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AMERICAN FAMILY/WORK RELATIONSHIPS:
A CASE STUDY OF HOSPITAL NURSES

A Thesis

Presented to

The Faculty of the Department of Social Science

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

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ABSTRACT

AMERICAN FAMILY/WORK RELATIONSHIPS:
A CASE STUDY OF HOSPITAL NURSES

By Valora Glandt

The large numbers of women currently in the labor
force challenge traditional family gender roles. This
research explores the impact of these changes on women in
one predominately and prototypical female occupation,
nursing. Using a sample of hospital nurses, data from a
career choice questionnaire and personal interviews is used
to explore the connections between the private institution
of family and the public institutions of work, as manifested
in a set of specific career decisions. Results show women's
family managerial roles complicate and significantly
constrain their career-related decisions. Most nurses lack
alternatives for carrying out family responsibilities,
because husbands or other family members cannot or will not
pick up the load, and alternatives are unavailable in the
workplace or marketplace. Childcare obligations have the
greatest impact on nurses' career decisions. Therefore, one
policy recommendation is on-site childcare for nurses.

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Introduction

Like most other societies, American society defines acceptable gender role behavior for both men and women. Since the 19th century, men have been assigned the role of primary provider and women the role of primary nurturer (Rosaldo, 1974; Thorne and Yalom, 1982). Today, many women work outside the home as wage earners while still assuming the primary role as family nurturer and manager of the home. Despite women's dual participation in the workforce and home, gender roles in the division of labor in the home appears to have changed little.

A case in point is nurses. The nursing profession has always primarily employed women; as such, female nurses have been working outside the home longer than women in other professions[1]. As wage earners along with their husbands, nurses as women provide financially for their families and in addition, manage the home and family. Thus, like other working women, nurses pull a double shift. Given the demands of their "jobs" and society's pressure to stay at home, it is not difficult to conceive that a nurse must

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decide how much time and energy to devote to home and
career. In other words, where does a nurse draw the line
between her responsibility for home and work?

Goal of Research

Existing research on women and the gender division of
labor indicates that a sexual division of labor (SDL)
persists in the homes of American families (Mukhopadhyay,
1980; Hochschild, 1989; Rubin, 1994). Thus, it is safe to
assume that this same SDL persists in the homes of American
nurses. This study was undertaken in order to fill in the
vacuum in research done that links the division of labor in
the home to nurses' career commitment. Attempting to
combine career with obligations to home and family, I was
interested to know how the sexual division of labor affects
nurses' careers. Hence, I sought to find answers to the
following questions: 1) How does the SDL affect nurses'
commitments to their careers? 2) How does nurses' working
status affect the sexual division of labor?

The paper will first review the relevant literature
on specific gender roles, sexual division of labor, and the
nursing profession. Next, I will describe the design of the

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study and present a summary of the key research findings. Finally, I will conclude with a discussion of the how the division of labor in the home, especially as it relates to home management and childcare, does affect hospital nurses' career commitment responsibilities either to limit career commitment or to increase career commitment.

Literature Review

The following review of the literature examines the factors influencing the development of a gender division of labor and how men and women's roles evolved into separate spheres of public and domestic life. It also examines how a gender division of labor can affect women in the management of their home and career. The review is divided into three sections. One examines theories of the origins and maintenance of gender roles with respect to the following categories: history of traditional gender roles and gender role theories. The second section will present information on the sexual division of labor in the home and provider roles. The final section discusses the division of labor in the context of the nursing profession.

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Theories of the Origin and Maintenance
of Gender Roles

History of traditional gender roles

The historical background of the United States can
help to understand one possible origin of traditional gender
roles and the SDL. First of all, certain historical events
and forces in American society played a role in establishing
the SDL. As a former British colony, the American economic
and social structure has been influenced by its colonizer.
While some historians may dispute the fact that a sexual
division of labor existed during American colonial times
(Matthaei, 1982), it is believed that women's lack of
political or property rights resulted in men having the sole
responsibility for commodity production for the purpose of
obtaining wealth. Therefore, men, and not women, had an
orientation toward the economic market. In contrast,
women's work at that time was defined by the needs of her
husband and children; her production was directly related to
meeting their needs, resulting in women's isolation from
participating or contributing to the market altogether.

From a social and religious perspective, the American
colonial family social relationships were influenced by a

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hierarchical British system in which there was subordination
to and dependence on the King of England (Matthaei, 1982).
Additionally, religions of the time, like Christianity and
Protestantism, also influenced male and female
relationships. For example, as decreed by God, Christianity
gave men the right to command and women the obligation to
submit to the male authority (Doyle, 1983; Lengermann and
Wallace, 1985), while Protestantism gave men the position of
head of the household including the family's moral authority
(Matthaei, 1982). As such, men had the power to direct
family activity both outside and inside the home, whereas
women were delegated to solely directing home activities in
caring for children and household duties.

All in all, the origins of women's roles and work in
colonial times was assigned to the home and men to all other
locations of power (moral authority, economic market,
politics). This set the stage for the expected gender roles
that would be handed down from generation to generation.

Gender role theories

Apart from the historical origin of gender roles,
scholars offer theories of how gender roles develop.

Theories on the development of gender roles and their
explanation for gender division of labor need to be examined
in detail in order to gain an understanding of the evolution
of separate roles for men and women.

Development of gender roles

During the 1800s, Karl Marx and Friedrich Engle
proposed theories on social relations (Sacks, 1982; Gerson,
1985). These theorists felt that societies construct a SDL
that allocated more power to men because they controlled the
means of production and the distribution of the surplus of
production. According to HarperCollins (1991) Frederich
Engles implied that societies evolved from matriarchal
societies to partriarchal societies and that the emergence
of private property gave men control over marriage,
resulting in men's ability to transfer property to their
heirs. In the end, Frederich Engle assumed a biological
basis for the SDL but also raised questions about the
relationship between gender and socioeconomics.

As discussed in HarperCollins (1991), Evolutionary
and Functionalist theories provide explanation for male and
female differences in society. First, nineteenth century

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social theorists, Morgan, Hobhouse, Taylor, Ward and Spencer, were influenced by Darwin's Evolutionary Theory on the explanation of the origin, development, and diversity of biological species and of social change moving from simple to complex. These theorists explained the political and economic changes occurring in their time as features related to biological development as part of social evolution; in other words, social and biological evolution operated by the same process.

In the twentieth century, this perspective on social evolution changed to the Functionalist Theory in Social Anthropology which suggested studying social life in terms of social function. Malinowski (Thorne and Yalon, 1982) used this approach to propose that society is made up of interdependent parts that operate together to meet different social needs. For him, social roles were seen as norms with fixed expectations of behavior. Alternatively, Shapiro (1986) stated that these Functionalist theories suggested that each male or female had sex characteristics that served society's best interests for survival. According to him, women's characteristics were suited to domestic duties and men's characteristics suited them for social, economic, and

political life.

Hence, according to these theories on the development of gender roles, male and female roles were created through the ideology which undergirded the explanation for society and its structural needs. That has meant that men had economic, political, and social control while women were relegated to maintaining hearth and home.

Gender role socialization and maintenance

From another perspective, some scholars believe that differences in roles between men and women can be explained by the type of socialization each experiences. According to Shapiro (1986), gender roles for men and women may be defined by the society in which individuals are socialized. For example, Shapiro (1986) claimed that society attributes women with certain psychological characteristics such as nurturant, emotional, soft, weak, peaceful, and jealous, and men with psychological characteristics such as aggression, competitiveness, strength, mathematical ability, and abstract reasoning. When a society has certain beliefs and expectations about the nature of either women or men as a group, it applies these beliefs and expectations to all

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persons in said group without regard to an individual's characteristics. This is true in American society when the psychological characteristics of men and women are used to define gender roles. Girls and boys are thus perceived first as members of their gender group and are treated accordingly.

Used by a society to shape its expectations of men and women, a form of gender role socialization occurs in a patrifocal family structure. According to Mukhopadhyay and Seymour (1993), a family at the micro level attempts to preserve the set of social institutions and associated beliefs that are part of the patrifocal family structure and ideology. As a form of social organization, these family systems can influence the gender division of labor by associating male responsibilities with the outside world where persons produce and earn money and by associating female duties associated with the inner world of home where she nurtures and manages the household.

Once a society creates and socializes members into their expected gender roles, they must find a way to maintain them. A cultural system of expected values, beliefs and attitudes can help maintain gender role

behavior.

According to Holland and Quinn (1987), culture is shared knowledge that people must know in order to interact and cooperate with one another. In turn, this shared cultural knowledge helps people to interpret their experiences in the world so that they can act productively. As a pattern of expected behaviors and beliefs, a society's culture provides members with the prescription for appropriate and acceptable social behavior (Andersen, 1993). Hence, whatever a society deems as appropriate gender behavior will be socialized and maintained by member's activity and participation in society.

It is through this process that a SDL will be maintained. For example, in many societies, women may not be socialized to assume a primary role in providing for their family's financial needs but rather it may be a secondary role (Franklin, 1984). In contrast, male socialization, which in some societies emphasizes aggression, competition, and dominance, prepares males for the adult male work or provider role. Therefore, if male and females roles are separated, they will be assigned particular tasks, behaviors, and attitudes that maintain

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that separation.

In the United States, the process of gender role maintenance evolved and persisted in a sexual division of labor. According to Coontz (1997), during the 1950s, gender roles became more predictable and orderly than they had previously been in the years prior to WWII or, for that matter, have been during the last twenty years. During the 1950s, the educational gap between young middle class men and women increased while job segregation peaked. It was during this time that women became dependent on marriage for their livelihood because they stayed home and cared for their children and husbands.

One way that gender roles and SDL can be maintained is through cultural precedents (Mukhopadhyay, 1980). A cultural precedent is a culturally established routine or procedure for allocating activities within households, such as the notion of "the man's jobs", "the wife's jobs, or "the kids jobs". In her study of the nature of the SDL in the family, Mukhopadhyay (1980) found that men and women used these established patterns of behavior or cultural precedents to assist them in making decisions regarding family household task assignment. According to

Mukhopadhyay, cultural precedents or behavior produced an efficient and flexible system in which families could perform tasks with little consultation among family members. In turn, members of a family gain individual competency and legitimacy by performing tasks that are assigned to their gender group. This competency further validates one's social identity as a man or woman which then is supported and maintained by society's adherence to the cultural system of gender role behaviors.

Sexual Division of Labor in the Home
and
Provider Roles

The division of labor in families

A sexual division of labor exists in all families, including American families. Hochschild's (1989) research reveals a continued persistence of the previously described sexual division of labor in American families, finding that women of all social classes feel a need to preserve the domestic culture of their mothers and grandmothers. They feel that if they do not preserve this domestic culture, they are not living up to the standard their mothers set for them in caring for their children and home nor female

traditions of the past. In Hochschild's study, women who worked at paid jobs reverted to being housewives and attempted to carry on these cultural traditions on weekends and holidays. Although husbands also expected their wives to preserve the family's cultural traditions, some men who are secure in their own modern careers do offer to contribute in some aspect of women's traditional role. For example, men will do this by cooking a gourmet meal once a month. However, few men do this on a regular basis.

