabeth disagrees with the concept of survival. For her she says,

*“Maybe because study is only a small part of my life at the moment and there are so many other things going on. I guess for me there are balances, but may be balancing means I survive. But I haven’t seen it as a battle.” (Interview 2 p. 6)*

Elizabeth has not seen this time “as a battle” or struggle. This could be for several reasons. She has previously described the importance of balance and control in her life

and the strategies she employs to maintain this. She has also acknowledged the support of her partner. Elizabeth goes on to vividly describe her vision of maintaining balance and the impact of stress,

*“I always like to think of the allegory of spinning plates at the circus, performers who spin plates. I like to think of the plates spinning and occasionally some of them fall off and then they’re falling and crashing. That’s when the stress is there.” (Interview 2 p. 2)*

Eve also disagrees with “survival” as a description of her life. She says,

*“I don't think I'm quite that bad but, it does get to you, you know studying all the time, working all the time. Particularly with this job because this job's really very mentally stressful. And then you go home and on the weekends, you're further mentally stressed doing your study ..//.. But I'm actually quite excited by this dissertation coming up.” (Interview 2 p. 4)*

Although she does not choose to use the work “survival”, she uses words that indicate that her life is a struggle at times. At this point she is excited by the thought of her dissertation which she has not yet commenced. Eve also feels supported by the nursing management in her area, she does not have children and she was able to access financial assistance. I believe all these contextual factors impact on her view of her current situation.

Each individual woman is dealing with a different set of circumstances. Those who have young children, who perceive themselves as taking major responsibility for the management of the children and the household and who feel less supported by their employer, peers or management appear to describe a greater amount of pressure in their lives. It seems likely also, that at the point where these women are working on their research and writing up their theses that the lessening of set parameters to their study, increases the distress that they may feel.

For some however, they could see a time when their study would be completed. The next section describes the thoughts of these women.

## 5.7 End in sight

All of the women were part way through their degrees. Some were completing papers, others were moving towards their dissertation or thesis. For some of the women the commencement of their dissertation or thesis meant that the end was in sight. Brenda describes her feelings having moved from part time to full time study.

*“I'd just put my name down to do it full time ..//.. I [will] just keep my head down and keep working anyway, so I couldn't imagine spreading it over two when I could get it out of the way in one and be free” (Interview 2 p. 5)*

Describing her journey in this way implies that she will be pleased to complete and “be free”. Elizabeth, too, reflects on her current situation and begins to think of where her education may take her,

*“No, it's just that notion that people see you as studying at masters level and so that they expect you to be very competent in all things, and clearly you can't be ..//.. But I think it's that internal frustration of not quite knowing where education is going to lead. I guess this study is unsettling as well, which I'm sure it's designed to be, because it makes you think, and then you reflect on where you are and think "ah, that's perhaps not quite where I want to be" (Interview 2 p. 13)*

Elizabeth alludes here to the challenging expectations of colleagues. Natalie describes what she sees as her journey at a point where she is seriously considering requesting an extension.

*“I think probably anyone who takes on a course of study. Initially there's this huge mountain to climb and you can't see the peak - it's in the clouds and you're just start working your way up that hill. And you know that eventually you're going to get there. And then you get to a point about half way up and*

*you can actually see the peak, 'cos you're in the clouds now – you can see the peak but it's still way up there – and you think the end is in sight and you'll do anything to get to that end. And just have that pressure taken off you. And it's very hard to say, I'm not coping, and I need to take longer, 'cos you don't want to take longer to get to that peak” (Interview 2 pp. 11-12).*

Both this extract and that of Brenda describe the feeling that the women have of wanting to get to the end. Eve also feels this way saying,

*“Oh it just gets never-ending ..//.. That's why I think I said that I'm glad to see an end in sight. And just to have a degree really. To have it finished and to have it over with and have that degree behind you.” (Interview 2 p. 4)*

These women are describing the feelings that they have relating to the personal costs that they are bearing at this point. For many it has been a long journey, for all it has been a difficult one and they look forward to its completion. The women are all aware however, of the impact study has had on their nursing practice. The final section of this study examines the theme “benefits to practice”.

