

## Nurses as working women

By: Susan Letvak

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### **Abstract:**

Women today make up nearly half of the nation's workforce. A number of these women have children at home, and women also often are responsible for providing care to older adult family members or friends. The different roles assigned to women in today's society are burdensome, particularly for nurses who deal with the stress of managed care, downsizing, the nursing shortage, caring for increasingly ill patients, long and irregular hours, and daily crises. There are ways that nurses can modify their work situation, however, to help them cope with the rigors of the workplace and the home.

### **Article:**

Women were told that they could have it all—a successful career, a happy family, and a rewarding personal life. They are employed, they have families, but are women happy working? Has the feminist movement advanced the profession of nursing as it has other professional careers for women? Do modern working women really have it all?

Women today are employed in record numbers in the United States, making up nearly half of the nation's workforce. A staggering 99% of women will work for pay sometime during their lives. Six out of every 10 women age 16 and older (ie, 59.8%) were labor force participants in 1997. Women age 35 to 44 make up the largest group of working women by percentage (Table 1). Additionally, women's share of the total labor force is expected to rise from the 1997 total of 46% of the workforce to 47% by 2006.<sup>1</sup>

Labor force participation for women varies by marital status, with divorced women having the highest participation rate (Table 2). Of the 60 million women employed in the United States in 1997, 44 million (ie, 73%) worked full time, 16 million (ie, 27%) worked part time, and nearly 4 million had more than one job.<sup>2</sup> More than 50% of working women have children less than age 16 at home; 27% have children less than age six.<sup>3</sup> In addition, the number and proportion of families in which a woman is head of the household with no spouse also is growing. In 1997, women maintained 12.8 million families, representing 18.2% of all families, compared with 5.6 million (ie, 10.8%) of all families in 1970.<sup>1</sup>

In addition to having a paying job and raising a family, many women also provide care for elderly family members. A recent study reported nearly one in four US households (ie, 22.4 million) currently provide informal care to a friend or relative age 50 or older. The typical caregiver is a 46-year-old woman who is employed and also spends 18 hours per week caring for

her mother who lives nearby. Many of the households (ie, 4.1 million of the 22.4 million households or 18.3%) spend at least 40 hours per week and another 1.6 million (ie, 7.1%) spend 20 to 40 hours per week caring for older adult family members.<sup>5</sup> The average duration of caregiving is 4.5 years, and 72% of caregivers are women. One study found that women bear a disproportionate share of the responsibility of caring for older adult family members.<sup>6</sup> Sixty percent of women caregivers work 35 or more hours per week outside of the home in addition to caring for an older adult family member. These women report high levels of stress from their multiple roles.

### THE WORKING MOTHER

In a relatively short time, society has gone from an era in which a woman's expected role was to marry and stay home with her children to an era in which there are more working mothers than stay-at-home mothers. Golda Meir, one of the most influential women of the last century and to date the only woman to be prime minister of Israel, summed it up by saying, "At work, you think of the children you've left at home. At home, you think of the work you've left unfinished. Such a struggle is unleashed within yourself, your heart is rent."<sup>7</sup>

As women entered the working world, a new image of success developed in modern society. This image included a casual, almost effortless, combination of work and family roles. On billboards, in magazines, and on television, the career woman is depicted with a briefcase in one hand, a baby on the opposite hip, and a smile on her freshly made up face. This fantasy not only contradicts reality, it reinforces feelings of inadequacy. Working women are held to many standards, including a work standard, where anything less than total devotion is unacceptable; a modern standard, which is expounded by the voices of feminist leaders who say hang in there, change things, and make them work; and societal standards, where the duty of a woman is to stay at home and manage her children, household, and geriatric parents. Mothers are trapped in a cultural time warp.<sup>8</sup> They have changed, but mainstream expectations have not.

Women today are the first who, by choice or necessity, work outside the home. They have dared to be ambitious, but, in today's society, ambition and motherhood still are seen as opposing forces. For many women, motherhood versus personal ambition represents the heart of the feminine dilemma or what can be called, the angst of the working woman.

### MOTHERS OUTSIDE OF THE UNITED STATES

It is not only US mothers who work outside the home. Approximately 42% of Italian mothers with a child age nine or younger are employed, most of them full time.<sup>9</sup> Paid work is an important part of most Italian women's identities, and this is not questioned when children arrive. Legislation protects the rights of working mothers; all women receive three months paid maternity leave and another six months of partly paid leave for those requesting it. Additionally, either parent has the right to work two hours less each day until the baby is one year old without any loss of salary, and either parent can be absent from work for a sick child who is three or younger.