From a broader perspective, husbands and wives desire equity in the division of labor although the degree of satisfaction with the SDL varies between husbands and wives. Benin and Agostinelli (1988) defined equity as a wife's desire to have both husband and wife spend equal time in housework regardless of the time each spends in paid work. In other words, husbands and wives should both spend the same total hours at both paid work and housework. Findings from Benin and Agostinelli (1988) showed that wives were not concerned with the number of hours spent on chores and were happiest with the SDL when women's traditional chores were shared. Men also were more satisfied when the division of labor is equal. However, men did not want to spend the same

number of hours on family chores or perform the variety of tasks that women perform.

Although women hold egalitarian attitudes toward their managing of career and family, their behavioral intentions are not as liberal. Schroeder, Blood and Maluso (1992) studied 292 women college students at an university and found the majority (56%) of these women planned to discontinue their careers until their youngest child entered school. This finding indicated that these women had no strong motivation to adopt a dual-income lifestyle or to be a working mother of young children. If they chose not to be working mothers, these women would then be embracing a traditional SDL by placing their careers on hold while their husbands became primary wage earners.

Similar attitudes exist for working class woman and their husbands. Rubin (1976) found that in working class families the domestic role of women to tend their family was closely linked to the man's role to provide for the family. In Rubin (1994), working class men and women may have showed a greater shift toward gender equality in the home as working class men expressed more sensitivity to women needs and wishes. What should be noted however is that these

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working class men did not always transfer this sensitivity into action since they still expect their wives to assume the primary caregiver and homemaker roles. And seemingly their wives agreed with them by maintaining the notion that their primary job was to tend and nurture their children.

All in all, American women and men appear to continue the "traditional nuclear family" based on a sharp division of labor, "with men as primary wage earners and women as full time housewives and nurturers" (Mukhopadhyay, 1980; Coontz, 1992). Even still, women and men talk about egalitarian division of labor in wanting husbands to share in the household chores and tasks. What these studies show is that women's and men's attitudes and roles reflect more traditional ones (women taking a backseat to men's earning power), even though they can conceive and perform alternative ones (women preferring men to participate in the home in limited ways).

How provider role[2] behaviors affect gender division of labor

Since it is apparent that American men and women still by and large maintain the traditional SDL in the home, what effect does the provider role that women perform in

dual income families have on the SDL? First of all, Rubin (1994) found that the male provider role is being challenged given that the changing America economy has made it more difficult for men to successfully provide for their family with a single income. Many men are no longer finding themselves with stable jobs where they earn enough to provide their families with income to meet their total needs. This has then resulted in wives having to work for the financial survival of their families. Rubin and Riney (1994) substantiate this claim with data on labor force participation, noting that in 1992 both husband and wife were employed in sixty percent of married couples compared to twenty-five percent in 1950. Having both husband and wife employed provides security against changes from economic cycles or the unemployment of one family member. Women's financial contribution to the family has also given the family options to make financial choices and purchases which were not previously possible in a single family.

As a response to this change in men's employability, women have had to work extensively outside the home. Since families have a financial need for women to be in the work place, the traditional gender roles are being challenged by

women who express a desire to move out of their nurturing roles at home and into American society's economic mainstream (Stacey, 1990). In addition to the need to be in the work force to supplement men's income, women have moved into the work force because of a desire for social achievement and independence. Like men, women want to be in the world of work where they are appreciated and recognized, rewards they do not receive from being the head of household affairs (Hochschild, 1997).

The effect of women's wage earner role on their mother roles has been a concern of some researchers. The ideology of a good mother under which today's mothers have learned to function is relatively new (Rubin, 1994). After WWII, the economy of the United States needed women to leave the workforce and assist in an expanded consumer society; women in reunited families were willing to accept this role, creating a contrasting role of a stay-at-home wife and mother. Now, the image of a stay-at-home wife and mother no longer fits the economic or psychological needs of today's families as mothers and wives need to work for the survival of their families.

Although some traditional roles for men and women are

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being challenged, actual changes in the attitudes toward
these roles in American society are inconsistent, resulting
in the persistence of a traditional SDL. According to
Mukhopadhyay (1980) and Hochschild (1989), when men maintain
an attitude that their main role is that of providing for
the family monetarily and that a woman's role is to take
care of the home, they perceive women as "helpers" with
family finances. Likewise, just as they view women as
financial helpers, these men see themselves as "helpers" in
the home performing light and limited household
responsibilities. Under these circumstances, men are not
held accountable by women and feel no responsibility
themselves for any degree of household chores. Men thus
could be inconsistent in the "help" they gave at home, often
being able to justify their inconsistency through the
fulfillment of their role as wage earner.

In another study on wage earner roles which addressed
the maintenance of gender role behavior, Rosen (1987)
studied working class wage earner attitudes in the homes of
blue-collar families. In the traditional sense, women in
these families were seen as secondary providers and men
primary providers since they received economic security from

their husband's paycheck. Women's perception of themselves of supplemental wage earners was believed to be a protective measure against their husband's sense of manhood. Further, these women desired equity in domestic work but continued to maintain primary responsibility for the care of children and home and to support the notion that their husbands were responsible for supporting the family. In essence, these blue-collar women's outlook on SDL binds their American working class families together by reinforcing the traditional male as family wage earner.

Rubin (1976) also shows how provider role attitudes maintain gender role behavior in families. According to Rubin, working class boys were socialized to work out of financial need while girls work centered around preparing them for life as a housewife. Girls socialized in these working class families grew up under an oppressive parental system and these children have few opportunities available other than marriage or a job they dislike. Marriage therefore provides an escape from natal families and a new role as "wife and mother."

Like SDL in the home, wage earner role attitudes in the work place also contribute to the SDL. Lamphere,

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Zavella, Gonzales and Evans (1993) studied working class families from different racial/ethnic backgrounds claiming that capitalist economies create differences between the environment of work and the environment of home. For example, capitalist economies reinforce and extend existing gender divisions by designating different jobs and wage scales to men or women of the same working-class background. Even if both husbands and wives work, wives usually work in jobs that pay less compared to their husbands. Women who earn significantly less than their husbands tend to do more household chores and child care than women who are mainstay providers. Thus, as long as women are earning less then their husbands, they will continue to perform more of the household duties. Lamphere, Zavella, Gonzales and Evans also claim that as more women enter the labor force, the proportion of family income provided by wives will influence how much husbands contribute to domestic labor.

On the other hand, men's work at home is not related to the hours they spend on the job but rather to the amount of money they earn in relation to their wives (Hochschild, 1989). Yet sometimes when men earn less money than women and they lose control of an important resource (their

earning power), and in order to compensate for the imbalance
in perceived power, women will assume greater responsibility
for work in the home (Hochschild, 1989). In other words,
women's assuming of wage earner or domestic roles is
inextricably connected to the status of men's wage earner
role. Perry-Jenkins, Seery and Crouter (1992) additionally
contended that since women are seen as secondary providers
they usually make their job choices based on whether jobs
are defined as women's work and/or paying women's wages.

As indicated in Hochschild (1989), women's
provider-role attitudes, and subsequently their homemaker
roles, are often shaped by that of their spouses. Perry-
Jenkins, Seery and Crouter (1992) defined three types of
provider roles for men through the positioning of the wife's
role. First, main/secondary providers view the wife's
income as not essential to the family's economic well being.
The second type, co-providers are those who recognize their
provider role as equally important to their wife's. Lastly,
the third type of provider are those providers known as
ambivalent co-providers. These co-providers are
uncomfortable with the reality that they are dependent on
their wife's income. In family relationships, ambivalent

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co-providers were found to have lower levels of marital satisfaction than the other two groups of providers. These findings suggest that working women who are equal providers to their husbands or stay-at-home wives, both who assume much of the managing of the household, have husbands who are happiest in their marriage.

Finally, although many women in today's American families often must share the wage earner role with their husbands, many of these same families continue to maintain a traditional gender division of labor. They may be influenced by larger societal arenas, like the workplace and the media, which continue to separate and mark the performances of men and women. Regardless, both men and women behave in ways that reinforce and maintain the separate experiences in the home.

The Nursing Profession

The nature of nursing

The health care industry in the United States constitutes one of the nations largest business enterprises (Grissum and Spengler, 1976). Nurses, as the single largest group of health care professionals, play a major role in

maintaining humane, individualistic care for people's health problems. At an institutional level, the hospital system which employs the nurses who took part in this study specify that health care professionals are to provide excellent service and high quality comprehensive medical care. Nurses are further guided by profession-wide set of guidelines and procedures. According to the California State Nurse Practice Act (obtained from a hospital Policy and Procedure Manuel), nursing means to offer and perform those functions, including basic health care, which help people cope with difficulties in daily living or treatment associated with their actual or potential health or illness problems. In addition to requiring a substantial amount of scientific knowledge or technical skill, nurses are health care professionals that nurture, train, and educate patients to care for themselves.

Nurses are expected to play an intensive caretaker role in the work place, and as wives and mothers, they are expected to do the same in the home. While both these roles may appear to resemble each other, the fact that they are in separate locations and involve different populations (intimates versus clients) could have some bearing on which

role nurses prioritize over the other. For example, if nurses devalue their role as professional nurses and concentrate on their efforts as home managers, they may be prevented from developing their full potential as nurses. Thus, discovering what priority nurses place on their profession and home management significantly affects the condition of the national health care enterprise.

Commitment to the nursing profession

Given the potential for conflict between nurses' professional role and their domestic one, commitment to the job can be seen as an issue. Langford (1981) claimed that motivation to work and job satisfaction result from two sets of factors. First were hygiene factors like wages, fringe benefits, policies, supervision, physical surroundings, and job security. The second set are motivators related to job content, including such factors as job achievement, recognition, responsibility, advancement opportunity, and nature of the work itself. According to Langford, it is this second set of motivators which can cause nurses difficulty in their professional development in that this is where conflict may arise with their home and family

obligations. Thus, nurses can experience role conflict between the requirements of work schedules and other expected or desired behaviors at work and the gender role expectations to meet family needs.

Examining hospital and other institutional incentives can also reveal what nurses deem important for managing their working and home lives. Cowart and Serow (1992) explored the reasons for nurse vacancy and turnover rates in Florida hospitals during the 1980s. The study showed that hospitals used certain recruitment and retention strategies more than others to attract and retain nurses. The most attractive strategies were competitive benefit packages such as paid vacation, sick pay, paid holidays, and retirement programs. Other benefits, also viewed as being competitive, were personal leave, educational reimbursement, paid continued educational units, and paid educational leave. Benefits such as paid sabbaticals, onsite housing, and day care vouchers were not viewed as competitive. This study suggests: one, that some factors (i.e. sick pay and personal leave) may be beneficial to nurses as wives and mothers as they attempt to manage their roles as working mothers. And second, nurses viewed their jobs as a long-term commitment,

thus they sought long term benefits such as retirement
programs and educational reimbursement.

The difference between the types of conflicts that
male and female nurses experience between work and home also
indicates how women nurses struggle with managing two
spheres. Borman (1993) studied nurse executives to
determine if the level of stress resulting from balancing
work-personal time pressure differs between the genders.
Borman found that male and female nurse executives
experienced low to moderate levels of work and personal life
conflicts. Even though nurse executives as a group
effectively managed their lives to limit work-personal
conflicts, differences existed in the amount of conflict
male and female nurses experienced. For example, male nurse
executives indicated that marriage reduced their perceived
conflicts while marriage increased female nurse executive's
perceived conflicts. While these findings demonstrated how
gender in the work place is consistent with the gender norms
of society, they also demonstrated how nurses' role as
provider conflicts with her role as nurturer at home.