## **5.7 Benefits to practice**

For the majority of the women the benefits of their advanced qualifications were not going to be financially recognised by their employing organisation. For some, engaging in post graduate study has enabled them to move into a different role, usually middle management, with a salary increase. For those who want to continue to practise “at the bedside” the reward for the time and money invested must be intrinsic. Donley and Flaherty (1994) believe that hospitals as a whole do not reward experience and education. Gendered explanations based on the perceived low value and invisibility of the work have been made. They believe that government funding and the invisibility of nursing work within the total budget is the major reason for lack of recognition for nurses.



For all the women there were benefits. When the participants were asked to reflect on the positive aspects of their study, they all described benefits to their nursing practice and their personal lives. For most, it broadened their horizons and helped them to understand what it meant to be a nurse. For some the benefits had begun with their undergraduate education. Jane describes this,

*“ huge, absolutely huge, I think it sort of opened up a whole new world really in some ways, because I trained a long time ago and a lot of that sort of looking at the theory of nursing, looking at, thinking, talking and writing about what nursing is, was there ../.. I guess looking more broadly at what nursing is and what it means to be a nurse started to come a little bit in my undergraduate degree but much, much more in my Masters degree.” (Interview 1 p. 13)*

Elizabeth describes a specific example of benefit from the skills learnt in her undergraduate degree,

*“Well, it had a huge impact as I went through the course ../.. the reflective practice part and the journalling had quite an impact on my practice ../.. in fact, what it identified for me, when I went back and read the journals, was the conflict I had ../.. at work and it helped iron out, it helped to give some grounding to why I had the conflict.” (Interview 1 p. 2)*

She also acknowledges that her career has been enhanced and that the position she currently holds, is as a result of commencing her undergraduate degree. She also demonstrates an understanding of the critical thinking skills she has developed. She goes on,

*“the benefits for me have been to get a job that I wanted ../.. I couldn’t have applied for the job if I hadn’t been studying. The other benefits have really been that it changed my thinking in many respects ../.. now I would give it more thought before I would say what I think would be a good alternative, because I weigh up all the options.” (Interview 2 p. 3)*

For Eve the changes that she experienced in her thinking and understanding pertaining to her nursing role, resulted in her moving from the area in which she was working. She explains,

*“it does make you think about things differently and you do sort of challenge what you do and what other people do as well and that’s one of the reasons I got out of [department].” (Interview 2 p. 2)*

As they moved into postgraduate study, the women were able to understand what nursing is, to articulate this and to appreciate nursing as a valued and important profession. Roberts (2000) describes a model for identity development for nurses based on similar models for oppressed groups and women of colour. She believes that nurses too, can move from unquestioned acceptance of oppression to political action and that education is a likely trigger for this. I believe many of these women are completing this process and are demonstrating an understanding of the power issues and unhelpful structures in nursing. There is potential for these women to become agents of change in the future.

Jane reflects on her journey,

*“going through this whole journey and doing this has helped me to more critically think about my nursing practice, talk about and write about it. And a lot of what I learned I have felt that I was able to put into practice ..//.. and improved it I think, gave it a much broader perspective.” (Interview 2 p. 3)*

Several of the women believed that successfully completing their study, had an impact on their confidence and self-esteem. The liberating effects of undertaking an undergraduate degree were also identified in a study which described a growth in self esteem and increase in understanding of the meaning of nursing for a group of registered nurses (Witt, 1992).

Karen describes her perception of the benefits.

*“The benefits of the experience have certainly [been] gaining confidence in my own abilities because I do struggle with that and sometimes I look back on what I’ve done and think, my God, I must be a little bit clever! And my partner often reminds me and says “well, come on, look what you’ve achieved.” (Interview 2 p. 2)*

Following success, her confidence and self esteem have increased. However, while she acknowledges this, she understates the effect by using the phrase “a little bit clever”. Her partner helps to reinforce her competence with encouragement and an emphasis of her achievements.

Maria feels that she has gained personal skills and that her study has contributed towards the maintenance of her position in the organisation in which she works. She has also gained a part time relieving position in middle management. She describes the advantages that she sees.