According to one researcher, women in Sweden and the rest of Scandinavia have come a long way compared to other countries.<sup>10</sup> In a survey of 140 countries, the Gender-Related Development Index puts Sweden first in women's rights, with Finland, Norway, and Denmark

following. More than 80% of these women perform paid work with small gender pay differences. Childcare is readily available, is of good quality, and is reasonably priced. Women report high levels of satisfaction with their home and work lives.

In Great Britain, as in the United States, traditional images of motherhood are enduring, pervasive, and incompatible with paid employment. Compared to many European countries, fewer British women resume work after having children. Those who do face great personal and social conflicts.<sup>11</sup>

Many countries are much farther behind the United States in terms of the rights of working women. Women in India, China, Africa, and Afghanistan are faced with such problems as dowry deaths (ie, when a woman is killed by her husband or husband's family in connection with her dowry), systematic abortion of girl fetuses, genital mutilation, and forced slavery, as well as the effects of extreme poverty and religious fanaticism.<sup>12</sup> Survival and basic human rights are much more important issues for these women than are the rights of working women.

#### NURSES AS WORKING WOMEN

How do nurses fare as working women? Nurses as a group may suffer the most as working women. Nursing as a career is very stressful, with or without children. Managed care, downsizing, and the nursing shortage have added to the stress of caring for increasingly ill patients. In addition, nurses have long, irregular hours. They work holidays and weekends. Crises may occur daily, and there is no such thing as a perfectly planned workday.

**Table 1****LABOR FORCE PARTICIPATION  
RATES FOR WOMEN<sup>1</sup>****Age group participation rates**

All women	59.8%
16 to 19 years	51.0%
20 to 24 years	72.7%
25 to 34 years	76.0%
35 to 44 years	77.7%
45 to 54 years	76.0%
55 to 64 years	50.9%
65 years and older	8.6%

**NOTE**

1. US Department of Labor, Bureau of Labor Statistics, *Labor Force Participation* (Washington, DC: Government Printing Office, 1997).

**Table 2****LABOR FORCE PARTICIPATION RATES  
FOR WOMEN BY MARITAL STATUS<sup>1</sup>****Marital status participation rates**

Divorced	74.5%
Never married	66.8%
Married, spouse absent	65.3%
Married, spouse present	62.1%
Widowed	18.2%

**NOTE**

1. US Department of Labor, Bureau of Labor Statistics, *Labor Force Participation* (Washington, DC: Government Printing Office, 1997).

Many argue that the profession of nursing has not advanced as other professions have for women. Feminists suggest that the predominance of women in such professions as social work and nursing has led to their identification with that other domain of female exclusivity, the housewife.<sup>13</sup> One researcher says that although nursing evolved parallel to, and was interconnected with, the women's movement in the midnineteenth century, nurses have never organized against sexism in health care.<sup>14</sup> This has led critics to conclude that nurses are unwilling to embrace feminism because they do not want to give up the image of themselves as "ideal women."

Another researcher views nursing as being identified with a docile female role, which has led to a ghettoization of the career field.<sup>15</sup> Ghettoization segregates people by race, ethnicity, lifestyle, or socioeconomic status and reinforces negative stereotypes, which results in group isolation. This ghettoization has prevented nurses from joining and reaping the mainstream benefits of the feminist movement. Further, nurses are unaware of the bond of oppression around them. One writer says that nurses suffer from status and power inequities and have only themselves to blame. It is unclear whether nurses even know their culture and history as nurses or as women. This writer calls nursing a "caricature of femininity" subject to sexist beliefs. Nursing is not an intellectual discipline; it can be taught through apprenticeship, any woman can do it, and she should do it because nurses make good mothers. How can nurses value others if they do not value themselves in a society that does not value women?<sup>16</sup>

Although there are few other published reports of direct attacks on the nursing profession by feminists, the feminist emphasis on women entering and succeeding in predominantly male occupations can imply a devaluation of traditional nursing. Are female nurses less liberated than other working women? To be liberated is to be free to practice without traditional constraints.<sup>17</sup> The reality is that nurses, who are the largest single force in the health care system, are controlled by the very system they make up. The very image of nursing maintains the stereotype of nurturing, self-sacrificing females who will always meet the needs of others.