Overall, it appears that nurses as women who work are
held to two standards, one as provider and, the other as

home manager. Supported by society, men continue to profit
from their historical role as single provider by not having
to contribute in the home to the extent that their wives do.
Further, nurses are expected by their spouses as well as
themselves to manage a career and a household. Even though
nurses may be committed to their profession, it seems as if
their role as nurturer and manager in the home may strain
the types of decisions they make about work.

The Study

Setting

The setting for the study was a medical center in the
Bay Area. Primarily serving a middle class patient
population of varied ethnic backgrounds, this hospital
provides care to patients of all age levels in the acute
stages of their medical care needs. It is comprised of 160
in-patient beds and employs a medical staff of approximately
two hundred physicians, supported by a nursing staff of
between three to four hundred licensed nurses.

As a nurse who is employed in this medical facility,
it was necessary for me to obtain permission to conduct
research in the hospital through the process established by

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the medical facilities' Regional Research Institute[3].

Participants

The population of nurses participating in this research are females from a variety of departments and specialties. Of the thirty-three nurses who returned questionnaires nineteen are Euro-American, eleven Asian-American, two Pacific-Islanders and one Central-American. One nurse was less than thirty years of age, while ten nurses were between the ages of thirty-one years (with a total of thirteen children fifteen years and under), another sixteen were between forty-one and fifty years of age (with nine children age fifteen and under), and six nurses were more than fifty-one years of age. Only one nurse has never been married, three were divorced and the remaining twenty-nine were presently married. These nurses' husbands were employed at a variety of occupations from laborer to professional and earned incomes ranging from less than $25,000 to more than $100,000 per year.

A sub-sample of fourteen of the thirty-three nurses who returned the questionnaires volunteered to give personal interviews. Eight were selected for a personal interview.

The selected nurses were a sub-population of nurses who work as staff nurses on the in-patient care units. Although the nurses selected work in a number of specialty areas, all had similar work roles in that they have to work weekends and cover the hospitals designated shifts on a twenty-four hour basis. Two of these eight nurses were Asian-American and the other six were Euro-American. At the time of the study, all eight of these nurses were married and resided with their husbands. All of these selected nurses except one have children and the children range in age from sixteen months to twenty-nine years of age.

Methodology

Survey and interview methods were selected for this project. An adaptation of anthropological, ethnographic decision modeling approach guided the research. This approach (Gladwin, 1989) is used as a method for exploring relationships and identifying and understanding factors that influence "native" decision making processes.

As a preliminary step, I attempted to gain a more generalized perspective of the issue of nurses' homes and careers by using personal networks to gather nurses together

for an informal focus group. This data was used to design the two instruments used in this project. The first instrument was the Career Choice Questionnaire (CCQ)[4]; which attempted to measure nurses' career choices along six factors (advancement of education, serving on work-based committees, seeking promotions, choice of work shift, working full time, and reasons for being a nurse) by a number of categories (i.e., home management obligations, child care needs, other family members' schedules). Participants were asked to rate their responses in each category according to a 4-point Likert-type scale ranging from very important (1) to not applicable (4).

The second instrument, the Household Task Questionnaire (HTQ)[5], contained a list of household tasks designed to collect data on which member of a family performed designated tasks. This data was used to provide information on the actual division of labor in nurses' homes. The guide to the task categories and tasks were obtained from Mukhopadhyay (1980) and her work on the sexual division of labor of working wives.

Once the questionnaires were designed, they were subsequently distributed to 150 licensed nurses by placing

them in individual nurses' work facility mailboxes, and returned via postal mail. The questionnaires were not designed to require extensive time to complete and were to be completed at a time which did not disrupt patient care or work. The questionnaires were distributed over a period of about one to two months. After two months, a follow-up procedure consisted of a posted reminder that the questionnaires were being accepted. The thirty-three questionnaires used in the analysis were received over a period of four months.

Along with the questionnaires, a form was distributed for the purpose of recruiting nurses for personal interviews. Fourteen nurses returned this form. From the fourteen nurses who volunteered for interviews, eight were selected. An attempt was made to include nurses representative of the range of diversity (ethnicity, family form, gender-related beliefs, varied work schedules, stage of life cycle) in the hospital. Random sampling was not used and was considered unnecessary in that this research did not seek to make generalizations to the entire population of nurses. Instead, the intensive interview phase was used to identify relevant decision processes and

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to formulate hypothesis about home/work relationships.

The personal interviews were conducted in the participant's or the researcher's home, at the convenience of the participants. Because the informants had limited time and the goal was to obtain answers to certain questions, the CCQ was used as an interview guide for semi-structured interviews, following a format designed for anthropological research for structured and/or semi-structured interviews (Bernard, 1988). The interview data was obtained through in-depth probing of the circumstances surrounding career choice, and considerations involved at each career decision. Each interview took approximately one to two hours of time.

An "Agreement to Participate in Research" approved by the University and the selected Medical Center, was signed by the informant and researcher. The agreement to participate in the research was strictly voluntary and an informant could choose not to discuss any interview topic or withdraw their participation in the research project at any time. Pseudonyms have been used for field notes, in the analysis, and in writing the thesis. The open-ended interviews have been audio taped and the research

participants contacted after the initial interview in order to clarify any of the participant's responses to the original questions.

Interviews, then, focused on answering the following questions: 1) How does the SDL affect nurses' commitments to their careers?; 2) How does nurses' working status affect the sexual division of labor?

Analysis

The analysis included measuring the frequency with which the sexual division of labor and possible other factors impact nurses' career decisions and vice versa. Given that this is the focus of the study, the results reported here comprise the CCQ, HTQ, and the personal interviews. For the analysis of the questionnaire data, relatively simple descriptive statistical techniques, such as frequencies and cross-tabulations, were done.

The interview phase provided data on the factors impacting nurses' career decisions. The interview results were used to obtain detailed information regarding the decision-making criteria used by nurses and their spouses on the division of labor in their home. The analysis of the

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decision choices consisted of noting patterns of career
decision points to determine whether and how the household
division of labor impacted career decisions in this
population of nurses. In addition, the interview data
provided insight into the circumstances under which nurses
and their spouses deviated from established cultural
stereotypes in the sexual division of labor in the home.
Analysis of this data, provided information on nurses' own
cultural models of the division of labor.

Results

The results will be reported for each of the tasks
preformed by individual members of the household explored in
the HTQ. Multiple family members may be involved in the
performance of each task. These results will show the
number of times each person is a participant. Therefore,
the total numbers of task performers will be greater than
the total of the thirty multiple-member-households
participating in this HTQ. The members of these households
include (W) wife, (H) husband, (MC) male child, (FC) female
child, (RM) resident male, (RF) resident female, and (HH)
hired help. Illustrative examples and a summary of the data

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will follow the HTQ results. The quantitative results of
the HTQ are presented below in table A.

Table A. Task Performance by Members of Households   n=30

Tasks	W	H	MC	FC	RM	RF	HH
Prepare dinner	28	3				4	
Meal planning	27	1		1		3	
Special Meals	27	4				3	
Barbecue outdoors	14	15	1		1	1	
Plan marketing	27	9		1		2	
Major marketing	25	9				2	
Pickup store items	21	13				1	
Ready young child	17	7			1	1	
Shop young child	19	2			1		
Put child to bed	13	9			1	1	
Arrange childcare	15	4			1	1	
Discipline child	17	12			1		
Feed child	15	6		1		1	
Toilet train child	14	4				1	
Pickup house	28	6	2	3			
Dust house	24	4	2	2		2	1
Clean fireplace	13	14	1	1		2	1
Clean walls	19	9		1	1	2	1
Vacuum	21	10	4	5	1	2	
Clean garage	13	20	1			2	
Wash floors	23	5		1		3	1
Wash windows	22	11	1	1	1	2	1
Empty waste bsks.	15	11	6	3	1	3	1
Water indoor plant	18	1	2	1		4	
Pay monthly bills	22	7				1	
Investment decision	15	22				1	
Arrange auto repair	7	22					
Home repair	15	21	1		1	2	
Wash dishes	22	8	2	5		3	
Clear table	24	10	4	6		3	
Put dishes away	24	7	1	5		4	
Tidy sink,stove	28	5	2	4		4	
Run washer	26	9	2	5		1	
Put clothes away	26	7	2	5		1	
Iron clothes	20	5	1	2		1	
Drive child	14	11					
Shop older child	18	5					
Arrange activities	13	6		1			
Homework help	16	11					
See teachers	15	10					
Discipline youth	15	14					
Attend activities	15	12					
Trim large plants	8	18	3		1	1	5
Mow grass	4	15	2		1	1	8
Put trash barrel out	10	18	6	2	1	2	

Till ground to plant	13	15				2	4
Plant flowers	20	10		1		2	1
Clean drive/porch	15	18	1		1	2	1
Minor repairs	5	24	1			2	1
Pull weeds	19	10	1			2	3
Prepare barb. Grill	10	19				2	

In highlighting some of the results in this table it can be seen that females are involved in the preparation of dinner 32 times compared to males' involvement 3 times. In contrast outdoor cooking involves males and females equally. Regarding cleaning tasks such as vacuuming, females perform this task 28 times compared to males 15 times. Males will be involved in garage cleaning 21 times while female involvement is 15. Men and women have relatively equal involvement in child discipline with men involved in disciplining young children 13 times, older children 14 times and women disciplining young children 17 times and older children 15 times respectively. Women are the monthly bill payers 16 times and men 7 times. Both men and women are involved in investment decisions but women less so at 16 times to men's 22 times. Regarding outdoor work males are involved in tasks such as lawn mowing 18 times to the females' 6 times and trimming shrubs/trees, 22 times for males and 10 times for females.

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The results of the HTQ show that females are more
involved, than males, with indoor tasks. These indoor tasks
are not necessarily easy tasks when these tasks include
cleaning walls and washing floors. Females will do the
easier task of care of houseplants with males attending to
the more hazardous outdoor task of trimming bushes/trees.
Another indoor task, females attend to only slightly less
than males, is home repair tasks which can be contrasted
with an outdoor task such as automobile repair which men
manage twice as frequently as women. Interestingly, it is
the tasks that are more likely to be, traditionally male
designated outdoor tasks, such as trimming outdoor plants
and mowing grass, for which these families hire help. These
families using hired help for outdoor tasks, can be
contrasted with the less frequent use of hired help for
traditionally designated female indoor tasks. In
conclusion, the results of HTQ indicate that these family
members follow a "traditional" sexual division of labor in
the management of the home.

The results will be reported for each of the
categories of career choice which were explored in the CCQ:
The advancement of education, serving on work-based

committees, seeking promotions, choice of work shift, working full-time, and reasons for being a nurse. The CCQ asked respondents to indicate the relative importance of several potential decision criteria or considerations in making decisions about the specific career decisions (the specific decision criteria were elicited from in-depth interviews with nurses and from my own "insider" knowledge). These considerations include home management, childcare, and other family members' schedules as well as additional variables specific, to each category. For each career-choice decision area, responses will be reported by the factors identified in the questionnaire as potentially impacting these decisions. Also, the CCQ data will be followed with illustrative examples and a summary of the interview data to descriptively enhance the quantitative representation of the data.

Advancement through education

On a professional level, education, past and continuing, plays a major role in a nurse's career since it fulfills requirements for licensing and determines advancement in the job. As such, nurses tend to be

motivated to continue their education. The first career

decision explored was how nurses make career related

decisions which involve advancement through education. The

quantitative results from the CCQ on nurses' advancement

through education is given below in Table 1.