*“The benefits have been in what I have learnt from the papers, especially the nursing papers and being able to apply it to my work and to understand the changes that go on within the hospital ..//.. It definitely does [assist with career advancement.” (Interview 2 pp. 4-5)*

Brenda also believes she has gained in assertive and personal skills. She explains,

*“I know I’m different now to when I started ..//.. I look at my own rights a lot more, which mightn’t necessarily be a good thing. But ..//..it does mean that life’s a bit simpler because I have much more set ideas of boundaries and things ..//.. So that’s been a good thing and I think my confidence in myself has increased as I’ve survived and done reasonably well with my papers and I’ve found that I’ve got more value, you know, that I appreciate myself more or something. So I feel I’m able to stand up for myself a wee bit more ..//.. Certainly the study has helped me feel good about myself.” (Interview 2 pp. 16-17)*

Again Brenda understates the situation when she says “able to stand up for myself a wee bit more”. However, she recognises that her confidence has grown and her self-esteem has increased. Natalie also describes an increase in confidence and reflects on the effects for her.

*“Oh, a huge impact [pause] I’m not sure how, I’m not sure how I can explain what’s changed ../.. I’ve got a much more mature approach to my practice ../.. I’m definitely a lot more stable in my work ../.. I’m a lot better at ../.. dealing with fellow staff members, with the medical profession, I’m a lot more up front. I think it’s made me a lot more assertive. A lot more confident in myself. Yes I think that’s what it’s done.” (Interview 2 p. 4)*

Longwe (1998) describes schooling as a process which leads to subordination, and education as encouraging empowerment. These women describe empowerment both in their work and personal lives. I believe that the educational programmes in which they are enrolled are enabling them to develop insights and understandings of the social and political contexts of their lives.

I consider that the impact on their personal and professional lives that has been made by these women engaging in tertiary study is considerable. All the women describe positive outcomes which affect not only their personal relationships, but also their professional working lives. This may have positive effects for the organisations for which they work. In spite of describing considerable personal and financial hardships, these women are able to see the benefits of continuing and completing their study.

## **5. 8 Summary**

The themes in this chapter have examined the multiple roles that the women in the research project have had to maintain, while they manage their study and continue with as much paid work as they can manage. All the participants completed study in addition to the other roles that they were already maintaining and the themes that emerged from their stories related to their lives as women and students. Gendered expectations, their

own and those of their families, contributed to the maintenance of what were seen as traditional women's roles. For some there was more support at home with these roles than others. Others found that their work roles were stressful because they felt undermined by colleagues who did not understand why they were engaging in study. All the women were looking forward to completing their study and feeling that they had time for activities for themselves. Most importantly, all the women felt that their study had made a significant difference to their nursing practice and to their personal lives.

Chapter six includes further examination and discussion of the findings of the study. Educational, personal and political implications are identified, limitations are acknowledged and recommendations for educational institutions and employers of nurses are discussed and made. Lastly, there are suggestions made for further research in this area.

## Chapter 6 - Discussion and recommendations

### 6.1 Introduction

This research project aimed to explore the health and well being experience of women who as registered nurses were simultaneously studying and maintaining the multiple roles expected of them. The participants in the study described the factors that motivated them to further their education, the difficulties that they encountered and the impact on their nursing practice that they believed engaging in study produced. The use of gender as a lens identified the struggle most of them had to balance their perceived family responsibilities because the expectations were often that they would continue with these responsibilities as before. The women identified personal and financial costs to engaging in study and a lack of valuing of their efforts by colleagues and in some cases management. In spite of this, they all described the “huge impact” they believed that their involvement in further education had on their nursing practice. The question must now be asked, “what is the meaning and relevance of the endeavours of these women?”

There is a growing international recognition that the role of the nurse can be expanded. Programmes have been developed to allow both enrolled nurses and non-enrolled nurses to upgrade their qualifications. In the United Kingdom the development of Project 2000 has meant that educational programmes have been developed which emphasise the link between theory and practice and encourage the development of autonomous and critically thinking practitioners (Hislop, Inglis, Cope, Stoddart & McIntosh, 1996; Phillips, Davies & Neary, 1996; Twin & Davis, 1996; Hemsley - Brown & Foskett, 1999). Enrolled nurses are being encouraged to move to registered nurse status (Dowswell, Hewison & Millar, 1998).