The concept of power generally is not associated with nursing.<sup>18</sup> Many members of the public perceive nurses as powerless, and this belief is reinforced by nurses' perceptions of themselves as powerless. Indeed, in most health care settings, the closer the individual nurse is to direct patient care, the less power he or she has within the setting. Although nurses make up the largest group of professional health care workers, they are cited on health care issues less than 4% of the time.<sup>19</sup>

Nursing education patterns have restricted the professionalism of nursing by continuing to graduate more associate degree-prepared nurses than baccalaureate and higher. Only 31% of recent graduates received their initial preparation from a baccalaureate program; 59% graduated from an associate degree program.<sup>20</sup> Nurses themselves provide the greatest resistance to moving nursing education into more mainstream education and the field of nursing into a more professional status.

Some researchers challenge nurses by asking,

Are we afraid of recognizing our foremothers' accomplishments? It is important to note that many of our women leaders in the past, including [Florence] Nightingale, [Clara] Barton, [Lillian D.] Wald, and [Lavinia] Dock were also nurses. Are we ashamed of our female pioneers because we fear being accused of neglecting our wife and mother roles? Do nurses fear power? Are nurses oppressed because they are women or because they are professionally subordinate to medicine?<sup>21</sup>

#### THE ANGST OF THE WORKING WOMAN

One feminist writer asks her readers the following.

How can American women be in so much trouble at the same time that they are supposed to be so blessed? If the status of women has never been higher, why is their emotional state so low?<sup>22</sup> Many feel that women are unhappy precisely because they are free. Women have become enslaved by their own liberation. If women are so equal, why do they represent two-thirds of all poor adults? Why is there continued gender pay inequality? Women's strides toward equality have been met with a backlash, especially by men in Hollywood, business, and other institutions of power in the United States, which is serving to hold women back and is mistreating those who challenge traditional roles.<sup>23</sup>

Other researchers address this purported backlash by arguing the backlash idealizes the powers of women, viewing them as a cross between the "universal Jewish mother and the Virgin Mary."<sup>24</sup> Instead of feminism destroying the image that social stability depends on the self-sacrificing mother providing social stability, feminism has replaced mothers and families with women.

Mothers also may contribute to a social construction of gender by treating their sons as different from themselves, while treating their daughters as similar, or continuations, of themselves.<sup>25</sup> Consequently, girls generally are more concerned with relationships and connections with others, while males are more concerned with independence and autonomy. Women's own mothers may be responsible for working women's current problems. Women always will suffer when away from the home because they were raised to value relationships above all else.<sup>26</sup>

One researcher also looks at gender differences by proposing that men and women have different approaches to morality.<sup>27</sup> Men are more concerned with individual rights, justice, autonomy, and independence, and women are more concerned with relationships, principles of caring, and connection with others. Again, women may be so concerned with the feelings and needs of others that they usually will sacrifice their own needs. A recent study found that the desire to care for others still is the motivating factor for why women choose nursing as a career.<sup>28</sup> Perhaps those with the strongest desire to care are the women who enter nursing.

In most cultures, women historically have been defined in terms of the role of mother. Today, 88% of women become mothers.<sup>29</sup> Although modern conveniences have made managing a home easier, the time spent on housework has remained much the same. What has changed is that almost 70% of women with young children also participate in the labor force. Women still shoulder 70% of all household duties with the only major change in the last 20 years being that men think they do more around the house.<sup>30</sup>

## WORK AND STRESS

Humans, like all animals, have an inborn stress alarm system that initiates a fight or flight response to stressful situations. In today's world, however, the dangers are no longer so obvious or simple. Humans experience multiple, prolonged, often ambiguous stresses for which immediate action often is impossible. Imagine if individuals were to run away from every workday problem or cause fights whenever challenged? Internalizing the fight or flight response, prevents the body from discharging stress in a natural way. Possible consequences of long-term stress include ulcers, risk for coronary artery disease, high blood pressure, and cancer.<sup>31</sup>

A recent study found that levels of stress hormones in working mothers rise each morning and stay high until bedtime, putting them at higher risk for such health problems as coronary artery disease and myocardial infarction.<sup>32</sup> Although stress hormones rose for working women with and without children during the workday, only women with children still had high stress hormone levels in the evening after work.