Table 1. Hospital Nurses' Career Advancement through Education

	Frequency (n=33)	Percent*
Home management Obligations		
Very important	20	61
Somewhat important	7	21
Unimportant	1	3
Not applicable	5	15
Childcare needs		
Very important	12	36
Somewhat important	5	15
Unimportant	0	0
Not Applicable	16	49
Other family Members' schedules		
Very important	11	33
Somewhat important	14	42
Unimportant	1	3
Not applicable	7	21
Current changes in Healthcare field		
Very important	9	27
Somewhat important	11	33
Unimportant	5	15
Not applicable	8	24
Improve job Qualifications		
Very important	11	33
Somewhat important	14	42
Unimportant	2	6
Not applicable	6	18
No interest		
Very important	6	18
Somewhat important	4	12
Unimportant	1	3
Not applicable	22	67

*Rounded percents result in 99% to 100% results in table.

As can be seen from this table, home management obligations were selected as a "very important" and "somewhat important" decision criterion on whether or not to

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continue education by 27 (82%) of these nurses. Of the

twenty-six nurses within the thirty-one to fifty year age

range with a total of twenty-one children age fifteen and

under, 17 (51%) indicated that childcare was a "very

important" and "somewhat important" consideration in the

decision process when they decided whether or not to pursue

an education. Twenty-five (75%) of the nurses indicated that

other family members' schedules were either "very important"

or "somewhat important" in deciding whether or not to

continue their education. Changes in the health care field

was chosen as a "very important" or "somewhat important"

decision criteria by 20 (60%) of these nurses while

improvement of job qualifications was "very important" and

"somewhat important" to 25 (75%) of the nurses.

Twenty-three (70%) reported that a lack of interest in

advancement through education was "not applicable" or

"unimportant" indicating how important education is in the

nursing profession.

In their personal responses, the interviewed nurses

gave a variety of reasons for needing to pursue further

education. One reason given is women's concern that they

will be able to earn a salary that will be adequate should

they be the primary wage earner for their family and/or to obtain a greater degree of job stability. Seven of the eight nurses said that they educated themselves so they could earn a living whether it was for their family or to be prepared should they become a single mother.

One example is Audrey, a wife and mother who went to school to obtain an education to become a nurse. During her interview Audrey, a mother of three who has been a nurse for eight years, stated that she was motivated to go back to school in her early thirties. Working as a non-professional, Audrey made the decision to return to school in order to support her family if the need should arise. Audrey stated, "I started out in just kind of an office job. I think I made about twenty thousand a year and I was very content with that at the time. The thing that kind of drove me back to school was to seek a career where I could support the kids if I had to. That's why I got into the nursing career."

When they go to school to obtain or further their education nurses who are mothers see themselves as role models for their children. Two of these mothers expressed this sentiment and saw themselves as a role model for their

daughters. Misty, a mother of a sixteen-month old, gave an example of this when she said, "As a mother I want to set a good example for my daughter so she knows that women can do what they choose with their lives. They can have a profession, they can have a career, and they can be a mother, too. You have to look at a whole life-span and at times give more attention to your family and times more to your career."

While obtaining an education in itself is a professional accomplishment, two of these nurses related that they educated themselves as much for personal accomplishment as for career goals. Marcy, who is married but has no children, is an example of a nurse who has placed high priority on obtaining an education as a personal accomplishment. Marcy stated, "I have always wanted an education; it is a process I started in kindergarten. I have an innate need to accomplish something and this something is to educate myself." Marcy continued, "Obtaining an education is very expensive and I will spend the rest of my life paying for my educational loan so there will not be a financial reward. Rather it is an ego thing and hopefully I will be able to get a job that I like

better." Audrey, who has gone back to school twice to move up the educational ladder, plans to return to school at some future time. Audrey stated, "Going back to school would be difficult now because of family obligations but I want to further my education. I'm not content with what I have achieved."

All eight of the interviewed nurses described education as necessary to realize career goals either at present or in the future. Marcy, who is interested in moving up the career ladder, felt very strongly that educational attainment is the means to accomplish her career objectives. Misty was another nurse who had given time to education to prepare for future career goals. Misty has a Master's Degree in one career field and went back to school to obtain a Bachelor's Degree in nursing in order to open future career opportunities. She stated, " You need to look to move up the career ladder, and never stop professional growth."

Two of the interviewed nurses related that, although they have had their full time jobs at the hospital for several years, they have had to return to school to take classes to retain their job at the hospital. In a hospital

where nurses work under a labor union contract, the number
of years employed with the facility may dictate how stable a
nurse's position within the facility may be. According to
these nurses' union contract, nurses can change positions
only if they have both the qualifications and more seniority
than any other nurse applying for the same position. A
nurse like Shannon, who must compete for hours with nurses
with greater seniority, can be called prior to her scheduled
shift and told that she will not be needed for her shift.
Because Shannon can be dropped from her scheduled shift when
there is a fluctuation in patient census, she is unable to
depend on a stable level of income. For this reason,
Shannon has had to accept a position in an area where,
although educationally qualified after taking the required
classes, she has had little experience. Shannon stated
"It is hard. You have to go to new departments where you
have no previous experience and it is very stressful."

Alyce offered another example of a nurse who has been
required to go to school. First, although Alyce has a
degree and a license to practice nursing in another country,
when she moved to the United States, it was necessary for
her to go back to school. She had to take the classes

required by the State Board of Nurse Licensure prior to applying to take her professional licensing examinations. Second, with a low level of seniority and little job security, in order to retain a job, Alyce transferred to a specialty area. She has had to take classes mandated for those nurses who work in certain specialty areas. The medical facility is required to have nurses certified to work in certain specialty areas plus certified to perform specialized tasks for the medical facility to meet the requirements of hospital licensing boards. Given the need to take classes to obtain and maintain a job as a nurse, many women such as Shannon and Alyce must find time to attend school, often in addition to their normal work schedules.

Regardless whether nurses return to school either because they need to or want to continue their education, childcare was an important consideration in their decision-making. All of the interviewed mothers stated that a support system for childcare was needed if they were to go to school. Childcare was an important issue for Laura, a mother of three, because her position at the hospital required her to work every other weekend. Although the

classes she was taking were mainly home study, she was
required to commute to another city one weekend a month for
a period of eighteen months. Laura stated, "When I started
the required educational program for my previous career
field I only had one child less than a year old. I worked
full-time with weekends off. When I went back to school, I
already worked every other weekend and classes took another
weekend." Laura related that she and her husband were
separated at the time and as a single parent it was a
difficult time. Laura's husband took care of their three
children on these weekends and it was because he was
available to assist with weekend childcare that Laura was
able to make the decision to go back to school.

For some nurses who are also wives, the time needed
to continue an education may result in family discord.
Marcy, who has a life goal of obtaining an education, found
going to school produced marital stress. Marcy's job in
administration required that she frequently spends more than
an eight-hour day at her work and in addition she takes work
home. Marcy said, "I'm suppose to be at work at 7:30 A.M.
and leave at 4:30 P.M. but usually leave at 6:30 or 7:00
P.M. so sometimes I have a ten to twelve hour day. I eat

lunch at my desk most of the time because there is so much to do." With her obligations to her job and the time needed to study, she has little time and energy left to devote to her husband. Marcy related: "There is a lot of conflict with me working so many hours. By the time I get home, I'm dog tired; I make dinner (once a week husband cooks food such as fish sticks), clean up and start studying and there is just not much time for the marriage." At the time of her interview, Marcy stated that her marriage was tenuous and she and her husband did eventually decide to separate so each could pursue their careers in other areas of the country.

The interviewed nurses indicated that childcare obligations act as both a motivator and a constraint in the decision process to continue their education. Nurses with dependent children were motivated to continue their education so they could make enough money to support their families. Of the seven mothers interviewed, five felt that their obligations to their young children held priority over making a commitment to go to school for advanced education. Even if these nurses have a good support system for childcare, they still wanted time available to have an

active role in the care of their children. The nurses who
have gone or were presently going to school all indicated
that juggling family obligations with study obligations can
cause a great deal of stress in their lives. They all
stated that without a good family support system it would be
quite difficult to manage their dual roles of student and
home manager.

Home management obligations played an important role
in nurses' ability to continue their education. All the
interviewed nurses stated that it was their responsibility
to manage the home. These nurses indicated that their home
management responsibilities change little when they go to
school. If they have someone available to assist them, such
as extended family members or hired help, they can manage
their multiple role more easily. Husbands sometimes do help
but more often with childcare than with home management
activities.

Serving on work-based committees

The second career decision explored was the nurse's
ability to serve on work-based committees. As a backdrop to
the results that follow, nurses serve voluntarily on various

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committees in the hospital setting. The nurses' function on

these committees may be to coordinate and/or integrate the

role of nursing with other departments in the medical

setting or to define and expand the role of nursing. The

quantitative results of the CCQ on this subject are

presented in Table 2.

Table 2. Hospital Nurses' Membership on Work-Based
        Committees

	Frequency (n=33)	Percent*
Home management Obligations		
Very important	18	55
Somewhat important	7	21
Unimportant	2	6
Not applicable	6	18
Child care needs		
Very important	12	36
Somewhat important	4	12
Unimportant	1	3
Not applicable	16	48
Other family Members' schedules		
Very important	8	24
Somewhat important	16	48
Unimportant	3	9
Not applicable	6	18
Committee meetings Inconvenient hours		
Very important	14	42
Somewhat important	8	24
Unimportant	1	3
Not applicable	10	30
Lack of interest		
Very important	3	9
Somewhat important	6	18
Unimportant	3	9
Not applicable	21	64

*Rounded percents result in 99% to 100% results in table.

Twenty-five (76%) of these nurses indicated that home management was an important criterion in deciding whether to serve on committees. Childcare needs were cited as "very important" and "somewhat important" decision criterion for serving on work-based committees for 16 (48%) of these nurses while a slightly greater number 17 (51%) indicated

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that childcare needs were "unimportant" or "not applicable" (twenty-six of these nurses had children fifteen years or younger). Twenty-four (72%) of the respondents considered other family members' schedules a "very important" or "somewhat important" decision criterion for their involvement in hospital based committees. A committee meeting at inconvenient hours (hours differing from a nurses normal work shift) is a "very important" decision criterion for 14 (42%) of these nurses and "somewhat important" for 8 (24%) nurses. As with education, 24 (73%) of the respondents did not consider a "lack of interest" as a decision criteria for not serving on committees, suggesting that they were strongly committed to participating on committees.

Nurses are paid for the hours devoted to these committee activities and these committee hours are usually incorporated into the total number of hours a nurse works in a week. Occasionally a committee assignment will result in the nurse adding extra hours to her normal work schedule. These committee meetings are usually held during the day shift hours, so a nurse who works a shift other than a day shift will need to be available for these committee meetings

during day hours.

At the time of their interviews, only one of the six nurses who still had dependent children at home served on committees. Kay, who was in an administrative position and served as the chairperson of a committee, worked a four-shift workweek schedule at her job as a nurse and two days a week she helped her husband in his business. As the mother of a teenager, Kay assumed an active role as a volunteer parent when needed for her teenager's school activities. Although she had obligations to her teenager, she stated, that her "biggest problem with committee positions is the fact that they are scheduled during day shift hours" because she "is an evening person" and "dreads getting up early in the morning."