In the United States the plan is not only to move nurses to baccalaureate level but to encourage nurses to complete Masters or Doctoral studies (Ketefran & Redman, 1994). In Australia nursing education has moved from hospitals to colleges and into the educational system within a university where the curriculum places an emphasis on



critical thinking and reflective practice (McCoppin & Gardner, 1994). In New Zealand, entry to practice is now at undergraduate degree level. Enrolled nurses are being encouraged to make the transition to registered nurses with an undergraduate degree. Single registered nurses and nurses with Comprehensive Nursing Diplomas are also invited to enlarge their knowledge and upgrade their qualifications to a Bachelor of Nursing or its equivalent. Nurses with undergraduate degrees and experienced nurses are being encouraged into Masters and then Doctoral programmes.

## **6.2 Discussion**

The participants in this study were, in the main, studying towards their Masters degrees. They had a variety of educational backgrounds and different levels of experience of study at a tertiary level. Although all were succeeding at their studies, it seemed that those who had achieved successfully at undergraduate level found the process slightly easier, certainly to begin with. Analysis of the stories of the women identified personal, professional and political implications. Implications for educational institutions were also identified.

### **6.2.1 Personal implications**

For these women, engaging in study was in addition to their already busy loads. Expectations of their participation in “women’s work” by both the women and their partners reflected what I found in the literature. This expectation is that the majority of housework and childcare will remain the responsibility of the woman in addition to responsibilities for paid work and study. As a feminist I would argue that the invisibility of the caring work done by these women contributes to its apparent lack of value and acknowledgement (Baines, Evans & Neysmith, 1991). In some cases the expectation of personal responsibility was reinforced by the women themselves, who found it difficult to rid themselves of their own attitudes towards the division of labour within the household. Thompson (1992) describes this as “the internal load” an internal dialogue that directs behaviour in a gendered fashion. The participants in this research illustrated

vividly the compulsion they felt to complete their domestic responsibilities first, that it was their responsibility to keep things going.

Natalie stated that she required “*discipline*” to “*make sure the family still ticked over*” (p.64). Brenda described “*spreading yourself thinner to try to accomplish everything*” (p.65). Maria also used the word “*discipline.*” She was “*disciplined in allocating time to study around children*” (p.66). Elizabeth demonstrates her management or control of the situation by saying “*so I compensate by studying part time, working part time*” (p.99). These women show clearly that their study or leisure can only come **after** what they see as their family responsibilities. At all times their behaviour is influenced by their gendered understanding of their position. At all times this creates an additional load for them to carry. While they are doing this there must be understanding of the position they are in. For women to move from this position of responsibility for caring for the household and the extended family there must be recognition firstly of the work done and secondly of ways of sharing the responsibility. This may be achieved by an understanding of the impact of gender roles and expectations and a change in attitudes in society as well as improved access to child care arrangements.

With regard to responsibility for the overall management or organisation of the household, most women felt that they took the responsibility for this. However, while they felt they arranged this process it was clear that most had some support in the completion of the tasks. One participant, who was a single mother with her primary school aged child, described the difficulties experienced with no partner to share childcare. Her paid work had to be arranged around childcare resulting in decreased choice in work placement and at some points, financial stress.

I believe there was evidence that in some households a more egalitarian approach had developed. Some women suggested that men were taking responsibility for specific tasks rather than “helping” their partners. One participant described her growth in confidence, as a result of her study, which had enabled her to negotiate with her partner on a more equal level. A significant finding, I consider, was the concept of “taking turns.” Several of the women described a situation where it had been discussed and planned that following career or study support from the participants in the research, their partners had said that it was “their turn” to study. This emotional support was

valued by the women concerned and was not something I have found in literature from overseas.

Support from partners and families was important to lessen the feelings of stress for the participants. Support from partners was felt through acknowledgement and pride in their efforts, assistance with computing and proof reading of assignments, assistance in the home, particularly with meals, usually only if things were really out of control, and acceptance of the lack of availability of time. Families were also proud of their daughter's achievements and often assisted with childcare. Friends, particularly those who were also studying, were acknowledged as supportive and critical friends.

Because the women in the study were taking major responsibility for the households and were also engaged in full or part time work, their study had to be fitted into their already demanding personal and professional lives. This meant that not only were the participants unable to spend the time that they may have wanted to with partners or families, they had little traditional leisure time for themselves. Their study was fitted into the only leisure time that they had. One participant described her study as her hobby or leisure, one still managed to maintain her exercise programme, but in the main, exercise and reading for pleasure, and the maintenance of friendships were on hold for these women. These women had made a conscious choice to begin study at a time that they believed best fitted in to their family life. In this they demonstrated some control over the process but also showed again that family came first.