Stress also may play a role in depression in women. Women, to a greater degree than men, invest their emotions in interpersonal relationships.<sup>33</sup> Consequently, they suffer from the impact of life events that take place in their own lives as well as in the lives of their family members and friends. Women also internalize their feelings and blame themselves for incompetence or failure; men blame others, which leads them to anger rather than depression.

There is little doubt that being a working woman is stressful. Nurses have the added conflict of caring for patients while their own children are being left under someone else's care. They suffer from conflicting role demands.

## SO WHAT ARE WE TO DO?

A plethora of women's magazine articles discussing the stress of being a working mother, as well as many women's personal experiences, argue against women "having it all." Given that the majority of women want to work and that careers provide much more than money (ie, self-esteem, expression, independence, identity), it appears that working women are locked between two value systems that create stress and potentially breakdown. This leaves working women with two choices: ignore the situation and hope it will change or actively change the situation.

Thirty-five years ago, an article on the dilemma of nursing leaders said, "women today have attained neither the amount nor the quality of leadership that the pioneers of the feminist movement anticipated they would."<sup>34</sup> To be an effective nurse, one must be a leader, even when suffering from the conflicting roles of wife, mother, and nurse. A leader must claim normality, refusing to identify with demeaning stereotypes. Qualities of leadership must be learned during nursing education. If nurses are to be judged on merit, not gender, they must look for the answers inside themselves. Things have changed little in 35 years. Although some women hold leadership positions in health care, nurses are a long way from equality.

Perioperative nursing is known for long, often unpredictable hours, but there are some potential solutions for working women who desire more flexibility so they can adequately care for their children or older adult family members. These solutions include the following.

**Flexitime.** Flexitime agreements allow employees to start and end work during a set range of hours. All employees may be required to be at work during certain time periods (eg, mid-morning when many planned surgeries are scheduled).

**Job sharing.** In a job-sharing agreement, two parttime employees share one full-time job. Ideally, benefits and salary will be prorated to the number of hours worked by each employee.

**Part-time work with benefits.** Although part-time work may be available readily for many perioperative nurses, many part-time jobs do not offer benefits. Part-time positions with health insurance, as well as retirement and disability insurance, would allow nurses needed time off while ensuring health and future security needs.

**Compressed work weeks.** Although many hospitals and outpatient centers offer 10- and 12-hour shifts, many facilities still do not offer this option. A compressed work week allows full-time salary and benefits and frees up full days for parenting or caregiving responsibilities.

**The Family and Medical Leave Act (FMLA).** Lobby for and support the expansion of the FMLA, which currently allows an employee a total of 12 work weeks off (without losing benefits or seniority) during any 12-month period for a personal illness or to care for children or an ill parent. Expansion of the FMLA to six months, or even a year, would greatly help working parents.

**Work around school scheduling.** A new scheduling option, currently being used in at least one large teaching hospital in North Carolina, allows nurses to work full-time during the school year, with summers and school vacations off. Although salary is prorated to time worked, full benefits are provided all year.

**On-site sick child care.** Many large teaching hospitals have offered a section of their pediatric units as on-site sick child care. Existing nursing staff members care for children with mild illnesses, thus allowing parents to visit their children at work rather than using personal, sick, or vacation time to take care of a sick child.

## CONCLUSION

Consensus has not been reached regarding the path to power that will allow women their own identities outside a male defined success identity. Nurses work in a system where a successful career path is linear and often hierarchical. Women's work is cyclical, and children and family needs may require them to pull back at varying points in their careers. More flexible work scheduling will benefit not only the perioperative nurse but all nurses and working women.

Florence Nightingale said, "If there were none who were discontented with what they have, the world would never reach for anything better."<sup>35</sup> Working women are discontented, and it is time to reach for something better. They have put up with too much already. Nurses' value in the health care system is almost totally ignored, and women's needs overall are not being met. The structure of work at home and in the workplace must be redefined. Women can be creative in their work environments to accommodate personal and professional priorities.

Women and nurses have worked too hard for too long to go back to the work of their mothers. We need and deserve the independence and fulfillment a career can offer. We are challenged to find a way for work to work for us. Nurses must unite with all working women because a voice united is stronger than a lone voice in the wind.

#### NOTES

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