Rose Ellen, as the mother of adult children, found time to work a four-shift workweek at her job as a nurse while also actively volunteering in the community and her church. In addition, Rose Ellen serves on two hospital committees. Occasionally, Rose Ellen had to spend an extra day at work for a committee meeting but did not find it an inconvenience to devote this extra time. She said, "My obligation as manager of my home does not interfere with my

ability to do these extra activities." If Rose Ellen has to be at a committee meeting on a day that is outside her normal work schedule, she is paid for these extra days. By serving on a committee, Rose Ellen meets one of the criteria needed to maintain her qualifications as a Staff Nurse III. Staff Nurse III positions are given to nurses who meet certain criteria indicative of their professional development beyond those required by their job description.

According to the personal interviews, the nurses with dependent children were more apt to list childcare obligations as important consideration when deciding to serve on committees. With twenty-eight of the thirty-three surveyed nurses being fifty years or less, many of them do have childcare responsibilities which may conflict with their ability to find time to serve on committees. Also, according to the interview data, one reason that mothers of young children were unlikely to serve on work-based committees is that these nurses found it necessary to adjust their schedule of work activities around their children's schedules. Another reason is that these mothers wanted to be home with their young children as much as possible. Therefore, they elected not to serve on committees if

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meetings conflicted with their children's schedules or their time to be with their children. In contrast, mothers like Rose Ellen and Kay whose children were older, were freer to adjust their schedule of home and family activities around their obligations to work. The interview results showed that it is nurses without childcare obligations who are more likely to find time to serve on work-based committees.

Home management also plays an important role in nurses' decisions to serve on committees. The questionnaire results indicate that time needed for other obligations such as family have a greater effect on these nurses ability to serve on work-based committees than does a general lack of interest. If the surveyed nurses follow the pattern of the interviewed nurses then they too may have primary responsibility for management of their homes, and less freedom to schedule times for committees.

Seeking promotions

Some nurses seek promotions into administrative positions. Others however, prefer the nursing roles which involve a more direct role in patient care. If so they may advance their career through seeking promotions which keep

them closely involved in direct patient bedside care.
Examples of promotions allowing a direct role in patient
care may include but are not limited to promotions to Staff
Nurse III (staff resource or special projects nurse) and
Nurse Practitioner (nurses educated for an expanded role in
a chosen specialty area of health care). The third career
decision is whether to seek a promotion. Table 3 summarizes
the questionnaire data factors influencing respondent's
decisions to seek a promotion.

Table 3. Hospital Nurses Decision Criteria on Seeking
        Promotions

	Frequency (n=33)	Percent*
Home management Obligations		
Very important	20	61
Somewhat important	7	21
Unimportant	2	6
Not applicable	4	12
Childcare needs		
Very important	8	24
Somewhat important	7	21
Unimportant	0	0
Not applicable	18	55
Other family Members' schedules		
Very important	9	27
Somewhat important	14	42
Unimportant	1	3
Not applicable	9	27
Limitations on Personal Qualifications		
Very important	12	36
Somewhat important	11	33
Unimportant	2	6
Not applicable	8	24
Limited Institutional Opportunities		
Very important	12	36
Somewhat important	9	27
Unimportant	2	6
Not applicable	9	27
No response	1	3

*Rounded percents result in 99% to 100% results in table.

Twenty-one (63%) of the surveyed nurses indicated
that limited institutional opportunity was a "very
important" or "somewhat important" decision criterion on
whether they could seek a promotion. Twenty-three (69%) of

these surveyed nurses also indicated that a limitation on personal qualifications was a "very important" or "somewhat important" decision criterion on seeking promotions. The most frequently cited consideration in seeking a promotion was home management obligations cited by 27 (82%) of the nurses. In contrast only 15 (45%) indicated that childcare was a "very important or "somewhat important" factor. Other family members' schedules were considered "very important" and "somewhat important" decision criteria by 9 (27%) and 14 (42%) of these nurses respectively.

From the interviews, we can see the range of motivation behind decisions to seek promotions into administrative positions. As a nurse for 24 years, Kay provided an example of a nurse who had chosen to apply for a promotion. At the present time, Kay is in a hospital administrative role. She moved into her present administrative position from a staff nurse position. Kay felt that the mechanisms for promotions exist if a nurse has the educational requirements. On the other hand, Marcy, a nurse for 23 years and presently in an administrative position, did not feel that the hospital system she worked in recognized educational attainment as a criterion for

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promotions. She stated, "In my level of management, a baccalaureate degree is required but the system does not enforce this requirement." Marcy continued, "I think networking is more important in obtaining promotions in this medical facility, than educational attainment and if you have moved up the career ladder on the outside you are more likely to be considered for higher level administrative positions."

All the interviewed nurses expressed a concern that although all nursing positions could be potentially unstable during this time of hospital restructuring, nursing administrative positions presently appeared to be more unstable. Kay agreed and stated, "I think job security in the health care system is of greater concern than the concern over an availability of administrative positions in hospital settings."

Some of the interviewed nurses stated that they did not feel the need to apply for nursing administrative promotions because they preferred to function in a role that kept them in closer contact with direct bedside patient care. Rose Ellen was such a nurse. As a working nurse for thirty-three years, Rose Ellen has preferred to remain in

the role of a staff nurse, which provides more direct contact with the hospitalized patient. Nurses who prefer to maintain a position that keeps them in a role of bedside nurse may obtain a promotion by meeting institutional qualifications for a Staff Nurse III. As a Staff Nurse III, these nurses can function in expanded roles as resource nurses to other staff members and/or assigned to special projects. Alternatively, nurses can maintain closer patient contact by enrolling in a specialized educational program to become Nurse Practitioners. Although Kay was in administration, she agreed that administration was only one of many exciting areas for nurses to practice their profession. She said, "the wonderful thing about being a nurse is that there are many different areas of nursing available in which nurses can practice their profession other than in hospital or clinic settings."

According to the questionnaire results, nurses indicated that home management obligations and other family member schedules were important decision criteria when considering seeking promotions. Interestingly, childcare needs were a less significant factor than either home management or other family member schedules. The interview

data suggest, however, that even though nurses may have concerns about promotions due to their family obligations and concerns, many were still willing to pursue available opportunities for promotions.

Choice of shift

Since the choice of shift determines when nurses will be home for their families, the fourth career choice decision is the shift hours they choose to work. Hospital nursing is unique in the fact that nurses are required to cover patient nursing care needs over a twenty-four hour day. Therefore, unlike many other working women who have limited options on the time of day they will work, nurses have to choose a shift. At the hospital site which employs these nurses, nurses choose from three shifts. The shift choices are made from three, eight-hour time periods; nights (starting at 11:00 P.M.), days (starting at 7:00 A. M.), and evenings (starting at 3:00 P.M.). However, depending on hospital need, nurses may be assigned a shift rather than be able to choose one. Under both these circumstance, families may need to adjust their schedules and activities to accommodate the nurses' working shift. The responses on the

work shift category are summarized in Table 4.

Table 4. Hospital Nurses Choice of Shift to Work

	Frequency (n=33)	Percent*
Home management Obligations		
Very important	19	58
Somewhat important	8	24
Unimportant	3	9
Not Applicable	3	9
Childcare needs		
Very important	16	48
Somewhat important	2	6
Unimportant	2	6
Not Applicable	13	39
Other family Members' schedules		
Very important	18	55
Somewhat important	9	27
Unimportant	3	9
Not Applicable	3	9
Limited positions on other shifts		
Very important	8	24
Somewhat important	9	27
Unimportant	4	12
Not Applicable	11	33
No response	1	3
Present career Position offers no Alternatives		
Very important	5	15
Somewhat important	8	24
Unimportant	1	3
Not Applicable	18	55
No response	1	3

*Rounded percents result in 99% to 100% results in table.

Home management was noted by 27 (82%) nurses as a
"very important" and "somewhat important" decision criterion
when choosing a shift to work. Twenty-seven (82%) of the

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nurses selected other family members' schedules as "very important" or "somewhat important" decision criterion for the shift chosen to work. Childcare was cited as "very important" and "somewhat important" in shift choice by 18 (54%) nurses. Limited positions on alternative shifts were chosen as a "very important" and "somewhat important" decision criteria by a slight majority of the nurses. Seventeen (51%) of the nurses indicated that limited positions on other shifts had an effect on their shift choice while 15 (45%) said it had no impact. Nineteen nurses (58%) indicated that their present career offering no alternative shifts was not an important decision criterion on the choice of shift to work.

Interview data also indicate that childcare needs played an important role in the mother's choice of work shifts. Six of the seven mothers interviewed chose their shifts to accommodate childcare. Rose Ellen, a nurse for thirty-three years, had four children over a six-year time span and chose a shift to work that gave her the flexibility she needed to meet her childcare needs. Rose Ellen said, "I worked evenings when the children were toddlers, changed to nights when my first child went to kindergarten then to days

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when all the children were in school." Rose Ellen's husband did have some flexibility in his work schedule making him available for some of the childcare obligations. Regardless of the circumstances, Rose Ellen retained primary responsibility for childcare.

Laura, a mother of three, had chosen to work an evening shift because by working evenings her husband took over childcare when he arrived home. Laura also felt that having her husband assume total responsibility for the care of their three children on her evenings away has resulted in a good bonding experience for the children and their father.

Audrey, a mother of three has chosen to work an evening shift so she can be available for childcare obligations. Audrey stated, "I am responsible for arranging the children's transportation which includes transporting the children to and from school because they attend private schools and are without other readily accessible means of transportation." Occasionally, her husband who works a day shift will be available to assist with transporting their children to school. On the weekday evenings when Audrey has to be gone for her scheduled shift at work Audrey's mother picks the children up after school. When working evenings,

Audrey depends on her husband as well as her mother-in-law for childcare supervision.

Although the interviewed nurses related that childcare needs have an influence on the choice of shift, they consider family members' schedules in their decisions. These nurses said that family members took over childcare activities when they themselves were not available; however, these mothers also indicated it remained their responsibility to oversee family activity schedules. Only two of the eight interviewed nurses said that home management had an effect on the shift they choose to work but the responses on the CCQ ranked home management obligations higher than childcare obligations. This last point implies that for some nurses home management played a larger role in their lives than others who found family members' schedules a larger concern.

Number of hours worked per week

As an employer, the selected hospital offers nurses numerous options from which they can choose the number of days per week to work. These options include "on call" (nurses making themselves available for work at a time of

their choosing) or a choice of being pre-scheduled for a two, three, four, or five day workweek. Although nurses have the ability to choose the number of days a week to work, they may be assigned a workweek according to hospital staffing needs. Given that nurses either choose or are assigned a workweek schedule, household obligations could influence this decision. Thus, the fifth career choice decision examined is the number of days per week nurses will work. The quantitative results for this category are reported in Table 5.

Table 5. Number of Hours Hospital Nurses Choose to Work per Week

	Frequency (n=33)	Percent*
Home management Obligations		
Very important	17	52
Somewhat important	7	21
Unimportant	2	6
Not applicable	6	18
No response	1	3
Childcare needs		
Very important	12	36
Somewhat important	4	12
Unimportant	0	0
Not applicable	16	48
No response	1	3
Other family Members' schedules		
Very important	13	39
Somewhat important	10	30
Unimportant	2	6
Not applicable	7	21
No response	1	3
Opportunities Limited for 40-hour schedule		
Very important	8	24
Somewhat important	7	21
Unimportant	5	15
Not applicable	11	33
No response	2	6
Prefer limited work Schedule		
Very important	20	61
Somewhat important	7	21
Unimportant	0	0
Not applicable	6	18

*Rounded percents result in 99% to 100% results in table.