Another finding was the difference in the degree of stress between women who were completing papers towards their degree and those who were beginning their research for dissertations or theses. Papers appeared to be more manageable. The four participants who were enrolled in theses described more stressful and pressured lives and had all made severe cuts with subsequent financial implications, to their paid work. This may be a concern in the future for the rest of the participants and demonstrates the additional stress experienced by students at this point in their study.

In spite of the fact that the lives of these women were busy and they had very little time for exercise or leisure, most of the participants denied any serious physical health effects. One woman directly attributed a major health set back to the effects of her study

along with her other responsibilities. The remainder often seemed surprised to find that physical symptoms, apart from headaches were few. Several described difficulty sleeping and some knew that their relationships with partners or children had suffered because of feeling stressed. Although these women described difficulty surviving at times, I believe they had used coping strategies such as enlisting support from partners or parents, employing paid help and in several cases, decreasing their own paid work.

These latter two strategies come at a financial cost that is hidden and in addition to the visible costs of study, such as course fees. This is a significant finding as I argue that there are benefits to the health care of New Zealanders from increasing the number of nurses with the additional skills and knowledge derived from postgraduate study. If financial constraints limit the number of women who are able to undertake postgraduate study this disadvantages the entire health sector.

### **6.2.2 Professional implications**

Women who were supported by their employer felt positive and valued. In some cases this support was financial, either through contributions towards course fees, or in one instance, an increase to the nurse's hourly rate following completion of the qualification. This tangible assistance or reward demonstrated an acknowledgement of the commitment made by the women. Financial costs were an area of concern and stress for many participants. Some found access to funding difficult and in the face of competing stresses, abandoned efforts to obtain outside funding. For several, competing stresses of paid work and study meant that they felt compelled to reduce their time in paid work further adding to financial stress.

It was also evident that at least one participant felt that her knowledge and expertise were not valued or utilised by her manager. Describing the lack of utilisation of her skills she says,

*“that’s like me having a nurse who’s worked in plastic surgery for 30 years and not having her involved in wound care.” (Interview 1 p. 13)*

I would argue that lack of explicit support from management may contribute to the collegial resistance experienced by some women. Some nurses had moved from an unsupportive workplace because of this. Where this move is outside the organisation, management will lose the expertise and knowledge of this nurse. These women have taken responsibility for their own professional development. Oulton (1997) argues that career mobility is greater now than previously. The participants in this study have obtained skills of confidence, flexibility, assertiveness and an understanding of the research process – skills that will enable them to function in a time of change. At a time when retention and recruitment are international issues, nursing management need to value the commitment made by these women and encourage their commitment to the organisation.

In addition to lack of support from management for some women, it was clear that for the participant who was a single parent, the experience was considerably more stressful. The total responsibility for child care and household management and financial concerns created serious additional stresses for this woman.

All of the participants believed that their study had a significant impact on their practice. It has been argued by some that post graduate education enhances analytical and leadership skills, confidence and competency (Porter & Porter, 1991; While & Blackman, 1998). In New Zealand we are discussing the future of the advanced nurse practitioner and have argued for Masters preparation for this role (Advanced Practice Workshop, 1999). Recognition of a difference in their practice by these women supports the argument for this preparation. For the participants in this study they perceive the impact to being translated to the care that they give and the way in which they manage their responsibilities. It is important for them and other women involved in further education that this impact be recognised by the organisations for whom they work.

### **6.2.3 Political implications**

Currently there is an international nursing shortage (Beletz, 1991; Conway-Welch, 1991; Jones, 1997; While & Blackman, 1998). Nurses from New Zealand are being encouraged by institutions overseas to relocate, and to take their knowledge and skills

with them. At the same time discussions are taking place internationally and within New Zealand, regarding the definition of advanced nursing practice and the expansion of the role of the nurse (Smith, 1995; Sutton & Smith, 1995; Jacobs, 1998; Litchfield, 1998; Rolfe & Fulbrooke, 1998; Advanced Practice Workshop, 1999).