The CCQ data indicated that for 24 (73%) of the nurses home management is either a "very important" or "somewhat important" decision criterion for choosing the

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number of hours to work per week. Childcare needs are "very important" or "somewhat important" decision criteria for 16 (48%) of the nurses while equally "not applicable" is selected by the other 16 (48%). Other family members' schedules become a "very important" and "somewhat important" decision criterion for choosing the number of hours per week to work for 23 (69%) of the nurses. When deciding on number of hours to work per week, limited opportunities for a forty-hour workweek are "unimportant" or "not applicable for 16 (48%) of the nurses while "very important" or "somewhat important" by 15 (45%) of the nurses responding. Twenty-seven (82%) of the nurses indicated they prefer limited work schedules.

In personal interviews, all nurses indicated that they were responsible for managing the home. Three of the interviewed nurses stated that their home management responsibility affected the number of days per week they decided to work. Rose Ellen was one nurse who had made the choice to work four days a week so she could manage her dual role of home manager and wage earner. Although two of Rose Ellen's adult children live in the family home as renters, they were responsible only for their own portion in the

house. They helped Rose Ellen with housekeeping tasks if asked but only as their own busy schedules would allow. Rose Ellen said "I do virtually everything, all the cooking, laundry, pay bills, and feed the pets. I have gotten very compulsive and like my house clean." She continued, "I am tired when I get home from work, get to bed at 12:00 P.M. and up at 5:30 A.M. so I am tired all the time."

Laura has chosen to spend a minimum of time at work so she will be able to manage household tasks and childcare. Laura's husband assertedly has little time to assist with household tasks. Laura said, "The children have assigned housekeeping tasks but my husband has none because he really works hard at a stressful job and goes to bed early after a long day." Even though Laura works only two days per week so she can manage her family obligations, she would still like the option of the better working hours. She related, "I have a job I enjoy but I'm tired of weekends and holidays. I think it is a part of hospital nursing we all feel stressed about because we are away from our families during those times." Laura continued, "I miss a lot. The kids have swim meets in the summer on weekends and awards banquets on my working Sunday and it is hard to get someone

else to work for you so I miss out on those kinds of family times."

For Misty, mother of a thirteen-month-old daughter, childcare is the deciding factor in when and how much Misty works. Misty therefore works on an on call basis. Misty stated, "I didn't have a family at the time I went to nursing school but one of the considerations at the time I made a choice to be a nurse was to be able to adjust your schedule to your family." Misty works mainly on weekends when her husband is home to care for their daughter. Occasionally Misty's husband can adjust his weekday schedule and work at home if Misty, who prefers a day shift, is called to work. It was stressful to accommodate her weekday work schedule because her husband must catch up on the work he did not accomplish on days he stayed home. When her husband could not accommodate their childcare needs, Misty asked her neighbor with whom she exchanged childcare to watch her daughter. In fact, Misty and her husband want to have more childcare options available to them and plan to do so when their daughter is old enough: "It's hard to arrange childcare on call, so when my daughter reaches eighteen months, she will be starting daycare one day a week. That

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will make working easier. When I'm called to work on a weekday I'll have the option of calling daycare and asking if they have an opening for the day."

Most of the nurses found that the institution's staffing policy influenced their career decisions regarding hours to work. But some of the nurses were affected more then others. Although Alyce is scheduled for a forty-hour week evening shift, she works a very flexible schedule because she can be dropped from her scheduled work hours due to a fluctuation in hospital patient census. Alyce stated, "My work schedule varies because I am frequently cancelled. I make myself available to work other shifts and other days so I can get enough hours." In addition to her flexible schedule at one medical facility Alyce also works at another hospital facility so she has other work options with which to fill in on drop days. At the time of her interview Alyce was attempting to work a six-day workweek between her two employers in order to compensate for the loss of income as the result of her husband's layoff. Alyce stated, "It's scary, and I do not feel secure in either job because the market is low due to re-engineering."

Nurses did make decisions on the number of work hours

based on household and childcare responsibilities. The majority of the interviewed nurses with children also stated that other family members' schedules were an important decision criterion in their choice of the number of hours to work.

Reason for being employed in the workforce

Like most American women in the 20th century, female nurses work two shifts one at home and the other in the workforce. To determine why nurses have chosen to work in this field, the sixth career decision examined is the choice to be employed in the workforce. Table 6 summarizes the nurses' responses on this question.

Table 6. Hospital Nurses' Reasons for being Employed in the
         Workforce

	Frequency (n=33)	Percent*
Single self Provider Wage earner		
Very important	5	15
Somewhat important	1	3
Unimportant	0	0
Not Applicable	27	82
Primary family Provider		
Very important	7	21
Somewhat important	3	9
Unimportant	0	0
Not Applicable	23	70
Family co-provider		
Very important	21	64
Somewhat important	4	12
Unimportant	1	3
Not Applicable	7	21
Career is important		
Very important	23	70
Somewhat important	8	24
Unimportant	1	3
Not Applicable	1	3
Would prefer option of being a Homemaker		
Very important	6	18
Somewhat important	5	15
Unimportant	8	24
Not Applicable	14	42

*Rounded percents result in 99% to 100% results in table.

All the nurses indicated that wage earning was an
important factor in their decision to work. Women commonly
saw themselves in the "co-provider" roles, with 21 (64%) of
the nurses indicating that their co-provider role was a
"very important" reason for being in the workforce. Another

4 (12%) indicated it was a "somewhat important" reason. In contrast, primary provider roles were "very important" for only 7 (21%) of these nurses and "somewhat important" for 3 (9%) others. Twenty-three (70%) of these nurses indicated that their careers were "very important" to them. Eight (24%) said they were "somewhat important." Eleven (33%) nurses claimed that they would prefer the option of being a homemaker citing it as a "very important" or "somewhat important." Thirty-one of the thirty-three nurses claimed that their careers were important to them. Both these latter figures demonstrate that these nurses perceived their lives as dual spheres which encompass home and work.

Most of the interviewed nurses cited wage earner roles as a high priority for being in the workforce. At the same time, they also saw their careers as important for providing them with a sense of personal accomplishment. Marcy is an example of a nurse who is in the workforce for both her role of wage earner and because her career is important to her. Marcy stated, " Nursing is a fast-paced profession and there is a demand to keep up. Nursing is very intellectually stimulating because there is always new technology to learn and keep abreast of. I'm not really a

nurturer but I am altruistic so my nursing role has been very fulfilling, providing me with many avenues for growth."

Another informant, Kay, plays a primary wage earner role in her family. Since her husband has owned his own business for twenty-four years, Kay's income has been needed to provide the family with a consistent source of income. In addition to occasionally providing for her family financially, Kay stated that her career is very important to her for the following reasons: "I am doing what I like. I have always really enjoyed nursing and it has been good to me. It is not something I want to give up." When Kay was questioned on whether having the option of being only a homemaker was something she has ever wanted she replied, "Never. Not even when my children were little." She continued, "I love my children dearly but there were many days when I was really happy to say, 'Bye bye now, Mommy is going to work' and drop them off at a sitter and go and talk to adults for a while."

Two of the interviewed nurses are presently in the workforce as their family's primary wage earners. Shannon, mother of one son, is her family's wage earner because her husband has had to invest time studying while waiting to

obtain entrance into an impacted educational program.
Alyce lives with her husband, mother-in-law and two teenage
children, and like Shannon, is also her family's main wage
earner. Alyce has become her family's main wage earner due
to her husband's layoff. Other nurses such as Rose Ellen, a
women in her fifties, Audrey, a nurse in her late thirties,
and Laura, in her forties, who have husbands in stable
professional positions work to supplement the family income
so the family can maintain their desired standard of living.
Only one of the interviewed nurses said that she would like
to be a stay-at-home mom compared to the questionnaire data
where a number of nurses indicated that being a housewife
would be an important consideration.

For some nurses, family responsibilities have
priority over their careers. These nurses have chosen to
work at their careers on a part-time basis. For example,
Misty worked at her nursing career a few days a month.
Misty and her husband are committed to keeping their
daughter out of childcare systems as much as possible, and,
at the moment, Misty is the parent who has put her career on
hold. Presently, Misty works to maintain her skills as a
nurse and the credentials required for her other career

field as a way of remaining prepared for her career in the future.

Prior to the birth of her daughter, Misty worked at her career on a full-time basis, and now she is searching for a new career. If she finds the right career opportunity, she will assume the role of primary wage earner for her family, and her husband would then stay home. In regards to the decision Misty and her husband have made to keep their daughter out of childcare facilities, Misty said, "My husband would be a stay at home husband if my career took off. He would not feel threatened to be at home while I worked at my career." She continued, "He would start tomorrow but he probably doesn't know what he would be getting himself into." Although Misty has two degrees plus a Masters, she will not obtain the same financial rewards that her husband can expect in his career field.

According to the interviewed nurses, financial need is the most significant criterion in their decision to be in the workforce. However, they are also in the workforce for personal satisfaction. At the same time, according to the CCQ, one-third (11) of these nurses and one-fourth of the interviewed nurses (2) indicated that they would choose to

stay at home possibly while their children were young.

Conclusion

The purpose of this research has been to explore the connection between the private institution of family and the public institution of work as it manifests itself in the lives of hospital nurses. Hence, the primary goal of this research has been to understand how the division of labor in the home affects nurses' involvement in their nursing careers. More specifically, I have tried to understand 1) if a gender division of labor exists in these nurses' homes, and, if so, how it affects nurses' decisions about their careers and 2) the circumstances under which nurses and their husbands deviate from traditionally assigned gender roles of behavior.

According to research by Mukhopadhyay (1980), Hochschild (1989), and others, gender strategies based on cultural precedents and traditional gender roles strongly influence the plan of action used to resolve the problem of who does what in any given situation. In these gender strategies, both men and women draw on gender-related beliefs which have been shaped in childhood and involve deep

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emotions. Gender ideology influences whether a woman identifies with the work sphere or home sphere and affects how much power she wants in a marriage. That men sometimes deviate from their culturally defined gender roles in specific circumstances is supported by gender role research by Rubin (1976), Mukhopadhyay (1980), Hochschild (1989), and Rubin (1994). Deviation from gender specific roles in the family usually occurs when husbands become "helpers" with routine inside household tasks. For wives it occurs in the realm of career and employment related decisions. This present research, on nurses and their career decisions, indicates that gender ideology continues to have a strong impact on such decisions.

Results from both questionnaire and interview data show that hospital nurses make decisions about the work shift and the number of work hours based on their home management obligations. Most nurses still view themselves as managers of the home. They indicate they have primary responsibility for household tasks and/or assignment of these tasks and identify more with the home sphere than their husbands do. All nurses interviewed said they follow cultural precedents in the divisions of home management

activities with husbands taking less responsibility for indoor than outdoor tasks. While some husbands deviate from male gender roles and perform indoor tasks, even these men needed to be directed to tasks that needed attention. In short, they "help out", if asked. As one woman stated, "I leave a note before I go to work and I can depend on my husband to have the tasks accomplished, either by doing them himself or supervising the children in their assigned duties." Home responsibilities do affect these nurses work decisions. Because these nurses are responsible for the management of the home, many have "chosen" to work less than a full-time workweek schedule in order to have more time for their home responsibilities.

Although research on employed women's mother role indicates that it has become more acceptable for mothers of young children to be in the workforce, nurses in this study view themselves as their children's primary care giver taking responsibility for a large part of their children's physical and emotional care needs. As a result, their career decisions about both the shift and number of workdays per week are based on their childcare obligations. On the average, fathers do not assume as large a role in childcare

as mother. However, fathers appear to be more involved in childcare than they are in household tasks and mothers defer some childcare to the father especially when these mothers are at work. This is consistent with Mukhopadhyay's findings that husbands "help out" primarily when wives are "constrained" by work (or illness) from carrying out "their" responsibilities (Mukhopadhyay, 1980).

Women in this study, however, also state that the father's role in their children's lives is very important and is beneficial to both father and child. Research supports the benefit to children of father involvement. Hochschild (1989) cites research that has shown that father non-involvement or involvement in the care of children shows up not only in child adjustment but also in adult adjustment. How an individual views their father's care of them throughout their childhood can probably affect a child's own approach to fatherhood which can in turn impact future generations. Nurses who choose a work shift that is different from their husband, and rely on their husbands to care for their children during their working hours, depend on their children's father to assume the most important role in the man's "second shift" (Hochschild, 1989).

Many nurses depend on family members to assume active roles in childcare and home care tasks so they are free to work at their careers. Therefore other family member schedules impact decisions regarding the number of work hours and work shifts. As with other American families, some nurses have extended family readily available to help with childcare. But Hochschild (1997) claims that the pool of family help available to previous generations is disappearing because more and more Americans are in the workforce. Nurses in this study also seem to feel that family help in childcare is less available these days. Thus it becomes important for them, as working mothers, to guarantee that some form of external childcare will be readily available when they need it.

Another decision criterion which nurses use to determine the number of hours per week to work is the level of job stress they must deal with on a daily basis. On the career choice questionnaire, stress was not listed as a possible consideration. However, in the interviews nurses raised this issue and shared their feelings on the subject. Job stress can be the result of attempts to juggle career and family obligations or can result from the nature of work

itself. Research on provider roles indicates that women usually make their job choices in jobs that are characterized as women's work (Rosen, 1987). Women's jobs, including nursing, are likely to be lower status occupations. Nurses, in particular are employed in a work setting where they function in a nurturer role yet, while a nurse brings special knowledge and skill to the health care team, her role is not equal in power to other members of the team. Thus, nurses work in a job that has the potential to be highly stressful due to the nature of the work itself and because of a role which limits their autonomy and therefore their power to easily change the nature of their work. Not surprisingly, then, some nurses in this study said they prefer part-time to full-time careers in order to decrease their job stress level. Performing their stressful jobs less frequently will, they say, enable them to better cope with both the demands of work and of home.

According to the nurses in this study, job stress can also result from institutional policies. Nurses' transfer to other departments not simply for promotions or work experience but to maintain a position during restructuring changes caused by cost containment, technology changes, or

patient census fluctuation. Stress is even greater for nurses who are the primary family wage earner and must juggle two jobs or work irregular hours to secure a steady income. During times of job instability, nurses depend on family to help them manage their home and childcare obligations, thus enabling them to adjust to these career fluctuations.

Nurses in this study are also constrained by family obligations when seeking promotions. The career choice questionnaire and interviews both reveal how important home management is in the decision to seek a promotion. These nurses also see other family members' schedules as important influences on such decisions. If nurses are required to spend forty hours or more at their careers, they need a support system at home that will give them time to pursue career objectives. In circumstances where nurses lack an adequate support system, with too many obligations at home, no matter how many promotions are available in a medical care setting, these nurses generally will not even consider such promotions.

Institutional policies can also affect nurses' decisions to seek promotions. Nurses may not seek

administrative promotions if they do not have the educational background or job skills to apply for the limited number of these positions. There are limited numbers of administrative positions in a medical system and nurses may need to move out of the hospital system to move up the career ladder. Nurses can also, however move about a hospital system laterally. This lateral movement is available to nurses with the skills required for positions in which nurses' support both inpatient and outpatient care needs. Even though positions for nurses can be eliminated as a result of restructuring, new positions can also be created. Nurses, then, need to be prepared to take advantage of any new positions.

The ability to serve on work based committees is another career choice affected by nurses' family responsibilities. Home management obligations and other family member schedules have an impact but these decisions are most directly affected by childcare obligations. For example, with shift choices often made to accommodate childcare, the shift nurses choose affect their ability to serve on hospital committees. In this study, nurses with obligations to young children were most hesitant to

volunteer to serve on work-based committees. When meetings
conflict with family childcare needs, family obligations
take priority over a committee obligation. In addition,
some nurses stated that home management responsibilities
prevented them from investing extra hours in committee
obligations. For these reasons, hospitals can find it
difficult to fill some committee positions.

Although few of the nurses participating in this
study are presently enrolled in school, most indicate that
continuing education is important. Home management,
childcare obligations, and other family members' schedules
become important considerations in educational decisions.
Because education is required for maintaining both job
skills and licensure, nurses do need a support system if
they are to pursue an education. Some of this support
system comes from the employer itself by providing nurses
with financial benefits for the time invested in educational
attainment. Family support is also crucial if nurses are to
add the role of student to existing roles of home manager,
childcare giver, and employee.

Nurses in this study function in primary or co-
provider roles while managing the home. At first this

suggests that economic necessity is a driving force behind

women's job decisions as Rubin and Riney's 1920s research

showed (Rubin and Riney 1994). Now, although societal

attitudes and technology have changed, many working wives

still perceive their contribution to household income as the

main force behind their decision to enter or remain in the

labor force. Similarily, in this study, household income is

a primary reason for these nurses remaining in the work

force, either as the primary wage earner or to provide the

family with the things they would otherwise do without.

Yet only four of the thirty-three nurses in the

questionnaire sample work a full-time forty-hour week.

These women may not see themselves as primary wage earners.

Instead, they continue to view the man's role in the family

as that of primary wage earner no matter what his level of

income. Given that Americans place great value on money and

occupational status, men, as the primary wage earner, will

therefore have greater access to both of these resources.

Likewise, Shehan and Kammeyer (1997) state that the nurturer

role, while valued in the American family, is not valued as

highly as material and economic resources. So when nurses

put their careers on hold so they can manage their dual role

of provider and nurturer, they are inadvertently accepting a less valued and less powerful nurturer role.

Nurses in this study, however, do often work for personal satisfaction as well as financial reasons. This is consistent with findings by Perry-Jenkins, Seery and Crouter (1992) indicating that women work for not only financial need but also for psychological well-being. Rubin (1994) also finds that while women may enter the workforce for economic needs, they find that life is more interesting when they work. Nurses in this study, too, work for personal satisfaction and choose work shifts and the number of hours to suit both their personal and financial needs. Nurses may choose evening or night shifts to provide them with more free time for activities such as volunteer work or helping a spouse with a family business. Some nurses will work less than a forty-hour week at one job and be involved in other jobs for personal satisfaction or to obtain a variety of nursing experiences.

Some nurses in this study like to be in the workforce because they find work is a social outlet. This is consistent with other research on the workplace such as Hochschild (1997). According to Hochschild, workplace

conversation resembles conversation between neighbors in the home environment. Thus, one nurse stated that she has friends at work and looks forward to her hours at her job. Another stated that although she liked being a mother she was happy to go to her job in the afternoon and talk to adults. Few nurses in this study would give up their jobs to be full-time homemakers. Most of those interviewed have made the decision to remain in the workforce because they find their jobs, though at times stressful, very fulfilling.

In summary, nurses in this study are educated and do not have to be dependent on marriage for their livelihood. Nevertheless, they seem to follow a gender ideology that results in a relatively "traditional" gender division of labor. Even though these nurses share the wage-earning role, and their work is important and plays a major role in their lives, most nurses give career goals second priority to family obligations. They are more likely to schedule work around family obligations than family around work obligations thereby giving priority to family over their work. Many are forced to devote fewer hours to their career in order to manage their family obligations. They tend to see their primary role as nurturer of the family. In short,

the gender division of labor does affect and constrain these women's career involvement.

Nurses and their husbands do alter their socially assigned roles under certain circumstances, mainly when and wives are not at home and available to assume these obligations. But when nurses are home, they are likely to revert to their role as household manager. Husbands then, remain in the role of "helpers" at home. Because nurses have the option to chose their work schedules, it is easier for them to continue to perform the major share of the home management and childcare activities. Ironically, these flexible work schedules help to maintain traditional gender roles within the household. Even nurses, who provide most of the family's income, seem reluctant to abandon traditional gender roles. However, part of the reason they continue to support the male provider role is that they do not feel they can depend on their husbands to manage the home.

Changes in the gender division of labor are occurring in these nurses' families but these changes appear to be more adaptive to a current need than a permanent change. These nurses thus have options available to them to readjust

as the need arises. The division of labor in the home, especially as it relates to childcare, does have a limiting impact on these women's career commitment and responsibilities.

There is a need for policy makers, such as the medical industry, to be aware of nurses' family responsibilities, and, in particular, to address the care needs of young children. Childcare needs are the greatest impediment to these nurses' career involvement. Many nurses cannot find adequate childcare. Family and community resources may not be available to assist women in pursuing career mobility. On-site childcare would facilitate nurses becoming more involved in their careers and enable them to pursue the career options discussed in this study. In addition, on-site childcare would be of value to mothers of young children by giving them the option to spend "break" time with their toddlers. In addition to greater availability of childcare facilities, industry in general needs to continue instituting policies, which allow parents, especially fathers, to be more involved in childcare.

Although some nurses use continuing education to move into administrative and policy-making positions most nurses

practice their careers in medical care settings where they have limited autonomy. Limited control over work roles produces job stress. Institutional policy makers therefore need to find ways to give nurses more control over their work environment. Otherwise, nurses will continue to reduce their hours at work in order to manage this stress, thus reducing the hours of expertise available to the institution. Since more nurses must be employed, institutional costs increase.

If, as indicated by this and other research, the gender division of labor is slow to change, continued research is needed to understand the factors underlying its persistence and what conditions can generate change. This is particularly true for nursing, the most prototypical female occupation. Although research has been conducted on job satisfaction among nurses, prior research has not linked the family division of labor to nurses' career commitment decisions. Data from this study has shown that these linkages are indeed significant and worthy of further examination by other researchers.

NOTES

1. Not all nurses are female. However, most (>96%) are and
   the term "nurses" generally connotes female nurses. In
   this paper, nurses will refer to female nurses unless
   otherwise indicated.

2. Provider role is a term used by referenced researchers
   and is used interchangeably, in this paper, with the wage
   earner role.

3. Approval was obtained through a lengthy process that took
   over six months, where I was required to submit a
   detailed research proposal to the Regional Research
   Institute Board at the hospital.