In New Zealand the Ministerial Taskforce on Nursing (1998), made recommendations relating to the potential expansion of the role of the nurse. Further discussion on the direction for advanced nurse practice and the development of emerging guidelines occurred in Palmerston North in March 1999. The participants at this workshop agreed that nursing practice at this level needed to be underpinned by clinically focused education at Masters level (Advanced Nursing Practice Workshop, 1999). There is a documented gender difference in the support for training or education between women and men. Men generally have more support from their employers to continue with their education while employed (Kenway & Willis, 1995). If the recommendations from the Advanced Nursing Practice Workshop (1999) are to be implemented and the potential contribution of nurses to the health care of New Zealanders is to be realised, support at government, employer, nursing organisation and educational levels must occur.

In considering the socio-political implications I would argue that we need to consider whose interests are being served by the invisible and undervalued domestic service in the home that has been maintained by these women. While for the most part they have accepted the expectations of their male partners as natural, several of the participants describe a lack of acceptance of their study as a legitimate and valued activity. Additionally, little recognition is given to their paid work as registered nurses, in which they are also engaged, because to some extent this is seen as an extension of their low paid domestic work. Overall a picture is generated of women who make a significant social and economic contribution which is poorly valued on the grounds that they are just doing what comes naturally.

However, I consider that study for these women, whilst stressful, was a positive experience. Most of them were intrinsically motivated, which I believe was an important factor in their positive attitudes. They described new insights into their practice and positive impacts on their personal lives. There are however, I believe, ways



in which the nursing profession and the government can help these women and other nurses who are studying.

### **6.3 Implications for educational institutions**

All students spoke positively about their learning experiences. The institutions, at which they were currently studying varied, most were in New Zealand, and one was in Australia. Several mentioned the benefits of developing the skills for reflective practice which most had learned about during their undergraduate degree study. Those registered nurses who had completed a bridging undergraduate degree spoke very positively about the experience, particularly the flexibility provided. However, where lectures were compulsory at Masters level, students found difficulty in managing paid work to allow them to attend. Women who had completed undergraduate degrees also commented on the impact they believed their new knowledge had on their nursing practice. These women considered that their postgraduate study was building on this knowledge.

Participants who had moved directly into postgraduate study felt valued as experienced nurses and believed that this process was right for them. They did however, identify the “step up” to achieve the critical skills necessary to engage in postgraduate study. They were not always aware of courses available to assist them in making this step, demonstrating either a lack of visibility of these courses or a lack of course counselling to assist them with preparation for study.

### **6.4 Implications for employers**

None of the participants had felt any direct pressure from their employers to begin postgraduate study. Some believed that because the current nursing graduates were completing an undergraduate degree, there was a necessity for them to upgrade their own qualifications. Some were looking for career moves in the future. There were women who had always wanted to engage in university study. Many did not have financial support from their employers and access to possible funding seemed to be problematic. Some did not feel supported by employers in management and several did

not feel supported by colleagues or peers in their immediate workplace. One participant described a positive management structure that valued nursing education.

I found that not only did participants not feel any pressure from employers, some did not perceive encouragement or acknowledgment from their employer. The international shortage is creating recruitment and retention problems. Encouraging a professional practice environment which values scholarship and research has been shown overseas to contribute to an environment where client outcomes have improved and a reduction in staff turnover has occurred (Weeks, Starck, Liehr & La Fontaine, 1996). A professional nursing culture where further education is not valued has been shown to lead to experiences of divisiveness and conflict. Participants described their experiences of hostility, alienation and oppression. The nursing profession in New Zealand does not need its educated and assertive practitioners to be marginalised (Roberts, 1996).

All nurses felt that their study had enhanced their practice. However, it did not appear to be a common perception among the participants that following completion of their study the nurses would remain at the bedside. Financial recognition for additional education was only given by one institution and to make any financial return on the investment these women had made to their education, they perceived they needed to move into management or education. Employers and managers must recognise and acknowledge this and assist these women to make a contribution to the New Zealand health system in all areas.

## **6.5 Recommendations**

The following recommendations are derived from the implications for educational and employing institutions discussed above. They are suggested in order to improve the quality of life for the New Zealand woman who is in paid work, as a nurse, and who is completing post registration or postgraduate qualifications. They are also suggested in order to encourage, within the nursing profession in New Zealand, a culture that acknowledges and values postgraduate education.