4. A copy of the Career Choice Questionnaire can be found in
   Appendix.

5. A copy of the Household Task Questionnaire can be found
   in the Appendix.

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APPENDIX

CAREER CHOICE QUESTIONNAIRE

I am interested in finding out the level of importance you
attach to each of the stated considerations when you need to
make choices on the following work related activities. Use
the following number scale to indicate your responses. For
each question you may use any number as frequently as
necessary.
(1)very important (2)somewhat important (3)unimportant
(5)not applicable

A) Regarding whether you **seek to advance your education** how
important are each of these considerations?
___Home management obligations ___Child care needs ___Other
family members' schedules ___Current changes in health care
needs ___Improve job qualifications___No interest

_____

_____
Other comments.

B) Regarding your **ability to serve on work based committees**
how important are each of these considerations?
___Home management obligations ___Child care needs ___Other
family members' schedules ___Committee meetings at
inconvenient hours ___Lack of interest

_____

_____
Other comments.

C) Regarding whether you **seek promotions** how important are
each of these considerations?
___Home management obligations ___Child care needs ___Other
family members' schedules ___Limitations on personal
qualifications ___Limited institutional opportunities

_____

_____
Other comments.

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D) Regarding the **choice of shift you work** how important are each of these considerations?
___ Home management obligations ___Child care needs ___Other family members' schedules ___Limited positions on alternative shift ___Present career offers no shift alternatives _____

_____
Other comments.

E) Regarding whether you **work a scheduled 40 hour work week at this hospital facility** how important are each of these considerations?
___Home management obligations ___Child care needs ___Other family members' schedules ___Opportunities for obtaining 40 hours of scheduled work are limited ___Currently prefer limited work schedule

_____
Other comments.

F) Regarding your **reasons for being employed in the workforce as a nurse** how important are each of these considerations?
___Single self provider ___Family primary provider ___Family co-provider ___Career as a nurse is important to me ___I would prefer to have the option of being a homemaker

_____
Other comments.

Your Gender: Male___ Female___

Your age: < 30 yrs___ 31-40 yrs___ 41-50 yrs___ 51-60 yrs___ 61+ yrs___

Marital status: Never married___ Presently married___ Divorced___
Widow/Widower___

Present work schedule:
This facility-Number of hours/week___ Shift: N__ D__ E__
Other facilities-Number of hours/week___ Shift: N__ D__ E__

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Your education level: Certificate___ Diploma___ BA/BS___
MA/MS___ PhD___

Presently enrolled in school: Yes___ No___

Parent's country of birth:
Mother_____
Father_____

Your ethnic
background:_____

Do you have children? Yes___ No___. If yes indicate age and
sex.
        Age   Male or Female
1.   _____   _____   _____
2.   _____   _____   _____
3.   _____   _____   _____
4.   _____   _____   _____
5.   _____   _____   _____
6.   _____   _____   _____

Members of your household include: Spouse___ Children___ Own
Parent(s) M___ F___ Spouse's Parent(s) M___ F___ Other
Relatives or Friends (Please describe)

_____

_____

What is your spouse's occupation?

_____

Spouse's approximate annual income in thousands: <25,000___
25,000-50,000___ 51,000-75,000___ >100,000___

HOUSEHOLD TASK SURVEY QUESTIONNAIRE

I am interested in finding out who, in your household, has primary responsibility for accomplishing each task. I know that this may not necessarily be the person who actually does the task. For each task place the appropriate letter S(self), H(husband), W(wife), MC(male child) FC(female child), RM(resident male), RF(resident female), HH(hired help) on the line in front of each task to indicate the person primarily responsibility for accomplishing each task.

Meal preparation:
_____ Prepare dinner
_____ Meal planning
_____ Special occasion meals
_____ Barbecuing outdoors

Cleaning up after meals:
_____ Rinse/stack for dishwasher
_____ Clear table
_____ Put dishes away
_____ Tidy sink, stove, etc.

Marketing:
_____ Decide on items
_____ Major marketing
_____ Pick up needed items

Laundry:
_____ Run washer
_____ Put clothes away
_____ Iron clothes

Young child care:
_____ Get child ready
_____ Shop for child
_____ Put child to bed
_____ Arrangement childcare
_____ Discipline child
_____ Feed child
_____ Toilet train child

Older child care:
_____ Drive child
_____ Shop with child
_____ Make activity arrangements
_____ Help with homework
_____ See teachers at school
_____ Discipline child
_____ Attend activities

Housecleaning:
_____ Pick up things
_____ Dust
_____ Clean fireplace
_____ Clean entire wall
_____ Vacuum
_____ Clean garage
_____ Wash floors
_____ Wash windows
_____ Empty waste baskets
_____ Water indoor plants

Home care:
_____ Trim bushes\trees
_____ Mow grass
_____ Put out trash barrels
_____ Till ground for plants
_____ Plant flowers
_____ Clean driveway/porch
_____ Minor home repair
_____ Pull weeds
_____ Prepare outdoor grill

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Household financial arrangements:
_____ Pay monthly bills
_____ Make major investment decisions
_____ Arrange for auto repairs
_____ Arrange for major home repairs

Letter to Nurses

To Staff Nurses:

I am a staff nurse at this hospital and I am doing research
for my Master's Thesis on the division of labor in the home
and it's affect on nurse's involvement in their careers. If
you would like to contribute information for my research I
would greatly appreciate if you would complete the attached
"QUESTIONNAIRE FORMS". After completion return the
questionnaires to me in the envelope provided for your
confidentiality and convenience.

I am also interested in interviewing nurses regarding their
obligations to home and/or family. If you would be willing
to participate in this aspect of my research would you
please fill out the attached "INTERVIEW FORM' and return it
along with the questionnaires in the enclosed envelope.

Enclosed are copies of the Information About Rights of
Medical Research Participants and Consent to Participate in
a Research Study for your information.

Thank you in advance for your participation in this
research.

Interview Permission Form

INTERVIEW FORM

I am willing to assist with your research by participating in a personal interview._____

I may be willing to assist with your research by participating in a personal interview but would like further information._____

Name_____

Telephone
Number_____

The best time to reach me
is_____

_____

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CONSENT TO PARTICIPATE IN A RESEARCH STUDY

STUDY PURPOSE

Valora Glandt, a graduate student of San Jose State University, is conducting a study on the division of labor in the American family. The primary focus of this research is on understanding the factors underlying both persistence and change in the division of labor.

STUDY PROCEDURES

Participation in this research involves completing questionnaires by you and your husband/wife/friend who share your home. Personal interviews will be conducted with persons who consent to volunteer for such interviews. The personal interviews will be conducted with families in which family members reside in an intact household. In both the questionnaires and interviews you are requested to share information about your family's division of labor in the home.

RISKS/DISCOMFORTS

The only potential risk anticipated from participation in this study is possible feelings of anxiety and discomforts in discussing proposed sensitive topics.

CONFIDENTIALITY

The nature of the interviews and questionnaires will be personal. Therefore, we would like to stress that everything you share will be completely confidential. All questionnaires, interview notes and/or tapes will be kept in a locked file cabinet to which only the researchers in this study have access. Notes and tapes will be destroyed after completion of the study. Results of this study may be published, however no identifying data will be used.

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VOLUNTARY PARTICIPATION

Your participation is voluntary. You may choose not to participate. You may choose not to discuss all of the interview topics and may discontinue your participation in this research any time.

COSTS/PAYMENTS

No compensation will be given for participation in this research. You may have a copy of the completed master's thesis by Valora Glandt.
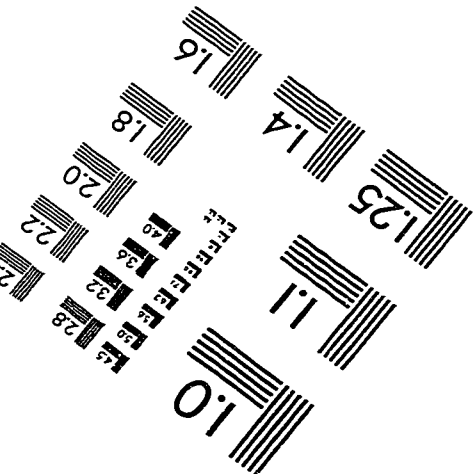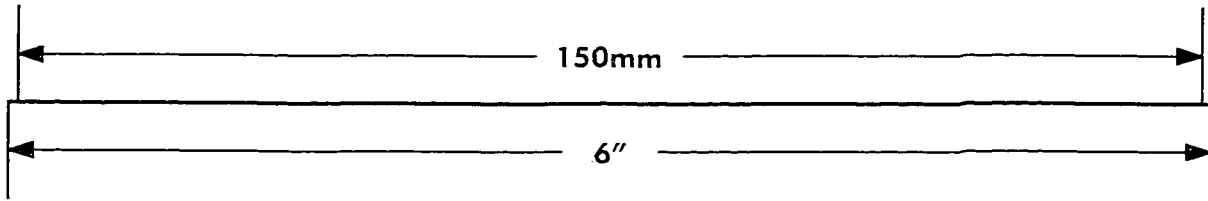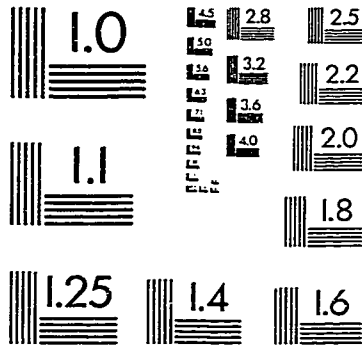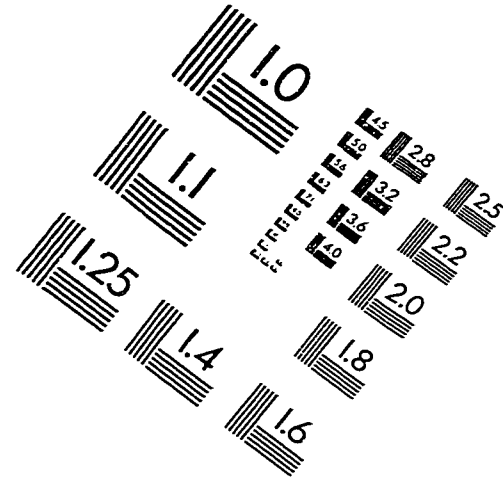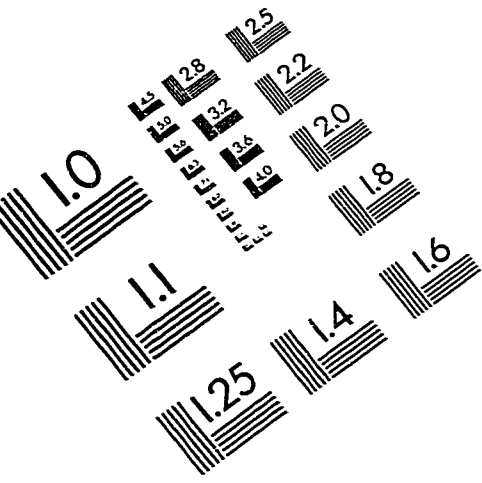
QUESTIONS

If you have any questions about this study you may contact the researcher. If you have any complaints about this research you can contact, anonymously if you choose, Social Sciences Department Chairperson at San Jose State University. Questions or complaints about research, subject's rights, or research-related injury may be presented to the Associate Academic Vice President for Graduate Studies and Research at San Jose State University.

Questions, comments, or complaints about the study may be presented to the Institutional Review Board for the Protection of Human Subjects at the hospital.

Your signature on this form indicates that you agree to participate in this research on the sexual division of labor in the American family. It indicates that you have read and understood this consent form, and that any questions you have regarding this research have been answered. It indicates that you understand that all the information you share will be completely confidential and that, this confidentiality will be protected by this researcher. Please sign and date two copies of this consent form. One form is for your record and the other is for the researcher.

IMAGE EVALUATION
TEST TARGET (QA-3)

150mm

6"