- Educational institutions must have an understanding of the particular needs of mature women students who may be sole income earners, engaged in paid work, taking responsibility for management of the household and childcare and also caring for elderly parents.
- Educational institutions need to continue or consider flexible arrangements for students' learning. Where study is "fitted in" on top of extremely busy personal and professional lives, flexibility in classes is important. The move by some institutions to distance learning either by paper based or web based learning is to be encouraged.
- Women students who are completing these requirements need additional understanding and support as they work towards completion of their study.
- Employing agencies must be seen to support and value the efforts made by their women employees who take on study in addition to their paid work. Only three participants in this study described explicit support from their management. In all cases the support is likely to be there but if it is not explicit to the student or the rest of the organisation these nurses do not feel valued and in some cases feel actively undermined.
- Financial assistance, if available, must be easily accessed, well advertised and fairly distributed. Several participants described perceived hurdles in obtaining assistance. The financial investment is considerable, but assistance, even if small is appreciated and is seen as recognition of the nurse's effort and contribution. This is an empowering and encouraging process.
- If the health of the New Zealand population is to improve and nursing as a professional role is to be recognised, more women need to be encouraged to enlarge their knowledge and qualifications. To assist this, financial rewards should be available for women who have invested considerable money and time into their education. Salaries should recognise this increased level of education.

- Childcare arrangements need to be more freely available, particularly for those who are involved in shift work. Childcare available at employing institutions would be of assistance. After school programmes are useful in areas where they operate, rural women are disadvantaged in this area and this needs to be factored into considerations.
- There needs to be recognition at government level of the role of nurses and increased funding for study and salaries. Capped funding for nurses within health agencies may increase flexibility to allow support for women who are studying and reward those who have completed studies.

## **6.6 Limitations of the research**

This research project involved a group of eight women who were engaged in study and paid and unpaid work. These women have spoken of their motivation, the struggles that they have encountered and the powerful effect that they believe participating in tertiary education has produced. The research does not show this impact on practice – it is a belief articulated by the participants.

These stories cannot however, be generalised to all women nurses. The sample consisted of apparently middle class, Pakeha women and there may be quite different issues for other groups of women. The research was driven by a feminist perspective, the process was a shared one and in some cases the participants told the stories that they wanted to tell. This means that they did not necessarily answer the questions that I intended. However, the issues that they raised were often common to several and were of importance to them.

## 6.7 Directions for future research

The aim of this research was to examine the effects on the health and wellbeing of adding study to the lives of women nurses who were also involved in paid and unpaid work. The participants who took part were all highly motivated women who had sacrificed time and money in the pursuit of their goals. Given the current nursing shortage, and the perception of lack of recognition of the value of nurses and their further education, the number of intrinsically motivated women may decrease. More research needs to be completed in the area of motivation. I consider there would be value in completing a study examining motivation and the outcomes of study for nurses who are *required* to study comparing these with those who are internally motivated.

Initial beliefs were that the introduction of undergraduate degrees (even diplomas) would transform the thinking of the nursing workforce. It could be argued that this has only happened to a small extent. Further research on the outcomes of postgraduate study may assist us to identify whether this makes a difference to nursing and nurses. A comparative study which examines the nursing practice of Masters prepared nurses and their colleagues who have not participated in further study would provide further information on the value or otherwise of investing in education.

This research project has focussed on the experience of women who are working and studying. A comparative study looking at the experience of men may identify differences or similarities in their experiences.

## 6.8 Summary

This research project has examined the impact of adding study to the lives of a group of women nurses in paid and unpaid work. The study has been a small qualitative project. The stories of the women nurses are theirs alone and cannot be generalised to all women nurses who are engaged in study. There are commonalities however, in their stories and sufficient significant reflections to suggest that we should listen to the thoughts that they are sharing with us.

The women participants have described the impact of the expectation that in most cases they will continue with their unpaid work responsibilities in the home and with the family. Although considered stressful and financially costly, for the individual women in the project their experience at this point is positive. They believe that engaging in study has enhanced their nursing practice and therefore there is the potential for an enhanced nursing culture and for improved client outcomes. I believe that it is significant however, that all the women involved in research for their theses have had to decrease their paid work. As a woman engaged in study, I too have had to resign from my full time employment. While the experience of education is stimulating and it may have positive effects on nursing practice it does not come without a cost.



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## **Appendices**

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## **Appendix A – Advertising Flyer**

### **Nurse requires participants for study on employed female nurses engaged in further education**

I am a registered nurse completing a Master of Philosophy in Nursing and I require women participants between 30-55 years of age.

This would involve your discussing with me your experience in combining paid and unpaid work and study. I am especially interested in any effect on your health and wellbeing.

If you are interested in participating in this study please contact me by leaving a message for Ann Blackie at Christchurch Polytechnic School of Nursing – Phone (03) 364 9074.

All discussions will be treated in confidence and your name will not be used in any way.

More information will be provided and you can decide if you would like to participate in this study.

# Appendix B – Candidate Information Sheet

## Information sheet

**Women, work, study and health: The experience of nurses engaged in paid work and further education.**

### About the study

My name is Ann Blackie. I am a student in the Masters programme in the School of Health Sciences at Massey University. I work as a nurse manager at the Christchurch Polytechnic School of Nursing. I am a registered nurse and have worked in clinical practice and as a nurse lecturer before taking up my present position.

I am seeking voluntary participation in a study of the experiences of women working as nurses and undertaking further education in nursing in New Zealand. This study has grown out of my concern for students and staff in our institution who are fitting study into their lives.

### Participation

If you choose to take part in this research it will involve two one hour interviews/discussions. In addition there would also be time to discuss the project and answer any questions. These interviews would be at a time and place convenient to you. Following completion of the interviews I will ask you to comment by telephone or writing on the work as it progresses.

The interview/discussion will be tape recorded and you are free to stop the tape at any time. You are also free to answer any questions. The tape recordings will be transcribed by a typist. These transcriptions will be available for you to check that they are an accurate record of our discussion. The tape recordings will either be returned to you or wiped clean after the research has been completed.

### Confidentiality

Your real name will not be used. Instead you will be asked to choose a pseudonym (false name) and this will be used instead on the tape recording, the transcripts and the final written thesis. The typist will not know your real name and will be bound by a signed confidentiality agreement not to discuss any of the details on the tape. All research materials will be kept in a locked metal filing cabinet.

## **Results**

The findings of the study will be submitted as a thesis for my M. Phil. degree and may be used at seminars or presentations or as the basis for articles in publications. I am happy to make this information available to you.

## **Consent**

Reading this information sheet does not commit you in any way to the research. If you do choose to participate, you also have the right to withdraw, including your data, at any time. If you agree to participate I will arrange for a consent form for you to sign and we will arrange convenient times for us to talk.

## **Approval**

This study has received ethical approval from the Massey University Ethics committee and the Christchurch Polytechnic Academic Board Research Committee.

Contact names and phone numbers:

I can be contacted:

Ann Blackie

M. Phil. Candidate

P.O.Box 384

Rangiora

Phone (03) 364 9074

ext 8271

My supervisor is:

Prof. Jenny Carryer

School of Health Sciences

Massey University

Phone (06) 356 9099

ext 7719

# Appendix C – Consent Form

**Women, work, study and health: The experience of nurses engaged in paid work and further education.**

## CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered and I understand that I may ask further questions at any time.

I understand that I have the right to withdraw from the study at any time and to decline to answer any particular questions. I also understand that I may choose to withdraw from the study at any time.

I agree to provide information to the researcher with the understanding that my name will not be used without my permission. The information will only be used for this research and any publications arising from the research project.

I agree/do not agree to the interviews being audiotaped.

I also understand that I have the right to ask for the audiotape to be turned off at any time during the interview.

I wish to receive a copy of a summary of the outcomes Yes / No

I would like the researcher to discuss the summary of the outcomes of the study with me Yes / No

I agree to participate in this study under the conditions set out in the Information sheet.

Name of the researcher: Ann Blackie  
Phone (03) 312 8258.

Signed:

Name:

Date:

# Appendix D – Confidentiality Agreement

**Women, work, study and health: The experience of nurses engaged in paid work and further education.**

## **Confidentiality agreement**

I, \_\_\_\_\_ have accepted the task of transcribing the research data collected by Ann Blackie in order to complete an M. Phil. (Nursing) at Massey University.

I understand the data gathered for this research is confidential and I agree to take all necessary steps to ensure that any material on cassette tape or computer disk containing data from interviews relating to the research will be:

- Heard only by me and transcribed to disk in private
- Stored safely until returned to the researcher
- Treated as confidential in all respects

Signed:

Witnessed:

Date: