

WORK RE-ENTRY CONCERNS OF PRIMIPAROUS CAREER WOMEN

by

Pearl L. Stoker

A thesis
presented to the University of Manitoba
in partial fulfillment of the
requirements for the degree of
Masters of Nursing

Winnipeg, Manitoba

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ISBN 0-315-37132-3

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ABSTRACT

This descriptive study was designed to: 1) describe the difficulties career women face on work re-entry after childbearing, 2) identify the coping strategies they use, and, 3) ascertain the resources which prevent or moderate role strain. Twenty primiparous career women ranging from 25-34 years of age, two to six months after the birth of their infant, who had chosen to return to their careers full-time, were interviewed.

Two data collection methods were used. The first, a focused semi-structured interview using a questionnaire which was piloted with four career women to evaluate the tool. The second method was a non-structured self-report of a stressful episode followed by a structured checklist of non-ordered responses to that episode, using a tool developed by Folkman and Lazarus (1980).

Numerous work re-entry concerns were identified. Both problem and emotion-focused coping were used in all reports of a stressful episode. Resources identified appeared to be individual women looking for individual solutions to concerns frequently shared by other women in this study.

ACKNOWLEDGEMENTS

I would like to thank Dr. Janet Beaton, Chairperson, Drs. Constance Becker and Kathryn McCannell, Committee Members, for sharing their expertise and providing constructive criticism. A sincere thanks to Dr. Beaton for her guidance and support.

I am grateful to the research participants for consenting to take part at a very busy time in their lives and answering the many questions so willingly.

Thanks are also due to Muriel Innes for her expert typing and general technical assistance.

In particular, I want to say thank you to my husband Chris and our children Phillip and Astrid, for their patience and understanding without which the successful completion of these studies would have been impossible.

CONTENTS

ABSTRACT	iv
ACKNOWLEDGEMENTS	v

<u>Chapter</u>	<u>page</u>
I. INTRODUCTION	1
PURPOSE OF THE STUDY	1
BACKGROUND OF THE STUDY	1
STATEMENT OF THE PROBLEM AND RATIONALE FOR STUDY	3
THEORETICAL FRAMEWORK	10
RESEARCH QUESTIONS	19
ASSUMPTIONS	19
LIMITATIONS	20
DEFINITION OF TERMS	22
SUMMARY	23
II. LITERATURE REVIEW	24
INTRODUCTION	24
CAREER AND COPING	24
CHILDBIRTH AND CAREER	26
ATTITUDES TOWARDS WOMEN AND WORK	29
CONCERNS IN THE POSTPARTUM PERIOD	32
DELAYED PARENTING	38
RESOURCE USE BY MOTHERS	40
SUMMARY	42
III. RESEARCH DESIGN	43
INTRODUCTION	43
SUBJECTS	43
Target Population	43
THE SAMPLE	46
DATA COLLECTION TECHNIQUES	48
DATA COLLECTION TOOLS	50
Interview Schedule	51
Report of Stressful Event and Ways of Coping Checklist	57
PROCEDURE FOR DATA COLLECTION	60
RESEARCH QUESTIONS	63
Protection of Rights of Subject	67
SUMMARY	69

IV.	DATA ANALYSIS	71
	INTRODUCTION	71
	PROFILE OF SAMLE: ANTECEDENT CONDITIONS	72
	SITUATIONAL INFLUENCING FACTORS: MODERATORS	82
	CONCERNS IDENTIFIED: STRAIN	96
	COPING STRATEGIES USED FOR SPECIFIC CONCERNS: REACTIONS	104
	GENERAL RESOURCE NETWORK: MODERATORS	109
	SUMMARY	114
V.	DISCUSSION AND CONCLUSIONS	116
	INTRODUCTION	116
	SUMMARY	117
	PROFILE OF SAMPLE: ANTECEDENT CONDITIONS	121
	SITUATIONAL INFLUENCING FACTORS: MODERATORS	125
	CONCERNS IDENTIFIED: STRAIN	128
	SPECIFIC CONCERNS AND COPING STRATEGIES USED	134
	GENERAL RESOURCE NETWORK	139
	RECOMMENDATIONS AND IMPLICATIONS FOR NURSING	150
	REFERENCES	158

<u>Appendix</u>		<u>page</u>
A.	ABSTRACT OF RESEARCH PROPOSAL	168
	Purpose	169
	Research Questions	169
	Research Design	170
	Methodology	170
	Proposed Method of Data Analysis	170
	Protection of Rights of Subject	171
B.	CONSENT FORM	172
C.	INTERVIEW SCHEDULE	174
	INTERVIEW SCHEDULE OUTLINE	175
D.	COPING QUESTIONNAIRE	197
E.	LETTERS	207

LIST OF TABLES

<u>Table</u>	<u>page</u>
1. Sociographic Characteristics of Career Women/Mothers (N=20)	74
2. Obstetrical and Postpartum History (N=20)	75
3. Type of Infant Care Experience of Career Women/Mothers Pre-Birth (n=20)	76
4. Level of Infant Care Experience of Career Women/Mothers Pre-Birth (n=20)	77
5. Cultural Normative Expectations (N=20)	79
6. Level of Satisfaction with Present Situation Compared to Beliefs about Women's Roles	82
7. Level of Babysitting for Relatives Compared to Ease of Babycare (n=20)	83
8. Influence of Work Re-Entry Plans on Choice of Infant Feeding Method (N=20)	84
9. Relationship Between Proposed Management of Breastfeeding on Work Re-entry and Level of Stress (n=12)	85
10. Influence of Partner's Level of Support for Breastfeeding and Perceived Ease of Babycare (n=12)	86
11. Proposed Management of Breastfeeding on Work Re- entry (n=12)	87
12. Method and Frequency of Non-Infant Suckling Breast Milk Expression by Mothers Who Intend to Breastfeed While Working (n=8)	87
13. Frequency of Advice Seeking	88
14. Relationship Between Length of Employment and Frequency of Advice Seeking Behaviour	89
15. Level of Career Intrusion	89

16.	Relationship Between Mother's Health & Ease of Baby Care	91
17.	Relationship Between Type and Level of Concern	98
18.	Relationship of Mother's Age to Choice of Most Stressful Event (n=20)	104
19.	Level of Stress Experienced for Specific Stressful Events	105
20.	People Involved in the Specific Stressful Event	105
21.	Coping Strategies used for Specific Groups of Stressful Events	106
22.	Mothers Appraisal of Special Stressful Events	107

Chapter I
INTRODUCTION

1.1 PURPOSE OF THE STUDY

The purpose of this study was to: 1) describe the difficulties career women face on work re-entry after childbearing, 2) identify the coping strategies they use and 3) ascertain the resources which prevent or moderate role strain.

1.2 BACKGROUND OF THE STUDY

The acceptable time to bear children is changing. Rossi (1980) has suggested that a phenomenon of the late 1970's is a variance in the timing and sequence of events in women's lives, including the postponement of childbearing. Canadian fertility statistics over the last two years confirm that this trend is continuing in the 80's. Older primigravidas are increasing in frequency. In 1982 there was a 4% rise over 1981 in the rate of births to women aged 35-39 years in Canada (excluding Newfoundland). In Manitoba there was a 7.9% increase for the same age group, second only to British Columbia, the highest at 12.6% (Statistics Canada, 1984).

The implications of this trend for individuals, families and society are only just beginning to attract the attention of Canadian researchers. For example Romaniuc (1984) states "It is felt that greater age differences between parents and children affect childrearing and socialization although there is very little research demonstrating how this happens" (p 9). We appear to know even less about how the trend affects individual family members. Women could be especially affected by the trend towards later childbearing. It is the woman who usually faces the issues of occupational consequences and practical parenting concerns (Daniels and Weingarten, 1982). Having spent her early twenties in pursuit of education, career and marriage she may feel uneasy and lack confidence in her role of parent. "It may seem that the two worlds of 'work' and 'home' are irreconcilable" (Scott, 1984). However, the statistics now show more older couples are making the choice to become parents.

These changes in the cycle of childbearing will have ramifications for health care professionals, especially nurses. Clients will present altered views of family problems and health concerns. Discussion, assistance and resolution of these problems will take new forms. Nurses have always had the unique opportunity to work with clients during the childbearing phase. We must be cognizant of new trends, evaluate their impact on health behaviour and adjust our nursing care to meet these new demands.

1.3 STATEMENT OF THE PROBLEM AND RATIONALE FOR STUDY

Reproduction, particularly the first childbearing period, has long been regarded as a developmental crisis for the woman (Bibring 1959; Colman and Colman, 1971). It should be noted, however, that other researchers (Le Masters, 1957; Hobbs, 1965, 1968) and reviewers (Rossi, 1968; Jacoby, 1969) of the period, have questioned the labeling of the first child's arrival as a "crisis" or even as a "normal crisis". Meyerowitz and Feldman (1966) suggested focusing more on the transition "... to a more mature and rewarding triadic system" (p 84). From a review of the literature this period of adjustment is considered more a transitional time, a period of adjustment which produces anxiety and a disorganized state, as well as increased potential for learning and growth (Hrobsky, 1977). The process of role transition to parenthood was charted by Rossi in 1969 and continues to be used today (Hrobsky, 1977).

There are family changes which can be expected and do have a strong normative component. The transition to parenthood is usually considered to be of this variety. But the change in economic and social systems that is taking place today produces different family structures. Here, in these new or modified families, there appears to be few normative guidelines or expectations and for some situations the variant norms collide with the more traditional norms. It was within one of these newer situations, the 'dual

career family' (Rapoport and Rapoport, 1969), that this study had its focus. Do the particular characteristics of a dual career family's situation affect the transition to parenthood?

Skinner (1980) cites a few studies which indicate that coping generally in a 'dual career family' can be stressful. This situation could place the dual career couple at risk for conflict during an already stressful period of transition.

Studies and reviews examining the relationships between child rearing and dual careers are steadily increasing but remain fragmented due to the complexity of this issue. Rapoport and Rapoport's study in 1969 explored the stress of a dual career relationship. They found five foci of stress in dual career couple families. They were: overload dilemmas, personal norm dilemmas, dilemmas of identity, social network dilemmas and role cycling dilemmas. This framework continues to be a point of reference for later researchers as they focus on fewer variables and relationships in the dual career family. Many researchers have studied maternal employment as a variable. Piotrkowski and Crits-Christoph (1981), asking the question "Is the paid occupational life of women in dual career families significantly related to their family adjustment?" (p 128), found that women's experiences in their jobs do 'spill over' into the family realm and influence both positively and

negatively the quality of family relationships. Jimenez and Newton (1982) also found job satisfaction to be positively related to adaptation to new mothering. In turn a major factor affecting job satisfaction, or feelings about work, is satisfaction with child care arrangements (Harrell and Ridley, 1975), an issue currently being debated provincially and examined by employers (McCrosky, 1982). How a couple perceives the maternal employment is also significant in respect to their parenting behaviors. Stuckey, McGhee and Bell (1982) found that maternal employment status in combination with certain attitudes towards women's roles had more impact on parental behaviors than maternal employment status alone.

An increasing number of studies have explored the effects of maternal employment on a child's development (Hohenshil, Hummel and Maddy-Bernstein, 1980; Hoffman, 1974, 1978; Etaugh, 1974; Moore, 1978). The authors conclude that maternal employment in itself has a limited influence on the development of the young child and that such factors as family circumstances or special situations may be more critical than actual employment status.

These studies and reviews all deal mainly with the child rearing phase of family development. There are few studies which address the transitional phase between the post partum period and work re-entry. We do not know how women prepare or cope with the role transition to employed mother.

This omission is important because in 1981 51.6% of Canadian women were employed and 60.5% of these were married. Between 1970 and 1980, the number of women in the labour force increased by 63.3% (Statistics Canada, 1983). Bumpass and Sweet (1980), when examining the U.S. statistics in more depth, reported that, of the 42 percent of women who work at some point during pregnancy, 48 percent are still working in the third trimester, and nearly one-quarter return to work within four months after birth. Many women are choosing to continue to return to their careers after childbearing, and we are ill equipped to counsel them, because we do not know the issues they face.

In the past, it has been assumed that the female career-oriented employee should be a single woman whose energy is focused solely on her job. More recent studies and articles confirm that career women increasingly are married with children (Cox, 1978; Reiter and Cox, 1978; Meyers, 1981). Having children creates additional problems for the professional woman. The arrival of children rarely appears to affect the occupational involvement of the father, but it has a decided effect on that of the mother (Theodore, 1972; Dunlop, 1981).

Society has yet to develop the resources working women need after childbirth. If women are to reach their potential in the career settings they need to be aware of the scarce resources, and that home and career conflicts may

exist, and plan to develop strategies for coping with them if they arise. These could include employment exit and re-entry strategies during the childbearing phase. The stress precipitated by the decision to bear a child is difficult to handle because neither the traditional nor the emerging role is met with hearty endorsement by society and neither comes without substantial hardship.

In the past many women in industrial cultures tended to be sheltered, guided and protected by a close community and family network. Roles and expectations were clearly defined. The ability to make decisions about work, health care and family behavior was supported by role models who shared the same values, beliefs and interests. This traditional process, however, hindered development as an individual and did not include achievement as an ideal for women (Oakley, 1972). It maintained the conventional model of the nuclear, conjugal family. In this model, the male is the head of the household, the female is the homemaker and child caretaker and the family is seen as a strong, private traditional institution. During a period of family transition, child bearing for example, the family undergoes a period of re-organization, in which information is sought, new decisions are made and coping strategies are used. The traditional or conventional model of the family provided a role for this process. Today, with the phenomenon of employed women, the institution of the family and the

transitional process of child bearing/rearing has changed. There are now multiple options for child bearing/rearing decisions, single parent vs. couple, young parent vs. older parent, working parent vs. full-time mother to name a few. Many of these options reflect changing values and/or scientific advances such as the "pill". One result of these multiple options is that today women must often make decisions in isolation, based on sketchy information due in part to the lack of research data. Even the coping methods used in the past may be ineffective today. We know that the transition to parenthood is a time of stress (Rapoport and Rapoport, 1963, 1965; Le Masters, 1957; Dyer, 1963; Russell, 1974; Rubin, 1975) and many women are returning to employment after childbirth but we know very little about how they do it.

We do know that once mothers have returned to employment they face difficulty in child care arrangements, feel guilty about leaving their children (Hoffman and Nye, 1974; Galinsky, 1981) and experience role overload (Rapoport and Rapoport, 1979). They appear to lack flexible working schedules, have limited opportunity for part-time careers, experience forced separation from their infant/child and have difficulty obtaining suitable health care appointments. Therefore, it would not be surprising to find evidence that expectant and new mothers are experiencing concern about their future career/mother role.

The postpartum and early parenting period are times of great biological, social and psychological adjustment for couples. It is a time of lability, high energy out-put and role transition.

The capacity of a family to change their configuration to another, for example, the transition at childbirth from a system containing the roles of "husband", "wife" and "couple" to one containing the addition of "father", "mother", "child", "parent" and "family" is highly dependent upon their roles in other social systems (Bain, 1978). These social roles or "extrafamily roles" often alter when the "intrafamily roles" undergo transition as in the birth of the first child to a couple where the woman was previously employed outside the home. Where this adjustment in employment is temporary, for example a woman returns to employment before the infant's first birthday, the new family could be facing two adjustment periods. The first new configuration as a non-working new mother, the second, in a relatively short period of time, as a working mother. There is the potential in this type of double transition period for the early labile adjustment period of motherhood to be two very different experiences - the pre-employment phase during early motherhood and the post-employment phase during early motherhood. How women view these two phases, how they cope with the added transition, and what effect it has in the development of their role as a mother, needs to be explored.

In light of these findings, nursing's ability to promote a healthy lifestyle with dual career couples during the postpartum and early parenting period would be enhanced by a clearer understanding of the experience of career women and the coping methods they use. In this way those coping methods which are generally considered helpful, can be encouraged, supported and shared while those placing the family at risk can be identified, discouraged and prevented.

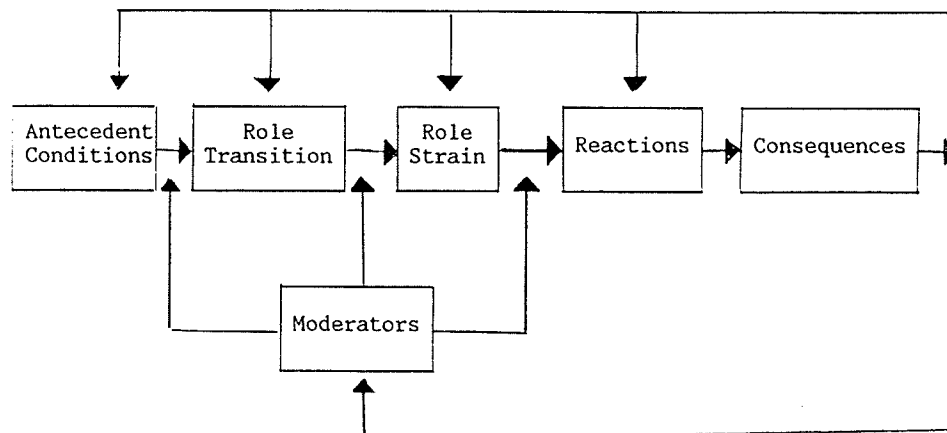
Specifically the problem this study addressed is the lack of information about the concerns, coping strategies used and resources available to women after childbearing who intend to integrate motherhood and full-time careers.

1.4 THEORETICAL FRAMEWORK

This study, designed to expand the nurse's understanding of the concerns, coping strategies and resources available to women who combine motherhood with careers, is based on a twofold theoretical framework. These two frameworks are role-transition and coping.

The conceptual framework of role-transition provides the major basis for understanding the concerns of new mothers who intend to return to their careers. It has been formalized by Allen & Van de Vliert's (1982) dynamic model, shown schematically in Figure 1, and combines the advantages of cross sectional and temporal perspectives. The context

Figure 1. A Model of the Role Transition Process



and behavior oriented contributions of role theory are taken as a point of departure for a model of transitions that also takes into account the time dimension and interactive processes.

The model has six major components: antecedent conditions; role transition; role strain; reactions; consequences and moderators. Their temporal and cross-sectional features are briefly described by the researchers

"Antecedent conditions are those phenomena which underlie role transitions, that is, the potential determinants that may (suddenly or gradually) trigger a shift of the behavior expected of a position incumbent. Generally, the transitions will be perceived by the focal person, and will be experienced as an intrapsychic state of arousal,

excitement, or irritation called role strain. The person's subsequent reactions consist of cognitive, affective, and behavioral responses to the strain produced by role transition. These internal and external responses (as well as role transition and role strain) may be precipitated by or moderated by environmental factors, expectations, expectancies, and personality characteristics of the focal person. Reactions that appear following role strain have consequences for antecedent conditions, role transition, role strain, and subsequent reactions (and accompanying beliefs and feelings). Sometimes consequences are direct (e.g., change in role expectations, reduction of role strain); alternatively, reactions may operate indirectly by first influencing other variables (e.g., perception of role sender, the focal person's identity) and then affecting the other components." (pp 10-11).

The model presents a continuous interactive process. This study used this process as a framework for analyzing a particular situation - the transition from mother to career woman and mother.

All of us enact a variety of social roles over the course of life; the shedding of the student role for career woman or the more complex change of mother/wife to career woman/wife and mother. This 'role transition' is an important type of change because it strongly influences the behavior and social identity of all who participate in the process.

As a person moves from one set of position expectations to another, their social position, the cultural norms and their behaviors usually alter (Allen & Van de Vliert, 1982). A woman shifting from mother to a career woman situation is

an example of a changed set of position expectations. If at the end of the working day a career woman becomes a mother again, she can be said to be transforming the latent position of mother into a manifest one. This is considered to be successive occupance of at least two positions. The change experienced in this situation is temporary as one role is expected to be latent during the activity of the other. When a woman is at work she acts as an employee, not as a mother. If nonetheless the two positions are activated at the same time, the career woman/mother may find it difficult if not impossible to conform simultaneously to the two distinct set of role expectations and inter-role conflict is observed (Van de Vliert, 1982). The contrasting sets of role expectations cause doubt about one's behavior and resulting role strain. The term 'strain' is being used to refer to the subjective counterpart of the objective conditions or stressors that are responsible for producing an impact on the individual (Kahn and Quinn, 1970). As a subjective or phenomenal state, strain is experienced by the focal person in the form of acute cognitive and affective disturbance, i.e., discomfort, disequilibrium, anxiety, perplexity and uneasiness (Allen and Van De Vliert, 1984).

How a woman planning to return to her career after childbirth copes with the impending separation of roles is not known. The role transition may be smooth but the more common state of affairs is for a significant amount of

strain to occur even when the shift is desired and when optimal conditions prevail (Minkler and Biller, 1979). Research has shown that the mere fact of change itself will usually produce strain (Masuda and Holmes, 1967) and some form of coping will take place.

The level of intensity of strain produced by role transition will vary from person to person depending on the presence or absence of moderating factors. These moderators consist of numerous individual (e.g. locus of control, self esteem, cognitive structure) and environmental (e.g. social network, support system, centrality of role to self) variables (Allen & Van de Vliert, 1982). These variables may allow increased precision in predicting individual differences in reaction.

Role strain (the subjective counterpart of the objective conditions or stressors) is an unpleasant experience (Allen & Van de Vliert, 1982). When facing an adverse state of affairs, an individual will engage in a variety of reactions in an attempt to reduce the intensity of the experience to a more tolerable level (Kahn et al., 1964). It is the identification of the objective conditions or stressors causing strain and the resulting effects on the new mother who intends to return to her career, that require exploration.

Schematically applying Allen & Van de Vliert's model (Figure 1) to the mother to career woman/mother transition we obtain a clearer picture of the mother's transition process (Figure 2). This study obtained a general overview of concerns mothers may have, as they consider the transition from mother to career woman/mother, as well as identifying a situation specific major concern. However, due to the nature of "reactions" or "coping" and the limitations of this study only a single major concern was isolated and followed through for the identification of coping behaviours. (Figure 3).

A second conceptual framework, that of 'coping', was necessary to address the questions surrounding the management of stressful situations. Following the lead of McGrath (1970) coping was defined as the overt and covert behaviours individuals use to prevent, alleviate or respond to stressful situations (p. 33). This definition encompasses behaviours directed towards altering the perception of stress and the emotional distress associated with life problems as well as efforts to alleviate stressful situations. Coping can occur before, during or after a stressful situation (p. 34-36). Preventative coping is used to deter a potentially stressful situation. When a stressful situation can not be prevented, anticipatory coping can sometimes alleviate some of the impact.

Figure 2. Model of the Role Transition Process Applied to the Careerwoman/Mother Situation

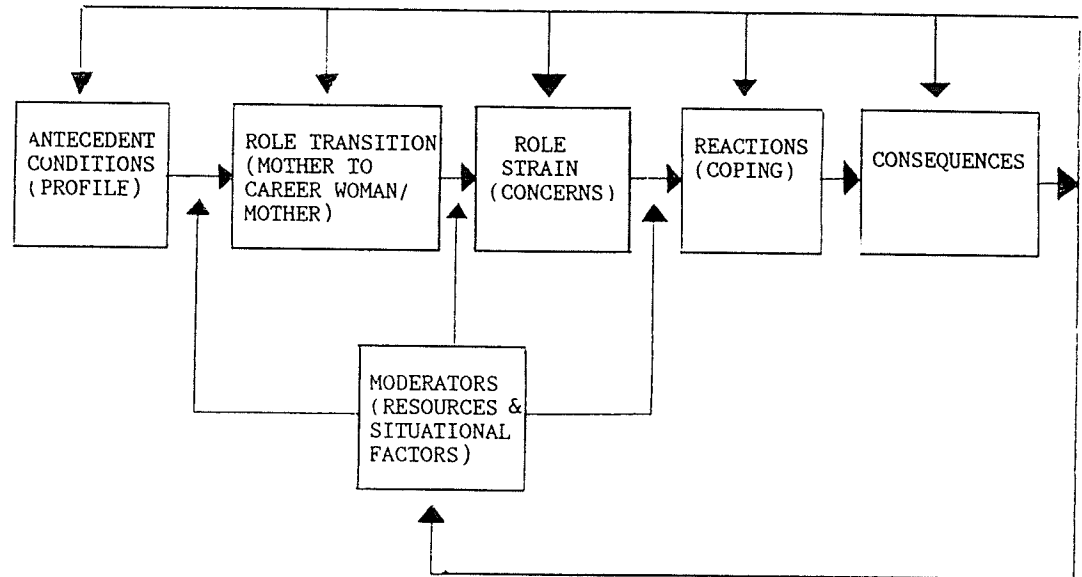
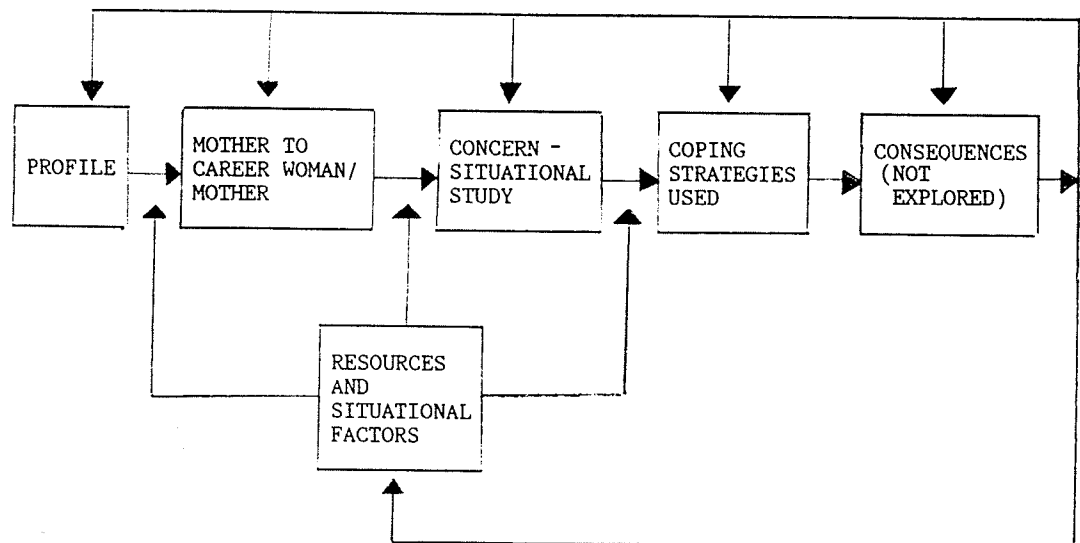


Figure 3. Model of the Role Transition Process as Used to Explore Coping Strategies



Finally reactive coping responses can, and usually do, occur following a stressful situation.

To some extent adjustments are inevitable when a new and unfamiliar role supersedes an old familiar one (e.g. career woman to full-time mother). However, there are also adjustments required when repeating successive positions are adopted (e.g. mother to career/woman to mother etc.). Unlike the shedding occurring in permanent role changes, successive role changes can bring considerable strain when the two positions have contrasting role expectations (Van der Vliert, 1982). With respect to this role strain and family life patterns, some writers have suggested that our future may hold a complete polarization of career couples and families as an inevitable consequence of the strain of the dual careerism trend.

Whether a new mother planning on returning to her career is fully aware of these issues and has been able to use preventative and/or anticipatory coping, or will use reactive coping is unknown. If she is aware of the issues and perceives them as having the potential for role strain, she may have chosen to make preparations for preventing or reducing the undesired consequences of a stressful condition. If she is unaware of the stressful situation or does not perceive the stressor as a threat, she probably will have little choice but to engage in reactive coping if strain occurs. Both distinctions, coping before or after

the onset of stress, can be considered the process of coping.

Several authors have proposed general models that outline the steps involved in the process of coping (Tyler, 1978; Lazarus, 1976 and Janis 1974). Tyler (1978) suggests a three-stage process. First, during the search and organize stage, a person seeks out and evaluates behavioural alternatives. Then, during the stage of implementation, the person implements or tries out the approach. Finally, during the culminate, conclude, and redefine stage, the person performs affective and cognitive tasks which enable acceptance of the stressful situation and the way in which it has been dealt with. These steps are seen as the same for preventative, anticipatory and reactive coping.

The efforts made during the process of coping, what a person actually thinks and does, are coping strategies (Folkman and Lazarus, 1980). If the new mother has been aware of the role issues she may face, she may have decided to act. It is these actions that are captured under coping strategies.

In summary, this study used the conceptual framework of role transition to provide basic structure and a sense of the passage of time within this structure. The shift from one role to another and the resulting role strain can be described. The example of a new mother returning to her

career is viewed as a repeated successive position which possibly causes a form of role strain called inter-role conflict. The way in which new mothers prepare or cope with this inter-role conflict is seen as a process involving various coping strategies.

1.5 RESEARCH QUESTIONS

To provide a basis for investigation, the following questions were formulated, which focused on the specific aspects of the problem studied:

1. What are the work re-entry concerns facing primiparous women as they prepare to return to their careers?
2. How do primiparous women cope with work re-entry stressors prior to returning to their careers?
3. Which resources prevent or moderate the stress of role transition for primiparous women as they prepare to return to their careers?

1.6 ASSUMPTIONS

- i) People are actively responsive to forces that impinge on them.
- ii) "Career" women will experience role strain during role transition due to the adjustments which are necessary when the recently adopted role of mother is superseded by the new unfamiliar role of career woman/mother.

1.7 LIMITATIONS

The study is limited in that the findings cannot be generalized to other stressful events. Folkman and Lazarus (1980) have found that coping styles are more variable than consistent from one stressful event to another. However, given that there is no generally acceptable categorization of coping strategies and given the more clinically useful information obtained from situation-specific assessments, this emphasis may be more appropriate to nursing research and practice than is the use of a normative approach (Panzarine, 1985).

The theoretical concepts used in the development of the interview schedule, role transition and career development, could result in subjects having difficulty understanding some of the questions. This could create biased findings. In an attempt to control for this the interview schedule was developed for Grade 9 reading level using a formula described by Fry (1968).

The instrument used to measure coping responses has a concurrent validity of 78% agreement and a reliability of 80% based on a population 45-65 years of age (Folkman and Lazarus, 1980). The use of this instrument with a population 25-35 years of age may have altered the instrument's validity. To the researcher's knowledge it is not known if coping responses stabilize or change.

developmentally over time. However, Hall in 1972, found there were no consistent trends in the type of strategy employed as a function of life style. The variations in coping shown by subjects appear to depend more on their particular life situation than on their life style for example dual career relationships.

The sample size is small ($n=20$) but of sufficient size to supply fertile data. The researcher did not use a controlled randomization technique due to the difficulty in accessing this population. Instead, areas of sample collection were broadened and city, urban and rural women were included to access a range and depth of data in a relatively uncharted area.

To reduce the sample bias of selecting only women who naturally seek professional health care, ie., attending prenatal classes, other areas of collection which are non health related were sampled, i.e., employees and club members.

The study is also limited in that it represents only the women's perspective in a dual career relationship. Further, it is limited to the responses of professional women and thus excludes employed women who have to work but do not consider their work to be a career.

Recall misrepresentation may have affected the responses to the Ways of Coping Checklist. Participants may have

responded in a generally acceptable manner rather than with an answer which accurately reflects their behaviour.

1.8 DEFINITION OF TERMS

For the purpose of this study, the following terms have the connotations indicated below:

1. Dual career family: one in which both spouses pursue careers while also caring for at least one child.
2. Career: paid employment outside the home which is personally salient, with a developmental sequence and to which a high degree of commitment is required.
3. Role strain: the experience of stress associated with a position or expected role.
4. Role conflict: the result of a person holding several positions that are incompatible with one another or when a single position has expectations that are mutually incompatible.
5. Stress: external objective conditions or stressors that are responsible for producing an internal impact on an individual.
6. Motherhood: a dynamic, complex, more or less culturally determined, learned role which has the responsibility for the task or caring for one or more children.
7. Puerperium: the six-week period following the birth of a child.

8. Concerns: areas of special interest or worry to career mothers.
9. Fourth Trimester: the first three months after the birth of a child.

1.9 SUMMARY

The purpose of the study was to 1) describe the difficulties career women face on work re-entry after childbearing, 2) identify the coping strategies they use and 3) ascertain the resources which prevent or moderate role strain. The theoretical framework of role transition was combined with coping theory to provide both a sense of structure and process for the transition from mother to career woman and mother. It also provided direction for the extensive literature review.

Chapter II

LITERATURE REVIEW

2.1 INTRODUCTION

A review of the Cumulative Indexes to Nursing Literature, Psychological Abstracts, Social Science Abstracts, Administrative Abstracts, Social Work Abstracts and Indicus Medicus was done from 1975 to the present time. This study was exploratory in nature using a role transition framework and coping theory to guide and focus the literature review. The reoccurring themes and concerns found in this body of literature were career and coping, childbirth and career, attitudes towards women and work, concerns in the postpartum period, delayed parenting, and resource use by mothers. The literature review is presented under these headings.

2.2 CAREER AND COPING

That the married career woman experiences many sources of strain in her dual-career marriage is well documented (Bebbington, 1973; Berman, Sacks and Lief, 1975; Burke and Weir, 1976; St. John-Parsons, 1978). How well she copes with the strain is less well defined. Generally, early studies indicate a remarkable tendency for dual-career

spouses to use denial as a major coping mechanism (Rapoport and Rapoport, 1971; Holmstrom, 1972). Poloma (1972), however, found more variation: dissonance reduction; prioritization techniques; compartmentalization of roles and compromising of career aspirations. Compromise is a common coping strategy noted in much of the dual-career literature as a way of reducing stress and making the life-style manageable (Epstein, 1971; Heckman, Bryson and Bryson, 1977).

Bebbington (1973) studied the backgrounds of dual-career wives (n=14) seeking to identify the reasons certain women adopt this stressful lifestyle. He concluded that the choice of a highly stressful life style was consistent with these women having learned to adapt to a greater than usual degree of tension and stress producing conditions during childhood and adolescence. Similar results were reported in a study (n=10) by St. John-Parson (1978).

While these studies suggest these women have good coping abilities which could be utilized in the child bearing experience, they are very limited in generalizability due to the small sample sizes. The samples also may not be representative of dual career women due to the possibility of a sample bias. The couples used were well established and their careers and family development were stable with role changes less frequent in a plateau phase of the family cycle. The family stage and various developmental phases within each stage are important variables.

Poloma, Pendleton, and Garland's (1981) study, using Duvall's (1971) family life stages found considerable differences between the characteristics of the early family life stages and later stages. Younger dual career couples are somewhat more likely to feel stress and strain in their relationships without being able to employ proven coping behaviours. Several studies lend support to this. In a study of 196 couples where both spouses were psychologists Bryson, Bryson and Johnson (1978) found younger couples did report a greater degree of marital dissatisfaction, particularly the wife, where there were younger children. Role conflict due to conflicting demands of new parenting and career was found to be a significant dilemma for most of the sixteen families interviewed in Rapoport and Rapoport's study (1969).

The timing of childbearing could influence a career couple's ability to cope, the options available and their feeling of satisfaction. Many couples are choosing the option of dual career parenting but we are unclear about how well they manage the transition process.

2.3 CHILDBIRTH AND CAREER

Childbirth can be viewed as a crucial point in a woman's career and parental role. Rapoport et al (1966) outlined the critical importance of events at transition points from one role to another, discussing the processes of

organization, disorganization and restructuring that should occur to accommodate the shifts in role. Both the family life-cycle and the career-cycle can be seen as being punctuated by these points of reorganization which tend to be accompanied by a certain degree of turbulence and conflict. The fourth trimester can be viewed as the beginning of a period of preparation when a new structure of person-in-role is being worked out.

Dual-career couples, especially those experiencing childbearing for the first time, face unique major decisions regarding their sex roles. Will the employed expectant mother assume a traditional role, remaining at home with the baby? If not, who will care for the infant? The stress of role choices that surround the dual-career couple are complex and could have lasting effects on the family unit.

There is disagreement in the literature as to whether career women or noncareer women experience greater role conflict with the maternal role. Majewski (1986) found that mothers with careers tended to experience more role conflict between their worker, self, and spouse roles than mothers with jobs. In contrast Holahan and Gilbert (1979) found that noncareer women experienced greater role conflict. It appears that role conflict exists for both career and noncareer working women and that it could impede transition to the maternal role.

A few studies have found that a woman's commitment to her work interfered with her adoption of the motherhood role. Although there are exceptions, career women typically both desire, and are accustomed to attaining, relatively high levels of achievement (Barnett, 1971; Rice, 1979). Sheretsky and Yarrow (1973) found many of the primiparae reported being in conflict over when and whether to stop work. Sheehan (1981) also found greater conflict among the women who planned an early return to work. These women had great difficulty in the transition to motherhood. Douglas (1968) identified a conflict factor in postpartum adjustment between the wish to pursue a career and the desire for a child. Clearly these studies and reports indicate stressful periods during the early child-bearing stage (Duvall, 1977) which require sound coping skills.

This period of transition is also interestingly influenced by job satisfaction. Jimenez and Newton (1982) using a questionnaire, in a telephone survey (n=120), found that women who were satisfied with their job, pay, co-workers and chances for advancement adapted well to childrearing. This finding supports the early work of Sears, Maccoby and Levin (1957), who concluded that a woman's enjoyment of her job does not mean it will interfere with her acceptance of the maternal role.

It appears that working women do experience some conflict between employment and motherhood. The working woman's

ability to handle this conflict may be in part a reflection of her coping skills. The successful style of coping by accomplished, satisfied career women may be reflected in Jimenez and Newton (1982) and Sears, Maccoby and Levin's (1957) work.

Lastly, Jimenez and Newton (1982) found that women who reported more job interest tended to wait longer before starting a family. This suggests that perhaps planning or career accomplishments reduce the conflict surrounding much of the childbearing/postpartum period for the working woman.

Generally, it appears role conflict exists for working women entering the childbearing stage. If they are secure and satisfied in their work, they may be better able to cope with the role conflict during this period of transition.

2.4 ATTITUDES TOWARDS WOMEN AND WORK

That most women wish to become mothers is supported by the studies of Poloma (1981), Yohalem (1979), and Tangri (1972). Bryant (1977) surveyed 1,522 adult women in the United States about their attitudes towards work. The women were categorized according to the type of outlook they expressed regarding women's roles: traditional, balancing or expanded outlook. Half of all respondents stated that the ideal life would be to stay home when their children were young but to combine a job and homemaking throughout the

rest of their working lives. In 1982, Frankel et al found that the women in his study felt that women generally were expected to be employed most of their adult lives. The sample of 238 mostly upper middle class white women, ages 23-82, 39% of whom were themselves employed, supported the idea that this change in social expectation had already occurred.

It appears in the literature that many women want to combine career, marriage and motherhood, in fact it is expected that they do by society. The dual career relationship is very stressful and requires a great deal of adjustment. The addition of the role of mother is also stressful yet the process of this transition is really uncharted for the career woman. We do have a few facts about the employment patterns of married women.

Sorensen (1983) in a longitudinal study found that highly educated women are less likely to leave the labour force when the first child is born. Women marrying late were not more likely to leave the labour force when the first child is born; quite the contrary. In addition, women who postpone the first birth also are less likely to leave when the birth takes place. The postponement of marriage (and childbearing) has a positive effect on women's attachment to the labour force.

Little is known about the career line or typology of career development for women. Poloma, Pendleton and Garland (1981) found that the career lines for married women are very different from those of men. They identified 4 types:

1. Regular Career Line.
2. Interrupted Career Line.
3. Second Career.
4. Modified-second Career.

Career women in this study fall into the Regular Career Line category. A regular career is one where the person, upon leaving school enters employment or training followed by employment with minimal interruption. Regular careers usually involve full-time employment and the career is integrated with each of the stages of childbearing/rearing with minimal interruption. Poloma et al found that, almost without exception, married professional women with children found it necessary to compromise their professional careers. Hence the career lines of women are different from their male counterparts, and would produce different types of stress.

The birth of the first child necessitates changes within the couple relationship and within the woman's career line. The woman's capacity to cope with these changes, given society's expectations and attitudes, needs further study.

2.5 CONCERNS IN THE POSTPARTUM PERIOD

The general experiences in the post partum period have been broadly documented in the literature, and the early weeks after the birth of a baby have been identified as a stressful time (Le Masters, 1957; Dyer, 1963; Ross, 1968; Rubin, 1975; Gruis, 1977; Harrison and Hicks, 1980; and Bennett, 1981). Numerous studies have been conducted to explore mood changes ranging from tearfulness to clinical depression following childbirth (Braverman and Roux, 1978; Hayworth et al, 1980; Playfair and Crowers, 1981; Kendell et al, 1981; and Orr and James, 1984). These reports have produced widely varying results possibly due to some researchers referring to psychotic depression and others to less extreme states. All studies confirm the existence of a relationship between the post partum period and a mental health concern, and some studies found longer lasting effects.

There are other concerns that primiparas and multiparas have. Gruis (1977) surveyed 40 mothers ages 18 to 36, one month after delivery, in the United States. All mothers delivered a normal infant who was discharged from the hospital with the mother. The mothers did not have complications that required a longer than 4 day hospital stay and the mother was living with the father of the baby at the time of the study. The items presenting the major concerns were:

1. the return of their figure
2. regulating demands of husband, housework and children
3. emotional tension
4. fatigue
5. infant behaviour
6. finding time for self.

Overall, the items relate primarily to the tasks of physical restoration and incorporation of a new family member.

Harrison and Hicks (1980) also confirmed the existence of the many concerns women have in the early postpartum period. Seventy percent of the respondents (n=250) were concerned about regulating family demands, fatigue and emotional tension, the return of their figure to normal, exercise, and diet. Fewer women, but still 50-69 percent of the respondents, were concerned about infant feeding and infant behaviour. They also found that women with two or more children have significantly fewer total concerns, however, the difference lay with the number of minor concerns rather than the number of major concerns. The independent variables: maternal age; maternal education; number of children; maternal employment; family socioeconomic curve; attendance at pre-natal classes; number of public health nurse visits; participation in care of infant in hospital; length of hospital stay; method of infant feeding, and perception of stress, did not have a significant effect on the rank order of the concerns the women identified. This

suggests that the concerns apply to most mothers regardless of their specific situation. However, the questionnaire did not address the specific concerns of the mother who intends to return to her career.

Bennett in 1981 explored the 'common reality' of the puerperal experience in England by surveying initially 30 women to obtain a list of concerns. Ninety items were identified and rated by a further 48 mothers plus 12 of the previous 30 subjects. All subjects had been parous in the previous 12 months. The findings supported the notion of a 'common reality' described as a shared pattern of experience and produced a slightly different rating of concerns than did Gruis in 1977. Bennett's rating was:

1. Sleep disturbances
2. Total dependance of baby
3. Babies crying when cause can't be found
4. Worries about baby's health
5. Lack of freedom.

Bennett's study did find that 'giving up work' was rated as fourth in importance in the lifestyle change category but this would include, I suspect, those who gave up work permanently as well as those who were on maternity leave or changing employment. The timing of the studies could account for the differences in the rating of the subject's concerns, as many studies indicate the transition to the

parenting role has social, psychological, physical and cultural dimensions in constant interaction and should be considered a process. The longitudinal method of study better describes, generally, the transition period. Frankel and Wise (1982) used the longitudinal approach with working women and identified some of the implications of delayed parenting. They found that the stage of career development influenced the mother's success as a parent while working outside the home.

The stage of career development appears to be an important variable. Rapoport and Rapoport (1966) in their study of Work and Family in Contemporary Society include 'life cycle stages' in their conceptual framework. They felt that it was critical to our understanding that we consider life cycle stages when making generalizations about work-family relations (p. 386). Work and family spheres have their own sequence of stages. The timing of critical role transitions may determine the ease or difficulty in coping and reaching a satisfactory outcome. Thus, in the early career-establishment phase, married individuals must to some degree accommodate the demands of the work situation to domestic life (p. 391). Later, in the established career stage, the situation may more easily be revised. Though their study centered more on the career development of males, I would conjecture dual career development in a marriage increases the complexity of the accommodating

behaviour necessary for transition. One could speculate that adding the birth of a first child to this early stage of career development could result in a very different situation compared to that of the later established career stage situation.

When babies arrive they bring their own particular needs and characteristics to the dual career couple's relationship. Pedersen (1975) found a baby's individual temperament interacts with both parents' personalities, determining the quality and specific characteristics of the adaptation the family achieves. This was confirmed by Roberts (1983) who studied the impact of infant behavior on the ease of transition to parenthood. Irritable babies are particularly stressful for parents. Crockenberg (1981) found that social support was the best predictor of secure attachment for these mother/infant pairs. Little attention has been given to the role of infant characteristics despite a growing recognition that interaction is a reciprocal process involving both mother and infant (Sameroff, 1975).

Grossman et al (1980) found an extremely close tie between mother and first child, lasting at least through the first year of the baby's life. These children seemed strongly caught up in their relationships with their mothers. How this relationship affects a mother's ability to return to work after the birth of her first child is unknown.

Infant care requirements can have a direct relationship to the working mother's role. For example, infant feeding practices are directly influenced by employment. Sieber and Midgette (1985) found 38% of the women they interviewed cited "returning to work" as their primary reason for weaning their infant. Goodine and Fried (1984) reported that 18 women in their study who changed feeding practices (n=112) between 6 months and 12 months did so because they returned to work or school at that point. In a study by Chapman, Macey, Keegan, Borum and Bennett (1985), 50% (n=44) of the breastfeeding mothers expressed concern, mainly in the form of ambivalence, about returning to work or school. This concern peaked during the 5th week and 3rd month. One reason for this ambivalence could be that mothers frequently must change their mode of milk expression. Manual or electric breast milk expression is a skill that must be acquired by breastfeeding mothers, before returning to work (Reinfsnider and Myers, 1985). Fieldhouse (1984) found in his study that older mothers in "high" socio-economic groups were far more likely to breastfeed. This suggests career women may make decisions around these issues.

Locating and arranging for good childcare can also be stressful (Dunlop, 1981). Making the necessary medical appointments for routine immunizations or health assessments can be difficult to arrange. Reiter and Cox (1978) interviewed 20 career women and found that child care tasks

quickly took priority over household tasks which meant that the subjects had to learn to live with more disorder than before, which was at times frustrating.

Direct comparison of these studies reveals that there is a multiplicity of concerns and probably a 'common reality' of experience during the puerperal time. The influence of social changes such as women's employment patterns do impinge on adjustment in the fourth trimester. The effects of employment on the 'common reality' of the childbearing experience need further exploration.

2.6 DELAYED PARENTING

Education at marriage has been found to be the most important predictor of age at first birth (Rindfuss and St. John, 1983). Career development usually requires an aggregate of educational or experiential time both of which would tend to delay parenting by the career woman.

Hogan (1979) found that older pregnant women have special concerns. They identified feelings of displacement, belonging neither with their peers nor the younger women; and shame, revealed by pregnancy evidence that she was sexually active; or simply...."that one doesn't become pregnant in middle age." (p. 176). These concerns may or may not be carried over into the postpartum period depending on the woman's coping abilities. Frankel and Wise (1982) in

interviews and questionnaires found older mothers ... "felt less in control of their lives", felt in conflict about splitting their time between motherhood and career and found decision making difficult. When a baby has been so long awaited, the fears of losing it may be intense and this can complicate the decision making process (p. 224). These older mothers also felt they had lessened energy, and lack of freedom to space children. Their study also suggested that the concerns of the younger career women, 23 to 29 (average age 26, n=10) were often different than those of the older mothers 33 or older (average age 36, n=15). The sample size is small (n=25) but the method did allow for a descriptive approach touching on and exploring areas difficult to access by questionnaire. The study was over a 6-month period therefore it may have identified concerns for the older mother or career women that surface after the 4-week period that was used by Harrison and Hicks (1978).

In contrast, Mercer (1985) found that, although different age groups tend to function at different levels of proficiency, the pattern of behaviors over the first year did not vary (except for gratification in the role). This indicates that the maternal role presented similar challenges for all women and could be likened to Bennett's (1981) notion of a 'common reality', a reality which could last through the first year of motherhood.

Many career women have delayed childbearing until their careers are established. This delay appears to reveal a perception of a different experience for these women, yet the process of maternal role attainment appears to be similar for all age groups of women. Further knowledge about the process of this experience would be helpful.

2.7 RESOURCE USE BY MOTHERS

Given the large number of postpartum concerns and the specific areas of concern identified by Gruis (1977), Bennett (1981) and Harrison & Hicks (1980), as well as the specific concern of the older parent, how does the 'average' mother generally cope? Most studies do not separate employed from non-employed mothers. Guillot, as early as 1964, found that in her study of 131 postpartum mothers most of the mothers had planned for postpartum help during their pregnancy (p. 148). In 1977, Gruis found that the vast majority of her group (n=40) sought help from their husbands and that none of the mothers used the nurse as a source of help. In contrast, Kemp in 1980, using a telephone survey of 125 mothers, found that books were the main source of information for mothers (36.8%) with professional help being a close second (34.4-36.0%). However Harrison and Hicks (1978) confirmed Gruis's findings that the most frequently used resource was the husband. The next most frequently used resources were the doctor, and books/pamphlets. The

nurse was fifth. Despite nurses' professional activities with mothers they are not the most frequently used resource. A slight difference in resource use occurs when concerns relating only to the infant are measured. Here the doctor comes first, then books/pamphlets and husband third. The nurse remains fifth. These differences may be accounted for by the mother's specific needs. The type of assistance she needs, physical, informational, emotional or professional could dictate which resource she seeks to utilize. Unlike concerns, resource utilization was found to be influenced by some of the independent variables. Specifically, maternal age had a significant limiting effect on the use of the subject's mother as a resource. It is possible that older mothers may have more difficulty using this resource person. As many older mothers tend to be career women this could suggest a different resource utilization pattern. In fact Frankel and Wise (1982) found the trend among the older parents (n=15, average age 36) was the utilization of a caretaker in the home or of a family type day care arrangement. Often mothers created support groups for themselves. Unfortunately, the opportunity to compare this study's resource utilization pattern is hampered by the lack of information about the timing of the interview in relation to the birth. Does the utilization pattern or type of resource used alter with time? We do know, however, that in this study the first interview was before the baby was six months old. The resources a career woman may need during

the childbearing phase have not specifically been identified.

2.8 SUMMARY

This review of these, the most recent studies, indicates that overall there is a similarity of concerns during the late postpartum period, but little is known about the concerns of mothers planning to return to work. An attempt to document the experiences of this particular group of women could further expand our knowledge base at a time when large numbers of women are choosing to combine motherhood and career. What are the specific concerns of career women as they prepare for work re-entry? What are the coping styles they use? Which resources do they find useful during this period of transition? Research shows career women face problems which are subtle and complex. They live in an age of change and are part of a transition generation who live without a clear precedent. The addition of motherhood into their already busy lives presents a challenge few researchers have responded to.

Chapter III
RESEARCH DESIGN

3.1 INTRODUCTION

This study was designed to explore and describe the work re-entry concerns of primiparous career women in Manitoba. Qualitative and quantitative data were collected using an investigator developed Interview Schedule and a self reporting tool developed by Folkman and Lazarus (1980).

3.2 SUBJECTS

3.2.1 Target Population

The population selected for this study was primiparous women in the period two to six months after the birth of their first baby. All subjects had chosen to return to their careers within 6 months of the birth of their baby. Maternity leave varies from employer to employer. To obtain a base line for maternity leave, a Government service was used. The Manitoba Government's Maternity Benefit, when combined with an employer's benefit, usually covers 18-20 weeks leave of absence. This benefit appears to be started approximately two weeks before the expected date of confinement. In practical terms the mother was facing her

actual return to work usually between three and five months after the birth.

The literature is sparse regarding the variables involved in the mother's preparation and adjustment for work re-entry after the birth of her first child. The literature does indicate that the first few months at home produce many general conflicts and stresses (Larsen, 1966, Burke and Wier, 1976). Specifically, breastfeeding mothers' concerns about returning to work peaked around the 3rd post partum month (Chapman, et al., 1985). This indicated a fertile data collection time for this study.

Sheehan (1981) found that women who planned to return to work early, defined as six to nine weeks postpartum (p. 20), had the most difficulty in the initial transition to motherhood. How these women coped with the transition back to the workforce is unknown. The later part of this group of women is included in the sample. Availability of an infant care facility also influenced the choice of the investigator's interviewing period, as Day Care centers do not admit infants under 12 weeks without special permission from the Program Director (The Community Child Day Care Standards Act of 1982). The date of return to the work force, and hence the interview, was affected by the availability of suitable child care arrangements.

The rationale for selecting mothers with a first baby came from the literature related to the development of maternal behaviour which acknowledges that the experiences and concerns of mothers of second or later children may be different (Harrison and Hicks, 1978; Oakley, 1980).

This study was based on two closely linked critical transitions in the life cycle, the birth of the first baby and the return to work. To allow for data collection when a period of time greater than six months from the birth of the baby has elapsed prior to work re-entry would have reduced the mutual influence and altered the patterns of task accomplishment necessary for the new status required. Coping is a process which takes place through time in a nonlinear manner. Its effects alter the meaning of a situation and therefore alter the levels and kinds of stress involved at various stages of task accomplishment (Mechanic, 1970). A mother preparing for work re-entry who has spent a year at home with her child may present very different concerns from those of a mother who has spent only two months at home.

The Rapoport (1971) identified three broad work patterns:

"..."conventional" where the woman drops her career when she marries or has children, "interrupted" where the woman stops working when the children are small but intends to resume her career later, and "continuous" where the woman interrupts her career only minimally, or not at all, when she has children."(p. 20).

This study concentrates on the "continuous" pattern, not only because it is the fastest growing pattern and yet occurs with little precedent in social history, but because it is a highly stressful creative pattern in need of investigation.

3.3 THE SAMPLE

The subjects were selected using a convenience, non-probability sampling method due to the difficulty of accessing this target population two to six months after the birth of their baby.

Formal requests for a total of twenty subjects were made to various health and occupational settings in Manitoba: (1) Department of Health - Winnipeg Region, (2) Department of Health - Eastman Region, (3) Department of Health - Interlake Region, (4) City of Winnipeg Public Health, (5) Business Women's Club, and (6) Women's Network group (Appendix E). An abstract of the study was enclosed with the request (Appendix A).

The technique of snowball sampling was also used, again due to the difficulty of accessing and identifying this population by ordinary means. Women who were invited to participate were also asked to contact any of their friends or acquaintances who also met the criteria. If their friends or acquaintances were interested in more information or participating, they were asked to contact the researcher.

Though written, approved and submitted (Appendix E), an advertisement was not placed in Horizons magazine asking interested new mothers to phone for more information about the study, due to the extensive lead time required by publishers and the success of the snow ball technique.

Career women between the ages of twenty five and thirty five years of age were chosen. These women had completed the basic educational requirement for their careers and been able to develop their career path to varying degrees. Women over thirty five years of age were not included as the literature review found these women stated they experienced considerable difficulty adjusting to childbearing and this appears to be closely related to their age.

The subjects also met the following criteria: married or cohabiting with the child's father; no other children in household; English as a primary language; Canadian-born, American-born or Canadian Citizen for 10 years. The object of using these criteria was (a) to obtain a group of women with a degree of cultural homogeneity in reproductive attitudes (Kitzinger, 1978), (b) to reduce the confounding variables associated with single, parenting foster parenting, stepchild parenting or remarried parenting and (c) to reduce communication difficulties.

3.4 DATA COLLECTION TECHNIQUES

Two main data collection techniques were used: a) a focused, semi-structured, face to face interview using a questionnaire and b) a nonstructured self-report of a stressful situation followed by a structured checklist of non-ordered responses.

a) Semistructured Questionnaire

The focused face to face interview was appropriate for this study because it allowed for depth of data in an area that was very personal (Polit and Hungler, 1978). Ann Oakley (1981), on interviewing women, writes of the need for "...a collaborative approach to research...a joint enterprise." (p. 44) She states

"...it becomes clear that, in most cases, the goal of finding out about people through interviewing is best achieved when the relationship of the interviewer and interviewee is non-hierarchical and when the interviewer is prepared to invest his or her own personal identity in the relationship." (p. 41).

This can only be accomplished by using a 'face to face' situation. Further, when obtaining data during a critical phase in a woman's life which could be very stressful ie. work re-entry after the birth of a child, a balance must be struck between the warmth required to generate 'rapport' and the detachment necessary to see the participant objectively. Questions may elicit thoughts or feelings not previously identified by the mother. The interview method allowed the

researcher to respond by being supportive, providing explanations and even assisting in resource identification where necessary. The mother was not merely exploited as a source of data. Lastly, to obtain information not formally preconceived, a few partially open ended questions were used.

b) Non-structured self report and checklist

A self-report method was used because it has the very great advantage of using real life events which are stressful and have actually occurred in the lives of the subjects. This technique allowed the researcher to ascertain what the basic issues or problems were, how sensitive or controversial the area was, how individuals conceptualize and talk about role problems and what range of opinions or behaviours exist that are relevant to the situation. The self-report technique is especially useful when a new area of research is being explored (Polit & Hungler, 1978).

The major disadvantage of this method for this research was that sometimes subjects had difficulty isolating one stressful event or encounter from a myriad of small irritants (Brailey, 1984).

A second disadvantage was that there may have been selective distortions in self reporting. To reduce this, subjects were asked to identify a specific stressful event

which occurred recently in their lives and then to report on the coping strategies they used in relation to that specific event. Nelson and Craighead (1977) found that this method substantially reduces the selective distortions of self reporting found when subjects are asked how they generally perform.

After the identification of a specific event, the subject responded by identifying the coping strategies she used. This was done by using a checklist of coping strategies. A disadvantage of this technique is that the practice of presenting subjects with a prepared checklist, such as this one developed by Folkman and Lazarus (1980), may have provided "cues" which influenced responses (Zieme, 1982).

One subject chose to audiotape her stressful event, the other subjects chose to write theirs. Both methods facilitated the recording of answers which are complicated for open ended questions (Marriner, 1981).

3.5 DATA COLLECTION TOOLS

3.5.1. Interview Schedule

3.5.2. Report of Stressful Event and Ways of Coping Checklist (Folkman and Lazarus, 1980).

3.5.1 Interview Schedule

The Interview schedule was developed by the researcher as a suitable instrument could not be found (Appendix C). The instrument was designed to explore the validity of role concerns identified in the literature review, nursing case reviews in public health, and general conversations with professional career women, many of whom were mothers. The role concerns identified by this method fell into six basic categories.

- a) Cultural Normative Expectations
- b) Infant's Influence on Mother's Role
- c) Management of Postpartum Period
- d) Mother's Health
- e) Resources and Support
- f) Work Condition Factors

Each of these sections is prefaced by a brief introduction as "It should not be assumed that the respondent is psychologically geared to jump from one topic to the next without a brief preparation, nor that the proper way to indicate a response is obvious" (Polit and Hungler, 1978, p. 342).

a) Cultural Normative Expectations

Women vary in the importance they attach to the different areas of their lives and the degree to which they obtain or expect to obtain personal satisfaction from family life,

career and from other areas in their life (Fogarty, Rapoport and Rapoport, 1971).

The ten questions in this section sought to obtain information regarding role beliefs, feelings about present family situation, level of career commitment, experience in infant care and knowledge of infant care and work demands. These questions provided an indication of the importance of the issues, the level of commitment and process of integration. Two examples of the questions used were:

Interviewer

"Could you tell me which of these three situations best describe your beliefs about women's roles:

- a) A women's role should be primarily devoted to being a house-wife-mother.
- b) A woman must accept as important other activities and goals in her life (such as work outside the home) but I believe women should concentrate on housework, childcare, cooking, etc., and men should support the family financially, fix the car, mow the lawn, etc.
- c) A women's role basically is no different from a man's."

Response

(a) _____ (b) _____ (c) _____

Interviewer

"How much opportunity have you had to have an indepth discussion around the managing of a career and infant care with a colleague or friend."

Response

rated 1 (great deal) - 5 (none)

b) Infant's Influence on Mother's Role

The addition of a new member into a couple's life is a major transition period (Rubin, 1975). Each infant is unique in its demands, just as each mother is unique in her patterns of coping (Pedersen, 1975; Mercer, 1981).

This section sought specifically to identify the (a) ease of infant caretaking, (b) planned changes in infant feeding practices, and (c) mother's ability to identify her infant's needs.

c) Management of Postpartum Period

The new mother uses the postpartum period as a time of integration, of a shift from one role to another--career woman to mother. The ease of this shift and the level of mastery experienced after the move may determine the level of inter-role strain experienced in her preparation to return to her career. This section obtained a picture of the mother's efforts to master the role of mother and her level of satisfaction with that role. Examples of questions in this section were:

Interviewer

"Becoming a mother for the first time often requires a woman to learn new skills and ways of checking out problems. How frequently have you sought a health professional's advice, on average?"

Response

_____ weekly _____ bi weekly _____ monthly
 _____ bi monthly _____ not at all

Interviewer

"Reviewing the time from your baby's birth to today, how satisfied do you feel about your ability to manage your life with the new baby."

Response

Rated 1 (very satisfied) to 5 (unsatisfied)

d) Mother's Health

The amount of energy available to a woman for the psychosocial role transition to mother depends heavily on her physical health status (Mercer, 1977). A new mother who has experienced few child health complications has more energy available for role transition work. This section asked a question to determine the mother's evaluation of her health status since the birth. A separate group of questions explored the mother's psychological status since her baby's birth. This was included since mood changes or depression can be debilitating events which effect all levels of functioning and are frequently cited as concerns in the literature (Braverman and Roux, 1978; Hayworth et al., 1980; Kendall et al., 1981; Orr and James, 1984).

e) Resources and Support

Coping can occur before a stressful event (McGrath, 1970, p. 24). Preventative coping can be used to deter a potentially stressful situation and anticipatory coping can be used to alleviate some of the impact.

This section explored the mother's feelings, plans, supports and resources around work re-entry options.

Examples of questions used in this section were:

Interviewer

"As the day of returning to work approaches, do you feel the transition to the working mother role is going to be...?"

Response

Rated 1 (very difficult) to 5 (very easy)

Interviewer

"Have you made special plans which will help you when you return to work and try to manage the roles of mother, employee and wife?"

Response (list plans) _____

f) Work Condition Factors

Employed mothers face many difficulties (Hoffman and Nye, 1974; Rapoport and Rapoport, 1976; Galinsky, 1981). Fogarty, Rapoport and Rapoport (1971) identified five basic areas of dilemma that are the foci for strain in working couples: 1) overload dilemmas; 2) dilemmas arising from the discrepancy between personal and social norms; 3) identity dilemmas; 4) social network dilemmas; and 5) role-cycling dilemmas (pp. 432-368).

The questions in this section of the interview schedule were based primarily on these areas and the practical advantages or disadvantages offered by the subject's employers. Examples were:

Interviewer

"How supportive do you think your colleagues are going to be of your new dual role of working mother?"

Response

Rated 1 (very supportive) to 5 (very unsupportive)

Interviewer

"I am concerned about how others - friends, relatives, neighbours - are going to react to my return to full-time work."

Response

Rated 1 (strongly agree) to 5 (strongly disagree)

Interviewer

"Have you negotiated any special working arrangements with your employer or a colleague when you return to work?"

Responses If yes, what are they? _____

If no, why not? _____

Instrument Testing The Interview schedule was read by professionals knowledgeable in the areas of career development and/or motherhood. These professionals critiqued the questions for clarity of meaning and theoretical content validity. Infant feeding practices were added and the role satisfaction sections were reduced. The interview schedule was administered after this process to a small group of women (n=4) experiencing this transition period. This administration was to determine appropriate length of schedule, clarify ambiguous wording and receive feedback on the schedule's content. After the initial

administration, each of the women were asked "What do you think the question is referring to?" for each question. Four alterations in the wording of the questions were made. Length of the interview schedule was acceptable. No deletions or additions were suggested for the content areas. Two of the four women expressed delight in being asked questions on topics that they felt were so relevant to them at this time.

3.5.2 Report of Stressful Event and Ways of Coping Checklist

This tool was developed and operationalized by Folkman and Lazarus in 1980, and describes coping responses to commonly experienced life stressors. The tool has two parts:

Part One consists of a self report by the subjects. They are asked to identify a specific stressful event which occurred recently in their own daily lives. Details are sought about what led up to the event, who was involved, what it was about, what happened and what was at stake.

Part Two is a checklist called the "Ways of Coping." This checklist consists of 68 items describing a broad range of behavioural and cognitive strategies that an individual might use in a specific stressful episode. They include items from the domains of defensive coping (e.g., avoidance, intellectualization, isolation, suppression), information-

seeking, problem-solving, palliation, inhibition of action, direct action, and magical thinking. The checklist was binary, yes or no, and was always answered with the specific stressful event in mind (Appendix D).

The items on the Ways of Coping checklist are classified into two categories: problem-focused and emotion-focused. The problem-focused category includes items that describe cognitive problem-solving efforts and behavioural strategies for altering or managing the source of the problem.

Examples are:

- a) Got the person responsible to change his or her mind.
- b) Made a plan of action and followed it.
- c) Stood your ground and fought for what you wanted.

The emotion-focused category includes items that describe cognitive and behavioural efforts directed at reducing or managing emotional distress. Examples are:

- a) Looked for the "silver lining," so to speak; tried to look on the bright side of things.
- b) Accepted sympathy and understanding from someone.
- c) Tried to forget the whole thing.

The internal consistency of the classification of checklist items was evaluated by several methods all of which supported the problem-focused and emotion-focused classifications.

Other coping scales were considered for this study. Pearlin and Schooler's (1978) scale offers an advantage of a third category of classification. This third type of coping response includes responses that function to control the meaning of the problem, or appraisal of the situation. This appraisal-focused coping category overlaps Lazarus's appraisal process. Lazarus and his colleagues do not conceptualize the cognitive appraisal processes as a coping category but include appraisal as a coping process. Pearlin and Schooler's model does offer a wider selection of responses which control the emotional distress itself after it has emerged. These responses are not directed to the problems themselves but function as stress management (e.g. watching T.V., using alcohol, relaxation, exercise, etc.). Folkman and Lazarus (1980) include some of them in the emotion-focused category. The opportunity for the subjects to identify these or other coping activities not listed, as an option, was made available by using an open-ended question (#69). Pearlin and Schooler's (1978) scale closely paralleled this research in its conceptual base, i.e., role theory and coping strategies but the scale was too general in its application, seeking responses to various situations rather than one specific event. The scale also covered areas not directly applicable to this study.

Billings and Moos (1981) and Fleishman's (1984) measures are similar to those of Pearlin and Schooler's in that they

are non-situation specific and examine the personality characteristics that people draw upon to assist them to cope with threats posed by events and objects in the environment. These measurements were rejected because they define coping in terms of immutable personality traits and general dispositions or orientations, a concept not central to the dynamic theories upon which this study is based.

This study was at the descriptive level of inquiry for a specific situation. Folkman and Lazarus's (1980) scale is at a basic level, differentiating problem-focused from emotion-focused coping, well suited to this level of inquiry. Consensus on a clear-cut typology of coping still remains to be achieved (Fleishman, 1984). Proposed typologies do not yet offer precise distinctions among types of coping. Dealing primarily with a problem and emotional-focused coping scale seemed open to the least amount of ambiguity.

3.6 PROCEDURE FOR DATA COLLECTION

Access to both formal and informal networks was sought following, where prescribed, formal research protocols for entry. Five methods were initiated to make contact with potential subjects. However only two proved to be useful.

The two methods used were 1) requests for access to subjects via Health Units and 2) mothers who knew other new mothers i.e. the snowball technique.

1. After contact by telephone to ascertain the appropriate protocol for submissions in three Department of Health Regions and Central Office, a formal written request was made. Preliminary investigation identified that most agencies required a) covering letter b) proposal outline and c) investigator's ideas for possible access points. Access points that met the Department of Health ethical guidelines and practical considerations were:
 - 1) presentations at Prenatal Classes by investigator limited to five minutes;
 - 2) information given to post partum mothers by Public Health Nurses and interested mothers contacting the investigator directly.
2. Mothers contacted by the above method #1 were asked by the investigator to tell their friends, prenatal/postnatal contacts, colleagues or other new mothers who might participate in the study. If they were interested they made direct contact with the investigator. This process was aided by a very brief written outline of the project and criteria for selection which mothers could use when promoting the study.

Other methods which were considered by this investigator were 1) formal advertisement in Herizons magazine and Nursescene 2) access to formal women's organizations during

the summer months. All required extensive lead time and for this reason they were not used.

Following this initial process, subjects were (a) approached in person to determine their interest in participating in this study, or b) they responded by telephoning the researcher for more information after having heard about the study. They were informed as to the purpose of the study and the nature of the questions. Upon the subject's willingness to participate, preliminary questions were asked to establish if subject met the study criteria, and to obtain a basic demographic picture of each subject who did . This included name, address, phone number, age, length of employment, and date subject planned to return to work. If possible, an appointment for the home visit was made at this time. If the appointment was more than two weeks away a confirming letter was sent (Appendix E).

A phone call was made by the researcher 2 to 3 days before the appointment day to confirm, once again, subject's willingness to participate and the date and time of the interview. At the time of the interview the consent form was signed (Appendix B) and other demographic data collected (see Appendix D). The researcher began with the Interview Schedule to allow for guided focusing of the subject before requesting a description of a stressful event. If no such incident took place in the last month the subject was asked to recall a situation during the month previous to that.

Finally the subject was asked to complete the "Ways of Coping" Checklist for the incident she had just described. The subject was thanked for her participation in the study by the investigator.

3.7 RESEARCH QUESTIONS

The analysis was based on the three research questions previously identified for this study:

1. What are the work re-entry concerns primiparous women face as they prepare to return to their careers?

Six categories were identified as potential areas of concern and formed the basis for the Interview Schedule:

- 1) Cultural normative expectations
- 2) Infant's influence on mother's role
- 3) Management of postpartum period
- 4) Mother's health
- 5) Resources and support
- 6) Work condition factors

Within each of these categories, questions at the interval, ordinal, nominal and descriptive level were used. It was possible to measure the type and frequency of concerns for each category, the number of concerns for each subject and, to a limited degree for a few categories, the intensity of the concern. Using demographic information, the type and number of concerns were compared with 1) employment status on work re-entry, i.e., full-time or part-time, 2) age of

infant on work re-entry, 3) attendance at Prenatal Classes, 4) type of birth, i.e., vaginal or Ceasarean, 5) presence of complications after labor and delivery, and 6) a planned or unplanned baby. These characteristics have been identified in the literature as possible moderators.

The subjects were asked to describe a major concern in the second part of the interview using 'The Report of a Stressfull Situation and Coping Checklist'. This was to provide an opportunity to obtain information on concerns with more depth. These qualitative descriptions were classified using a content analysis model described by the researchers Folkman and Lazarus (1980). Each situation was classified independently by two expert nurses and the investigator as to what it was about, who was involved, and how it was appraised. Broad theoretical categories or themes were sought to describe what each coping episode was about. Inter rater agreement was 85%. Of the three remaining stressful situations, two were categorized after clarification and discussion with the investigator, and the remaining situation required a second contact with the mother which was done by the investigator. Categories which were used to identify the "person involved" were: (1) self only, (2) person(s) at work, (3) family member(s), and (4) others.

Finally, episodes were classified as to the participant's cognitive "appraisal" of the situation they described.

Participants were asked to indicate, on the final page of the Ways of Coping Checklist, which of the four statements described the situation for which they had just completed the checklist.

In general, is this situation one

- a) that you could change or do something about?
- b) that must be accepted or gotten used to?
- c) that you needed to know more about before you could act?
- d) in which you had to hold yourself back from doing what you wanted to do?

To obtain an indication of the level of stress experienced during the episode described, the question "On a scale of one to ten, how stressful was this situation for you?" was added by the investigator.

2. How do primiparous women cope with work re-entry stressors prior to returning to their careers?

Data were collected by the use of Folkman and Lazarus (1980) Ways of Coping checklist. This is a checklist of 68 items describing a broad range of behavioural and cognitive coping strategies that an individual might use in a specific stressful episode. The checklist is binary, yes or no, and is answered with the previously described stressful event in mind.

The items of the checklist were separated into problem and emotion-focused coping strategies. Analysis performed

on these coping scores focused on comparisons with the situational factors identified in the subject's stressful episode: 1) context, 2) person involved, and 3) appraisal. Perceived level of strain was also compared to the coping scores. Descriptive statistics were used to detail significant relationships.

3. Which resources prevent or moderate the stress of role transition for primiparous women as they prepare to return to their careers?

Information addressing this question originated from a) 'fixed-alternative' questions, eg., Have you had experience in infant care, in the past by: paid job or career? b) 'open-ended' questions, eg., Has your baby's behaviour or health influenced your feelings about returning to work? Explain _____, and c) partially open-ended questions.

Data analysis focused on the frequency of response to each alternative for fixed-alternative questions in order to gain some sense of the subject's and samples' experience and/or use of these resources. Other questions which were open-ended or partially open-ended were examined for themes or units using the content-analysis categorization techniques.

After identification of the resources involved, their ability to prevent or moderate strain, as perceived by the subjects, was categorized broadly. This provided for the

identification of those resources, both human and material, which were thought to be the most useful generally and for specific items.

3.8 PROTECTION OF RIGHTS OF SUBJECT

Two essential requirements of any research are informed consent and ethical conduct. Respect for the individual's rights demands that subjects enter into research voluntarily and with enough information on which to base a decision of whether to participate in the research (Northrop, 1981).

To protect the rights of individuals in this research potential subjects were (a) given a verbal explanation of the process and purpose of the study, (b) given a description of the benefits reasonably to be expected, (c) offered the opportunity to ask questions concerning the process of inquiry, (d) instructed that they were free to withdraw their consent and to discontinue participation in the research at any time without prejudice to them, (e) given assurance of confidentiality and anonymity, (f) told of the voluntary nature of their participation, and (g) offered a copy of the results if they so desired.

The investigator believed that by following the above procedure, partially based on the United States Department of Health, Education, and Welfare: Protection of Human Subjects (1979), informed consent was obtained using

ethically sound practices. Those subjects wishing to participate indicated their intention during the preliminary contact. During this contact information about the process and purpose of the study was provided, reinforced or elaborated. The proposed benefits of the study were also described. The respondents were informed of their right to withdraw at anytime. If the respondent met the prescreening criteria for the study, the investigator negotiated a convenient appointment date and time with the respondent for the interview. When there was a delay greater than two weeks, a letter was forwarded to the respondent with a brief summary of the date, time, and place established for the interview, and a phone number at which the interviewer could be reached (see Appendix E).

At the previously negotiated interview time and before the interview took place, the respondent's written informed consent was obtained. Two copies of this formal consent (see Appendix A) were provided. One was retained by the respondent for their information, the other by the investigator in a locked file separate from the data to ensure respondent's anonymity. Only the investigator had access to this file. The respondent was advised that the consent forms were to be destroyed upon completion of the thesis to maintain confidentiality. Where an audio tape was used, the response was cleared by electromagnetic device after it had been transcribed. Respondents were advised

during the process of consent that only the investigator and research typist had access to the raw data. At this time respondents were also advised that the raw data may be retained in the event that secondary analysis was desirable at a later date.

At the end of the interview the respondent was once again advised of the right to withdraw from the study at any time. Lastly, each respondent was offered a summary of the results, if they so desired.

The data collection period took approximately two months. The degree of risk to the subjects who participated in the research was considerably less than the value of the knowledge that was gained by this study for the benefit of subjects, their families, employers and society as a whole.

3.9 SUMMARY

The research design allowed for the exploration, analysis and description of the work re-entry concerns of primiparous career women in Manitoba.

In view of the lack of research related to this critical life transition a small sample size (n=20) was chosen to ensure time for the collection of rich data. Snowball sampling provided the best means of obtaining participants.

Where possible an existing methodological validated tool was used: Report of Stressful Event and Ways of Coping Checklist, developed by Folkman and Lazarus (1980). However, a new tool, the Interview Schedule was also required. This schedule was theoretically, professionally and consumer based. Six categories were identified as potential areas of concern and formed the basis for the Interview Schedule. The data presented in the next chapter 'Analysis' was collected using these two tools.

Chapter IV
DATA ANALYSIS

4.1 INTRODUCTION

The data organization in the analysis section reflects the purpose of the study which was to describe the difficulties career women face on work re-entry after childbearing, identify the coping strategies they use and ascertain the resources which prevent or moderate role strain.

Twenty career women/mothers participated in this study over a period of two months. The data they supplied were collected by the use of an investigator developed and piloted 'Interview Schedule' and a tool developed by Folkman and Lazarous (1980), 'Report of Stressful Event and Ways of Coping Checklist'.

Once collected the quantitative data were scored and coded by the investigator and transposed to a computer file where they were analyzed using S.A.S. programs for frequency, correlation and, where appropriate, levels of significance. Normality was set at the Shapiro-Wilk statistic, w ($\alpha = .25$), Shapiro and Wilk (1965).

Qualitative data were obtained by the use of open ended questions and verbatim recording. Where content analysis was required two expert nurses were also asked to independently identify the major themes and theoretically categorize the stressful situation.

The presentation and analysis of findings are organized in the following sections:

- 4.2 PROFILE OF SAMPLE - ANTECEDENT CONDITIONS
- 4.3 SITUATIONAL INFLUENCING FACTORS - MODERATORS
- 4.4 CONCERNS IDENTIFIED - STRAIN
- 4.5 COPING STRATEGIES USED FOR SPECIFIC CONCERNS - REACTIONS
- 4.6 GENERAL RESOURCE NETWORK - MODERATORS

The above sections follow the structure of Allen and Van de Vliert's (1982) dynamic Transitional Process and parallel the conceptual categories identified in the literature review.

4.2 PROFILE OF SAMPLE: ANTECEDENT CONDITIONS

The first section addresses those factors preceding this study which could influence the career women/mother transition period. The factors previously identified as being antecedent are a) sociobiographic information b) obstetrical history c) infant care experience d) cultural normative expectations and e) relationships between cultural normative expectations and demographic characteristics.

a) Sociobiographic information. Table 1 illustrates the sociobiographic characteristics of the career women/mothers in this study. The age range of mothers was 25-34 years with 13 between 25-30 years of age.

Most mothers (17) were college or university graduates. Urban mothers constituted 60% (n=12) of the sample, rural 40% (n=8) . The largest number of mothers (15) had been working 3-8 years. One mother had been employed for 17 years.

All subjects worked full-time before their baby's birth. Six subjects had decided to reduce to part-time status on work re-entry. Others (n=4) would have liked to have this option. Of the 8 subjects who were in health related careers, two subjects felt they had had a moderate amount of exposure to infant care activities early in their careers. In the non-health related careers, two subjects had had brief or minor contact with infant care activities. The greater proportion of mothers (n=14) intended to return to their careers 20-25 weeks after their baby's birth.

b) Obstetrical History

Of the subjects, 15 had planned their conception (Table 2). All but one mother had attended part or all of a Prenatal Class series. The vaginal birth rate was 16 with one subject experiencing minor complications from this group. Four mothers had Cesarean Sections with one mother in this group experiencing minor complications.

TABLE 1
 SOCIOGRAPHIC CHARACTERISTICS OF CAREER WOMEN/MOTHERS
 (N=20)

CHARACTERISTICS	No.	%	CHARACTERISTICS	No.	%
<u>Mothers age (years)</u>			<u>Pre-baby working status</u>		
25-26	4	20	Full-time	20	100
27-28	8	40	Part-time	-	-
29-30	1	05		<u>20</u>	<u>100</u>
31-32	3	15			
33-34	4	20			
35	0	0			
	<u>20</u>	<u>100</u>			
<u>Length of employment in years</u>			<u>Post-baby expected working status</u>		
3-5	8	40	Full-time	14	70
6-8	7	35	Part-time	6	30
9-11	2	10		<u>20</u>	<u>100</u>
12-13	2	10			
14-16	0	0			
17	1	5			
	<u>20</u>	<u>100</u>			
<u>Educational level</u>			<u>Health vs Non Health Professional Mothers</u>		
Less than High school	1	05	Health related career	8	40
High school graduate	2	10	Non Health related career	12	60
College Diploma	8	40		<u>20</u>	<u>100</u>
University Bachelor	8	40			
University Master	1	05			
University Ph.D.	0	0			
	<u>20</u>	<u>100</u>			
<u>Area of residence</u>			<u>Baby's age on work re-entry (wks)</u>		
Urban	12	60	16-17	2	10
Rural	8	40	18-19	2	10
	<u>20</u>	<u>100</u>	20-21	8	40
			22-23	2	10
			24-25	4	20
			26	2	10
				<u>20</u>	<u>100</u>

TABLE 2
Obstetrical and Postpartum History (N=20)

CHARACTERISTICS	No.	%	CHARACTERISTICS	No.	%
Attendance at Prenatal Classes			Age of infant at time of interview (wks)		
yes	19	95	8-11	8	40
no	1	5	12-15	6	30
			16-19	3	15
	<u>20</u>	<u>100</u>	20-23	3	15
				<u>20</u>	<u>100</u>
Birth Method			Conception Planning		
Vaginal	16	80	Surprise Baby	5	25
Cesarean	4	20	Planned baby	15	75
	<u>20</u>	<u>100</u>		<u>20</u>	<u>100</u>
In-Hospital postpartum health					
No complications	18	90			
Minor complications - hemorrhage	2	10			
	<u>20</u>	<u>100</u>			

All infants were single births and identified by the mother as being healthy and free of any medical condition. The infant sample was comprised of 10 boys and 10 girls.

c) Infant Care Experience

The type of infant care experience held by the subjects before the birth of their own infant varied (Table 3). Many had babysat as teenagers while a few had recent experience babysitting for a friend.

TABLE 3

Type of Infant Care Experience of Career Women/Mothers Pre-Birth (n=20)

TYPE OF EXPERIENCE	INFANT CARE EXPERIENCE	
	YES	NO
Profession/Job Related	4	16
Sibling Care	4	16
Extended Family Infant Care	9	11
Teenage Babysitting	13	7
Recent Babysitting for a Friend	3	17
Other	1	19

The amount of infant care experience the subjects had had before the birth of their own infant also varied (Table 4). Ten mothers felt they had had a great deal of experience caring for infants. However only three of these ten subjects had had recent experience. Three subjects had not had infant

care experience before the birth of their own infant, four had had a little experience in one of the six categories and three had had a medium amount of experience in one of the

TABLE 4

Level of Infant Care Experience of Career Women/Mothers Pre-Birth (n=20)

INFANT CARE EXPERIENCE	FREQUENCY
Great Deal	10
Medium	3
Infrequent	4
No Contact	3
	—
	20

categories.

Ten subjects had not had or had very little opportunity to discuss managing a career and infant care with a colleague or friend, and 17 experienced the same situation with health professionals. Where the mother had had the opportunity, the Public Health Nurse was the most frequently identified Health Professional.

Cesarean section mothers (n=4) all had a moderate amount of in depth discussion on the managing of a career and

infant care with a colleague or friend but only one mother had briefly spoken with a health professional on this subject.

A quarter of the subjects (n=5) had read more than three books or articles on managing a career and infant care, while eight had not read any.

d) Cultural Normative Expectations

Table 5 outlines the cultural normative expectations of the sample.

Noticeably none of the women felt a woman's role should be primarily devoted to being a housewife-wife-mother. Generally the subjects stated they were in favour of married women engaging in a career or a job which added interest to and/or supplemented the family income. Their responses toward volunteer work (not for salaries) were less definitive and frequently contained a qualifying statement or a question. Examples of their comments are "It depends on exactly how much time is being spent", "I'm only in favour if the woman doesn't have children as well", and "Do you mean when she has a career or when she is at home for awhile with her children?" When role preference for women is compared to attitudes towards a married women's activity in a career or job little difference is found. Most of the subjects (n=17) were strongly in favour of both careers and jobs for women. When asked about their own work life 16

TABLE 5
CULTURAL NORMATIVE EXPECTATIONS
(N=20)

BELIEFS	No.	%	EXPECTATIONS	No.	%
<u>Women's Roles</u>			<u>Satisfaction with Childbearing plans</u>		
Traditional	0	-	yes	5	25
Modified	7	35	mostly yes	7	35
New Role	<u>13</u>	<u>65</u>	Ambivalent	3	15
			Mostly no	4	20
	<u>20</u>	<u>100</u>	No	<u>1</u>	<u>05</u>
				<u>20</u>	<u>100</u>
<u>Voluntary Activity</u>			<u>Level of stress re: society's expectations</u>		
Strongly favour	7	35	Not stressful	10	50
Favour	9	45	Not really stressful	1	05
Neutral	3	15	Average stress	3	15
Against	<u>1</u>	<u>05</u>	Stressful	3	15
	<u>20</u>	<u>100</u>	Extremely stressful	<u>3</u>	<u>15</u>
				<u>20</u>	<u>100</u>
<u>Priorization of own career</u>					
Priority over partners	1	05			
Equally shared	11	55			
Partners' slightly ahead	<u>8</u>	<u>40</u>			
	<u>20</u>	<u>100</u>			
<u>Solutions to case study</u>					
Mother quit work	0	-			
Mother work part-time	2	10			
Father change expectations	3	15			
Both reduce work time	15	75			
Other	<u>0</u>	<u>-</u>			
	<u>20</u>	<u>100</u>			

still felt they had a career, however, 4 now felt a recent change had occurred and they thought of their work more and more as a job. All four were still in favour of women having careers but only one was strongly in favour. As part of a working dyad these women had little hesitation responding to career prioritization with their partner. For 11 subjects it was shared career development. Of these 11, 9 subjects also believed in an equal partnership in a working dyad, which was congruent with their beliefs about women's roles - a woman's role basically is no different from a man's. Eight of the subjects placed their partner's career ahead of their own and one subject felt her career took priority over her partner's at this point in time but expected a change in this prioritization when her partners career was settled.

When presented with a case study, 15 subjects chose a solution that required both parties to respond to the situation equally. This response required both partners to reduce the amount of time worked despite the fact that 6 of these mothers had placed their own partner's career ahead of their own (Table 5). Noticeably none of the subjects felt the mother should stop working. The subjects in total had a range of feelings towards the question "Do you feel you are doing what you always wanted to do in having a baby to look after?" Eight subjects were either ambivalent or answered this question with a no (Table 5).

The sample was split when subjects were asked to consider their new role of career woman/mother and society's expectation of mothers. Eleven subjects felt it had not been a difficult area to deal with, six felt it had been stressful and 3 felt it was extremely stressful.

e) Relationships between cultural normative expectations and demographic characteristics of the sample are presented as a conclusion to the section "Profile of Sample". No correlation was found between the samples beliefs about women's roles and their own work plans and the demographic variables.

Subjects who believed in a modified role for women (n=7) generally were satisfied with their present situation. Those subjects who had chosen the new role for women (n=13) did not demonstrate this trend, rather they covered the full range from satisfaction to dissatisfaction (Table 6).

TABLE 6

Level of Satisfaction with Present Situation Compared to Beliefs about Women's Roles

Satisfaction with Present Situation	BELIEFS ABOUT WOMEN'S ROLES		
	New Role	Modified Role	Traditional Role
yes	1	4	-
mostly yes	5	2	-
ambivalent	2	1	-
mostly no	4	-	-
no	1	-	-
TOTAL	13	7	0

4.3 SITUATIONAL INFLUENCING FACTORS: MODERATORS

This section covers four of the general areas which may have the ability to modulate the degree of strain experienced during this transitional period. They are a) Infant interaction b) Post partum management c) Mother's health and d) Work condition factors.

a) Infant interaction: When asked to rate ease of baby care sixteen mothers felt their baby was average or easy to care for. Four mothers described their baby as difficult to care for. Ease of baby care appeared in this sample to increase as experience with the care of a relative's infant increased (Pearson's χ^2 0.5, $p = 0.006$, see Table 7).

TABLE 7

Level of Babysitting for Relatives Compared to Ease of
Babycare (n=20)

Babysitting for Relatives	Difficult	Average	Easy	Very Easy
Great Deal	-	-	-	1
Medium amount	-	-	1	1
Very little	-	2	2	2
No contact	4	3	2	2

Ease of baby care was also significantly related to satisfaction with motherhood role (Pearson's $r = 0.8$, $p = 0.001$). The greater the ease of baby care the more satisfied mothers were with their role. Seventeen mothers stated their feelings generally about returning to work had changed since baby's birth. Fifteen of these mothers felt their baby's care, their needs or health had influenced their feelings about returning to work.

All non-health professionals (n=12) felt their feelings about returning to work had changed in contrast to health professionals (n=8) where five said there was a change. Non-health professionals in this study chose to return to full-time employment with a ratio of 11:1 compared to health professionals at 3:5.

At the time of interview (range 8-25 weeks) nine mothers were still breastfeeding and felt their choice of feeding method was not influenced by their intention to return to work. In contrast five of the eight bottle feeding mothers and two of the three mothers using a mixed pattern were strongly or very strongly influenced by their intention to return to work (Table 8).

TABLE 8

Influence of Work Re-Entry Plans on Choice of Infant Feeding Method (N=20)

Influence of Work Re-Entry on Chosen Feeding Method	Type of Feeding Method Being Used		
	Breast	Bottle	Mixed
Very strong	-	1	2
Strong	-	4	-
Average	-	-	-
Weak	1	1	-
Not at all	8	2	1
TOTAL	9	8	3

Mothers who were solely breastfeeding (n=9) perceived the work re-entry changes in breastfeeding as more stressful than the mothers (n=3) using a mixed pattern. Of the 12 mothers who had identified that they were still

breastfeeding, in total or in part, 8 felt they would reduce breast feeding on work re-entry and 4 felt they would stop breastfeeding. When asked how stressful these changes would be for them 9 felt it would be stressful or extremely stressful (Table 9). None of the mothers felt they could continue breastfeeding as they had been before work re-entry and all felt some stress would be involved.

TABLE 9

Relationship Between Proposed Management of Breastfeeding on Work Re-entry and Level of Stress (n=12)

MANAGEMENT OF BREAST FEEDING	LEVEL OF STRESS				
	EXTREMELY STRESSFUL	STRESSFUL	AVERAGE	NOT REALLY STRESSFUL	NOT STRESSFUL AT ALL
Stop	1	1	2	-	-
Reduce	3	4	1	-	-

The longer the length of employment the less work re-entry stress breastfeeding mothers felt (Pearson's $r = 0.63$, $p = 0.29$). A strong correlation also existed between a high level of partner support for breastfeeding at work and mother's identification of the present level of ease of baby care (Pearson's $r = 0.74$, $p = 0.006$, Table 10). Where

partner support was 'not very supportive' breastfeeding mothers had chosen not to breastfeed or to reduce breastfeeding when they returned to work.

TABLE 10

Influence of Partner's Level of Support for Breastfeeding and Perceived Ease of Babycare (n=12)

Partners Support	Ease of Babycare			
	Difficult	Average	Easy	Very Easy
Extremely Supportive	-	-	-	1
Very Supportive	-	-	2	2
Supportive	-	-	-	2
Not Very Supportive	-	3	-	-

All breastfeeding mothers intended to change their pattern of breastfeeding on work re-entry. (Table 11). Four mothers planned to stop breastfeeding entirely, eight intended to reduce the frequency of breastfeeding. Four of these mothers were using a manual breast pump and/or hand expression regularly (at least once per week). Two mothers did not use these methods regularly and two mothers did not use either method (Table 12).

Four mothers intended to stop breastfeeding on work re-entry and used infant suckling as the only method of breast milk expression.

TABLE 11

Proposed Management of Breastfeeding on Work Re-entry (n=12)

Management of Breastfeeding	No	%
Stop	4	33.3
Reduce	8	66.6
No Change	0	-
	—	—
	12	99.9

TABLE 12

Method and Frequency of Non-Infant Suckling Breast Milk Expression by Mothers Who Intend to Breastfeed While Working (n=8)

METHOD OF EXPRESSION	FREQUENCY OF USE		
	Regularly	Occasionally	Not Used
Manual Breast Pump only	-	2	5
Hand Expression only	3	-	4
Both Manual Pump and Hand Expression	1	-	7
	—	—	
	4	2	

When asked what they perceived as the greatest hindrance to breastfeeding at work the responses were varied. However eight mothers gave the response 'having enough time to do

it', three mothers identified 'being relaxed enough to do it' and three responses supported 'finding a place to do it - privacy'.

b) Postpartum management. Twelve mothers had not sought assistance from health professionals at all or had sought

TABLE 13
Frequency of Advice Seeking

Not at all	5
1 time/2 months	7
Monthly	6
1 time/2 weeks	2
	<hr/> 20 <hr/>

assistance on average bi-monthly (Table 13). Length of employment (Table 14) appeared to influence frequency of advice seeking from professionals on motherhood issues (Pearsons $\chi^2 = 0.55$, $p = 0.01$). Mothers were mostly satisfied with their new role of mother. However two mothers were mildly unsatisfied and six mothers felt 'average' - neither satisfied nor unsatisfied. Six mothers felt their career had partially intruded on their time with their infant and three mothers felt they had done work on their careers during this period but that it did not intrude on their responsibilities of motherhood. Mothers who had a higher educational level experienced a greater need to do

TABLE 14

Relationship Between Length of Employment and Frequency of Advice Seeking Behaviour

Length of Employment	Frequency of Advice Seeking				Total
	Bi-Weekly	Monthly	Bi-Monthly	Not at all	
0-2 yrs.	0	0	0	-	0
3-4	1	2	2	-	5
5-6	-	3	3	-	6
7-8	-	1	1	2	4
9-10	1	-	-	-	1
11-12	-	-	1	1	2
12+	-	-	-	1	1
TOTAL	2	6	7	4	20

TABLE 15

Level of Career Intrusion

Level of career Intrusion	Grade School	High School	College Grad	University Grad	Master Grad
Career very demanding	-	-	-	-	-
Career partially intruding	-	-	-	5	1
Career partially on hold	-	-	1	2	-
Career totally on hold	1	2	7	1	-
TOTAL	1	2	8	8	1

career work during the post partum period (Table 15). All but one mother felt that the specific experience of the motherhood role had influenced their feelings about returning to work. One mother felt the influence to be positive "Things have gone well so I don't fear the next stage as I thought I might". Other mothers responded with:

1. Unwillingness to leave the baby whom they now enjoyed and fear of missing the baby's development; (6 responses)
2. Baby was now the most important thing in their lives whereas previously their career was; (5 responses)
3. Experiencing fear about not being able to cope with baby and career demands. (4 responses)

c) Mothers Health. Mothers were asked to rate their health status during the time they had been home with their baby. The majority of mothers (n=14) stated they had been healthy. Of these mothers, only one described the ease of baby care as difficult while eleven mothers felt their babies were easy to care for. In contrast, for those mothers who described themselves as less than healthy (n=6), three described the ease of baby care as difficult and the remaining three felt "average but not easy" better described their situation (Table 16).

TABLE 16

Relationship Between Mother's Health & Ease of Baby Care

Mother's Health	EASE OF BABY CARE				
	Very Easy	Easy	Average	Difficult	Very Difficult
Very healthy	4	1	-	-	-
Healthy	2	4	2	1	-
A few irritating problems	-	-	3	3	-
Unhealthy	-	-	-	-	-
TOTAL	6	5	5	4	0

Fifteen mothers stated they experienced a period of crying during their hospitalization or just after returning home. Eight mothers continued to have further symptoms over a two week period. After being home for three weeks five mothers had one or more periods of two weeks where they experienced major symptoms of depression. All five subjects experienced listlessness and irritability, anxiety and/or depressed mood and low concentration. Four of the five experienced fear/avoidance of social contacts and appetite and/or sleep disturbance. All five subjects experienced four or more of the seven major symptoms of depression.

Health status influenced the return to work feelings of nine mothers. Two of these mothers had experienced major symptoms of depression and felt returning to work was going

to challenge their coping skills. Of the remaining mothers, three stated they were relieved about their good health as this would make the transition easier; three mothers decided they would only be able to cope if they worked part-time; and the remaining mother felt she now needed to unexpectedly adjust psychologically to being a mother and career woman.

d) Work condition factors. Mothers (n=11) felt that their relationships or interaction patterns would change for female colleagues. Explanations for this change were broad. Examples of their responses are: that they now would be included in child care conversations (4 subjects), that they felt a 'common bond' was bound to change interaction in many ways (4 subjects), and that they felt a greater identification with and understanding of the problems of colleagues with children (5 subjects).

All health professionals (n=8) expected a change in their collegial relationships however only three of the non-health professionals did (n=12). Of the remaining nine non-health professional mothers, three felt that their relationships or interaction patterns would remain unaltered and gave reasons for this such as: "the people I work with are all single and young so we had little in common anyway"; "Why should it? I've only had a baby - I'm the same person"; "I don't know if it will - I haven't changed - so no, I don't think so". The other mothers (6) felt they hadn't thought about this at all and were unable to state why they felt there would not be any change.

In contrast the majority of mothers (15) felt that their relationships or interaction patterns would not change for male colleagues. Explanations for this were that men were not interested in changes like motherhood therefore no reaction was expected (2 subjects), they felt they were the same person so why should the men change (2 subjects), and there may be a difference but it would not change their relationship with them (2 subjects).

Three mothers felt once again that they had not thought about this issue enough to explain why they felt a change would not take place. Two mothers felt they really did not have a high enough level of male interaction to judge accurately but felt if they did, a change would not take place.

A change in relationships or interaction patterns with male colleagues was expected by five mothers. Samples of the responses by two or more subjects were that 1) they felt they now had a common ground with male parents so there would be more things to share and 2) they felt the relationship would change not because their male colleagues would perceive them differently, but because they perceived themselves differently with the extra role of mother.

When asked how compatible their new role of motherhood was with their work, the sample was divided. Nine mothers felt their work was compatible, nine mothers felt it was not

and two mothers were unsure. Where they considered their work was not compatible they were asked to say why. Mothers identified two major areas that presented the greatest concern/adjustment. Overtime, willingly done in the past, was now a major problem. This included working late, attending conferences, trips out of town, committee meetings during the evening, bringing work home and being on call. The second area involved incorporation of child care activities into or around their work life. Mothers anticipated very early rising to get organized for the day, the necessity of help from husband and breastfeeding activities would have to be arranged as did babysitting. One mother stated "Motherhood adjusts to the job not the other way around". Preplanning for childcare services by seven mothers did not alter the mother's feelings of incompatibility. However of those who felt their work was compatible (n=9) with motherhood all had made childcare arrangements.

Mothers were found to be vague about the benefits and/or services their employer generally offered to mothers of small children or infants. Those identified by more than one subject were maternity leave (n=20) ranging 17 weeks to 6 months and special leave days for child sickness (n=3).

When mothers were asked why they thought employers did not offer more services beyond the basic maternity leave option nine mothers identified:

1. Low priority of infant/child care by employer (n=2)

2. Little employee pressure/demand
3. Union non-support of more part-time staff reducing an option which would help childbearing women to cope
4. Poor turn out to meetings on these issues
5. Males making decisions on budgets
6. Small companies can not afford to offer services (n=2)
7. Non-subsidized Day Care at work too expensive.

Two mothers stated they felt that this was a problem for the couple to solve not employers and five mothers did not feel they knew why more was not being done to help new mothers. All mothers stated that more assistance was needed.

When asked what special working arrangements they had negotiated, with their employer or a colleague, when they return to work, ten mothers identified these options:

- part-time work (n=4)
- job sharing (n=1)
- later a.m. start (n=1)
- working part-time out of home (n=2)
- flex-time (n=3)
- use of holiday time to reduce work week (n=1)
- emergency leave if child is sick (n=1)

Seven mothers had not negotiated special arrangements. Five mothers felt it was too early to do this and two mothers felt no options were offered/available to them.

Three mothers had tried to negotiate special arrangements but failed. One had been refused special consideration by her supervisor while the other two mothers said the people they reported to were not receptive to discussing the situation with them and no formal mechanism was in place to do anything else.

Mothers were asked what options they would like to have offered by employers. All mothers were able to identify one or more options. The following is a list of the most frequently identified options together with the number of mothers who identified that option.

	<u>No. of Mothers</u>
1. Flexible hrs/days	8
2. Job sharing	6
3. Day Care in same building/area	6
4. Part-time work	5
5. Reducing time worked but > than 1/2 time	5
6. Extended maternity leave (optional)	5
7. Reliable and safe Day Care for infants	5

4.4 CONCERNS IDENTIFIED: STRAIN

This section will present a) the general concerns identified by the sample and b) specific case study concerns, with background information.

a) General Concerns. Society's expectations for new mothers and their personal beliefs were a concern for seven of the mothers. Six of these mothers found the stress of this issue to be higher than they had expected. Mothers who were breastfeeding and wanted to continue after work re-entry all felt the changes required to do this were stressful and a major concern for them. Fifteen mothers felt the transition to the working mother role was a concern and would be difficult or very difficult. Eleven mothers indicated that the level of support and assistance during this re-entry time was a concern and ten mothers felt the stress associated with this was more than the level expected.

Generally mothers agreed that the organization of activities was a concern (Table 17). All but one felt the reaction of neighbours and friends to their work re-entry not a concern. The changes and balances between their career and motherhood was a strong concern but the decrease in contact with friends and relatives was not seen as a problem. A less clear picture was obtained for long term planning. Mothers were asked if they were concerned about how well their parenting role was going to fit in with their long term career aspirations. Twelve mothers thought it was a concern, five did not and three mothers had not considered this issue although their pregnancy was planned. Mothers of surprise babies (n=5) all felt that long term planning was a concern for them.

TABLE 17

Relationship Between Type and Level of Concern

TYPE OF CONCERN	LEVEL OF CONCERN				
	Strongly Agree	Agree	Not Considered	Disagree	Strongly Disagree
Organization	12	6	-	2	-
Reaction of friends/ neighbours	1	-	-	11	8
Balance of career/ motherhood	15	3	-	1	1
Decrease in contact with friends and relatives	2	2	-	15	1
Balance/fit of parenting/long term career aspirations	5	7	3	5	-

Areas of concern identified by the mothers and perceived as not being addressed in the questionnaire were solicited by an open-ended question. All mothers identified at least one concern. The average number of responses was 2.8 ranging from 1 to 6. The mothers identified four main areas of concern related to work re-entry. The first group of concerns was directly related to their infant. They were concerned about the quality of care given by non-family members, the safety of their infant in a private family home

or day care situation and the long term effects of non-parent caretaking or day care on their infant's growth and development, in particular the infant's psychological development. Locating a reliable and safe babysitter or family daycare was also difficult for the majority of these mothers (n=14). Others felt they could or already had located a sitter but due to shift work, working late or travel felt it might not be successful.

The second group of concerns were related to the mothers' individual needs. Mothers felt guilty about leaving their infant with a non parent caregiver, they referred to their present lack of energy and a fear that on work re-entry they would have an even lower energy level. Many mothers appeared to be grieving the loss of leisure time or time for self.

The third area of concern related to their relationship with the baby's father upon work re-entry. Once again they felt the demands of motherhood had already reduced their time with their partner. They felt that on work re-entry the situation would become even more difficult as they tried to assist their partner to cope with fatherhood when their own energy level was low. The lack of extended family support was also noted as a concern.

The final area of concern involved the mothers' career. Mothers expressed ambivalence towards the adjustment

required in their career path. They wondered how their professional commitments could be adjusted or given to another person and felt generally there was a lack of information about career and parenting issues.

b) Specific case study concerns.

Mothers were asked to recall a specific recent stressful event they had experienced (and may still be) related closely to their work re-entry plans. They were asked to describe the event and include place, people involved, what was done, and why it was important to them.

For eleven of the events the situation was appraised by the subject as 'one that must be accepted or gotten used to'. For nine of these events the mother had previously stated that the transition to a working mother was going to be difficult or very difficult.

Issues focusing on Day Care Services were the most frequently identified stressful events (n=8). The levels of stress and strain associated with these events were very high. Specifically, the events were identified as stressful due to:

1. Uncertainty about the safety, type or level of infant care available in private home situations [4 mothers].
2. Difficulty locating a care giver and information about that person [3 mothers].

3. Conflicting information about the private home situations and day care staff/child ratio [1 mother].

This mother's description of a stressful event gives insight into the child care situation.

The most stressful event for me has been trying to find adequate child care for _____. The event occurred when I began calling up a list of people that a girlfriend had recommended. On this particular afternoon after several weeks of screwing up my courage to begin calling, I called the second number on my list. The woman answered the phone yelling at some children in the background. She interrupted the conversation to yell at them a second time. In addition, she indicated that she would drop one part-time child to take on my full-time child. This lack of commitment to her families indicated a quality that I didn't think would be a good influence on _____. Perhaps on the surface this may seem as a minor event, but it represented for me, my fears about entrusting my child to someone who may not be caring and respectful of _____.

Four mothers identified marital relations as the area which presented an event of greatest stress. Specific events, were identified as stressful due to

1. Finding time for husband particularly the re-establishment of the intimate relationship [2 mothers].
2. Perceived lack of caring or willingness to assist by husband when mother was under stress [2 mothers].

The following event identifies a marital relations situation that one mother described as extremely stressful

This situation is ongoing. My baby is still fussy and requires a lot of attention. How will I ever find the time to be close to my husband again? Two weeks ago we had an argument and he stormed out angry. The baby was 'cranky' and I wasn't coping well. He said he was forgotten in all this; we never made love (which isn't true)

anymore. I said it will improve - he said when?? After he left I thought, but I start work again in 6 weeks! It will get worse not better. I just can't find the time or energy to do everything. We have not resolved this problem.

Three mothers described a stressful event which centered around their infants' health care needs. Two of these infants had experienced a short period of mild illness which had been stressful. Further, they felt stress once again when they considered how they would try to cope with their infant if the infant became ill when they returned to work. These mothers both held positions that had a major responsibility for individuals which was difficult for another employee to assume. The third mother felt stressed because she was in conflict about breast feeding. As an administrator she felt her career was dictating the way she could feed her baby. She felt caught by society's norms for the family and the necessities of business practices.

Five mothers described role conflict and role transition events which were stressful. The mothers were attempting to restructure their work time to meet the needs of their present situation and finding the process difficult.

This mother's description is an example of a stressful role transition event.

I had planned on returning to work full-time - to my old position which was in administration, involving much supervision of staff, travelling throughout the Province, and varying amounts of overtime, due to meetings after-work, etc. During my maternity leave, it became increasingly apparent that it would be a terrible panic to try

and go back to that job, as well as be a good mother, wife, etc. My house is important to me, so we had discussed alternatives, such as Maid Service, etc. but I didn't feel comfortable with that. I just couldn't see how life would be "enjoyable" if I was going to try and work everything in - but then I felt I was giving up a job which I had worked hard to get.

I phoned a friend and colleague and we went for lunch to discuss my problem. I felt she would understand, having 2 children and a career which is important to her too. I knew in the end it would have to be my decision though and that was to go back part-time so I could fit everything into life without going crazy.

The level of stress experienced by the mothers did not appear to be related to the type of event experienced. When a mother's age and years of employment were compared to the type of stressful event the mother had described as the most stressful, there was a tendency for older mothers with longer years of employment to choose an aspect of day care services. Mothers 25-28 years old described events which related more to Role transition or Marital relations (Table 18).

TABLE 18

Relationship of Mother's Age to Choice of Most Stressful Event (n=20)

Mothers Age	Daycare Services	Role Transition	Marital Relations	Infant Health
35	-	-	-	-
34	3	-	-	-
33	1	-	-	-
32	1	-	-	1
31	1	-	-	-
30	-	-	-	1
29	-	-	-	-
28	-	2	2	-
27	2	1	1	-
26	-	1	-	-
25	-	1	1	1

4.5 COPING STRATEGIES USED FOR SPECIFIC CONCERNS: REACTIONS

The tool used for this study was a process tool which identified how a person copes with a specific stressful event. A few collective trends can be seen and these are briefly presented. In more depth, this section identifies relationships within each event and within categories of events.

Eight mothers described an aspect of Day Care Services as the most stressful event occurring in the last month and related to their decision to return to work. Seven mothers rated the experience as extremely or highly stressful (Table 19). The people involved in these situations were friends,

TABLE 19

Level of Stress Experienced for Specific Stressful Events

TYPE OF EVENT	LEVEL OF STRESS				
	Ex. High	Very High	High	Mod	Low
Day Care (n=8)	6	1	1	-	-
Role Trans (n=5)	1	2	2	-	-
Infant Health (n=3)	1	2	-	-	-
Marital Relations (n=4)	3	-	1	-	-
	—	—	—	—	—
	11	5	4	0	0

family members or infant caretakers. One mother had not involved anyone in her concern. (Table 20). The number of

TABLE 20

People Involved in the Specific Stressful Event

TYPE OF WORK	Self Only	PEOPLE INVOLVED		
		Person(s) at Work	Family Members	Others
Day Care (n=8)	1	-	1	6
Role Trans (n=5)	3	2	-	-
Infant Health (n=3)	-	-	2	1
Marital Relations (n=4)	1	-	3	-
	—	—	—	—
	5	2	6	7

coping strategies used, ranged from 4-32 (mean 17.5). More emotional focused than problem focused strategies were used

TABLE 21
Coping Strategies used for Specific Groups of Stressful Events

TYPE OF EVENT	COPING STRATEGIES		Ratio
	Problem Focused	Emotional Focused	
Day Care (n=8)	55	85	2:3
Role Trans (n=5)	40	79	1:2
Infant Health (n=3)	34	51	2:3
Marital Relations (n=4)	32	53	3:5

by the eight mothers (ratio of 3:2) (Table 21). Four mothers felt the situation was one that they must accept and three mothers felt they needed more information before they could act. One mother felt she could change the situation (Table 22).

Four mothers described a stressful event relating to marital relations. Three of these mothers were extremely stressed. Most mothers (n=3) involved their family in the concern. However one mother, who rated the event as a 'high' level of stress, rather than extremely high had not involved anyone else in the concern. The total number of emotional focused coping strategies used were slightly higher for this group than problem focused strategies with a ratio of 5:3.

TABLE 22
Mothers Appraisal of Special Stressful Events

TYPE OF EVENT	APPRAISAL			
	Can Change	Must Accept	Need More Information	Held Back
Day Care (n=8)	1	4	3	-
Role Trans (n=5)	-	5	-	-
Infant Health (n=3)	-	1	2	-
Marital Relations (n=4)	2	1	-	1
	—	—	—	—
	3	11	5	1

The appraisal of the situation varied, as illustrated in Table 22.

Events involving role transition (n=5) varied in the levels of stress they caused. Three events were not shared with another person and two involved person(s) at work. In this category emotional focused strategies were once again more frequently used than problem focused strategies by a ratio of 2:1. All but one of the mothers felt their situation was one that must be accepted or gotten used to. The other mother felt she was holding herself back from doing what she wanted to do.

Three mothers cited infant health care needs as the most stressful situation for them. The events were rated as very stressful. They all involved family members or friends.

Mothers again used more emotional focused strategies than problem strategies with a ratio of 3:2. Two mothers felt they needed to know more before they could act and one mother felt the situation must be accepted or gotten used to.

Generally a few trends were presented by the coping strategy data. Five coping strategies were not used by any of the respondents for their specific concern. These were:

1. Got the person responsible to change his or her mind;
2. Got professional help and did what they recommended;
3. Realized you brought the problem on yourself;
4. Took a big chance or did something very risky;
5. Refused to believe that it had happened.

The five most frequently used coping strategies were:

1. Waited to see what would happen;
2. Let your feelings out somehow;
3. Talked to someone about how you were feeling;
4. Just took things one step at a time;
5. Wished that the situation would go away or somehow be over with.

The coping strategies that were not used by anyone and those which were most frequently used come from both the emotional and problem focused group.

4.6 GENERAL RESOURCE NETWORK: MODERATORS

The two main moderators chosen for this study were a) the general structure and type of support systems and b) extent of pre-planning activity.

a) Structure and type of support system

When mothers were asked to assess their situation for levels of general support and assistance only one mother felt she had more opportunities than anyone could ever use. The majority of the mothers (n=14) had average levels of support with just a little extra for emergencies, four had average levels of support but nothing for emergencies and one mother felt she had few opportunities for support and assistance at that time.

Eleven mothers in this study felt that the level of support and assistance available to them generally was a concern. Nine of the mothers considered this concern to be above average or extremely stressful.

When asked about support and assistance specifically around the work re-entry transition mothers described their partners as very strongly supportive (n=6), providing an average amount of support (n=12) and neutral (n=2). The primary resource persons for mothers when needing a helpful person with whom to discuss concerns about motherhood and career were husband (n=14); mother (n=2); female friend

(n=2); none (n=2). Husbands were the most often cited helpful person (n=15) when needing to discuss concerns about motherhood and its relationship to work re-entry. Mothers were second in frequency (n=6). Husbands were frequently the only person (n=8) and the majority of mothers (n=12) could only name one person as helpful. Two mothers felt they did not have a helpful person to discuss these concerns with.

Colleagues were generally seen as supportive (n=15) of career and motherhood roles. Three mothers did not know if their colleagues would be supportive of their dual role of working mother. Two felt their colleagues were unsupportive. Responses from questions designed to elicit identification of material supports or special services provided by their employers were vague and infrequent (see Section 4.3 Work condition factors). All mothers identified maternity leave as a benefit being offered by their employer. For fourteen mothers this was the only benefit identified.

Thirty percent of mothers (n=6) had read one article on work re-entry and motherhood. Eight mothers had not read any.

Mothers were asked which resource would they pick which would prevent or moderate the stress involved in returning to their career? Many of the responses (n=15) referred to infant care needs.

1. Trustworthy babysitter	8
2. Relative to babysit in own home	3
3. Licenced in-home babysitter	1
4. Live-in babysitter	1
5. Day care at office	2

Other responses centered more on household assistance such as their partner or non family member providing assistance with housework.

Finally one mother felt more support from her family would really assist her to cope and two mothers felt if a financial incentive was offered to them to stay home and look after their baby they would choose that option.

b) Extent of pre-planning activity

Six mothers had decided prenatally or during the early post-partum period to reduce their work status to part-time. One mother reduced her working status to part-time before conception but returned to full-time before the birth took place. Two other mothers had tried but failed to obtain their employers' approval.

Discussing the pre-work early a.m. schedule with their partners to be able to accommodate everyone's needs had been done by two mothers. One mother had changed her position to reduce the hours she would work. None of the non-health professionals (n=12) had made, or were able to make special employment plans.

Nine mothers stated their choice of infant feeding method was influenced by their work re-entry plans. Breast feeding mothers (n=12) were more likely to make employment changes to accommodate breastfeeding if their partner was very supportive of their breastfeeding activity (Pearson $r=0.76$, $p .0039$).

When mothers were asked to identify specific planning they had done to manage the roles of mother, employee and wife, a range of pre-planning activity was seen.

Childcare: Thirteen mothers were in the process of finalizing plans for child care. In-home or family day care was chosen by seven, a relative as a sitter was chosen by two, three infants were on the waiting lists of Day Care Centres and one husband was taking over child care. Three mothers stated they had not taken any action but had thought about Day Care. Other child care plans for individual mothers involved rotation of baby care at night (n=1) and arranging for casual babysitting (n=1). Four mothers had not considered child care arrangements. These mothers also felt their work was not compatible with their new task of motherhood (n=2) or they were unsure of its compatibility (n=2).

Housekeeping: When considering planning for housekeeping, three mothers had made arrangements for a cleaning service and one mother had thought about this option. Another

mother had plans to reorganize her kitchen cupboards to have quicker access to daily used items and to better organize the new baby's items. Yet another mother had plans to move her husband's clothes to another room to reduce the pre-work early morning noise. Two mothers stated they had not made special housekeeping plans as they expected their partner to assist them more but both stated they really had not discussed this yet. Fourteen mothers felt they had not done any pre-planning for housekeeping tasks.

Other: Mothers were asked to identify other plans or activities they felt they had done which were strongly related to work reentry. The items eight mothers identified were:

- purchase of a microwave (2)
- purchase of a dishwasher (2)
- purchase of a BBQ
- purchase of extra baby supplies and equipment for sitter
- purchase of an extra car to be able to take baby to family day care
- investigation of a Nanny service
- planning a one week vacation with partner (alone) before work re-entry
- planning for "Babysitters Bag", ie. diapers, bottles, creams, etc.
- preparing freezer dinners

Three mothers felt they really had not made any plans for work re-entry. All three were intending to return to work.

When discussing pre-planning activities, mothers generally wanted to discuss the process of pre-planning. Frequently mothers stated that the planning activity was more than a single item or activity and that what they had done was not always effective or what they really wanted to do.

4.7 SUMMARY

The data from this study were analyzed using both quantitative and qualitative methods. The framework developed by Allen and Van de Vlerts (1982) was the format for presentation. Within the framework conceptual categories specific to a career woman's/mother's transition from full-time motherhood to career woman/mother were maintained. Antecedent conditions were described and various moderators were presented. The mother's concerns were specific and in some cases the level of stress was identified. Each mother identified a particularly stressful personal situation and these were categorized. Mothers identified the coping strategies they used for this stressful situation. Lastly mothers identified those resources which assisted them in a general way or for a specifically stressful or potentially stressful situation.

The next chapter will discuss the results of the study, make recommendations based on the results and present the study's implication for nursing.

Chapter V
DISCUSSION AND CONCLUSIONS

5.1 INTRODUCTION

The purpose of this study was 1) to describe the difficulties primiparous career women face on work re-entry after childbearing, 2) identify the coping strategies they use and 3) ascertain the resources which prevent or moderate role strain. Allen & Van de Vliert's (1984) model provided the organizational process for examining the transition from mother to career woman and mother. Role theory was used as the basis for understanding the shift from one role to another. The resulting role strain and the management of the stressor was described using the coping theory of Folkman & Lazarus (1980).

Twenty mothers preparing for work re-entry participated in this descriptive study over a period of two months. A face to face semi structured interview was used with each subject based on categories previously identified from a literature search, discussion with professionals and parent reports as they related to this transition period. Subjects were also asked to complete a self report on a recent stressful event related to work re-entry and to identify the coping strategies they used during that event.

Chapter five determines the meaning and value of the collected and analyzed data. The discussion of the results is organized using Allen & Van De Vliert's (1984) model. The components of the model are presented individually though some integration was necessary for discussion purposes. The components contain both the theoretical and practical implications of the findings guided by the three research questions.

5.2 SUMMARY

Generally mothers in this study, attended prenatal classes, had very little infant care experience prior to the birth of their infant, had planned conception and planned to return to work 20-25 weeks after the birth of their infant. Most of these mothers supported the idea of women with children working but frequently found it necessary to compromise their own career. A trend toward a belief in shared career prioritization was found but not substantiated in descriptions of action taken.

The mothers in this study had a range of feelings towards their new responsibilities. Those who believed in the modified role for women were generally more satisfied with their present situation. Infant behaviour in this study was an important determinate in the mother's adaptation to her new role. Mothers of average or easy to care for infants were more satisfied with their role of mother. Most mothers

felt their feelings about returning to work had altered. Both successive role occupancy and single role transitions provided satisfaction for the mothers in this study. A mother's own postpartum health status was related to her perception of her infant's ease of care and her ability to cope with the stress of work re-entry. There appeared to be a relationship between the postpartum period and mood changes. A high level, 75 percent, of the subjects experienced mood changes ranging from crying to major symptoms of depression. Part-time work was an option only for health professionals.

Mothers identified many concerns. Society's role expectations and their own beliefs were in conflict. The transition to working mother was expected to be difficult. Organizing activities and balancing demands were seen as major concerns. Mothers were concerned about finding child care, the fit between the parent role and longterm career aspirations, changing infant feeding methods/routines and integrating child care activities and work schedules. Mothers identified internal/emotional struggles, intimate wife/partner dilemmas and work/professional concerns. If a common reality exists it was within the realm of mother-infant attachment. Few mothers had anticipated the depth and strength of the bonds between themselves and their babies and its influence over their work re-entry decision making. Frequently mother's concerns centered more on obtaining

external resources, suggesting a shift from 'incorporation of a new family member' to that of 'incorporation of a new family member into their work life'.

In an attempt to cope with prior or ongoing stressful work related situations during the previous month, mothers had used both problem and emotion focused coping strategies. Variability rather than consistency predominated across situations. Overall, when an event was appraised as having the potential for amelioration, or one where they needed more information, more problem focused coping was used. Negotiating, a coping strategy, was not identified as being used to address role transition concerns.

The resources which prevented or moderated the stress of role transition for these primiparous women as they prepared to return to their careers demonstrated both commonality and variability. These mothers felt they had an average amount of support and assistance for child care. However the sample was less homogenous when general support and assistance was addressed.

Husbands/partners were identified as the most frequently used work re-entry resource persons. Subject's own mothers and Health Professionals were rarely identified as work re-entry resource persons.

Mothers felt society was supportive of the dual role of career woman/mother. However, they were divided on their

feelings about work/motherhood compatibility. Mothers used few written resources on work re-entry issues. Most mothers expected to experience changes in their relationships with female colleagues. However, a change in relationships with male colleagues was not anticipated. Mothers stated they had few options when considering their own personal work re-entry needs. No single option would meet the personal work re-entry needs of all the mothers in this sample. However, when the category of need is broadened to general resources which would reduce work re-entry stress, the majority identified obtaining childcare services.

Various levels of work re-entry preplanning activity had taken place for childcare needs, employment issues and housekeeping demands. However, no preplanning activity related to marital relations and work re-entry was identified.

Only mothers choosing to use bottle or mixed infant feeding methods were influenced in their choice by work re-entry plans. Breast-feeding mothers appeared in this sample to need husband/partner support to be successful in breastfeeding and working.

Examination of case studies for resources used identified a few trends. For childcare concerns, mothers attempted to contact the person/facility directly. For marital relations concerns, the partner or an extended family member was

involved. In role conflict situations, colleagues or self only was the resource, and friends with young children were used for infant health care concerns.

5.3 PROFILE OF SAMPLE: ANTECEDENT CONDITIONS

Mothers in this study had a higher than average rate of attendance at Prenatal Classes compared to the general prenatal population of Manitoba. This may reflect a greater acceptance of receiving knowledge using classes or group meetings. However, it may be the result of the methodology which used snowball sampling. Expectant mothers frequently only get to know other expectant mothers at Prenatal classes so are more likely to refer them to the investigator.

This study confirmed data that new mothers frequently have very little infant care experience prior to the birth of their infant. Occupation - health professional vs. non-health professional - did not influence the level of infant care experience a mother had had.

Mothers in this study planned to return to work on average 20-25 weeks after the birth of their infant. All had been a mother for at least 8 weeks. Although these mothers are also career women, the length of time they had been mothers and the intensity of the role enactment denotes a semi permanent shift from one position to another or a role transition, for most mothers. This transition is

considered to be semi permanent as all mothers identified they intended to return to work thereby activating the latent position of career woman into a manifest one. This return to their career woman role is complex and termed role alternation or the successive occupancy of two positions. Most of these mothers stated they supported women with children having jobs and careers. However, 10 (50%) mothers unexpectedly found themselves seeking part-time work rather than returning to full-time work, in order to cope with the stress involved in managing successive occupancy of two positions. This supports Poloma et al's (1981) study that married professional women with children find it necessary to compromise their professional careers. Four mothers found that during the experience of motherhood they now preferred that role and the role of career woman was felt to be altered to that of a woman who works in a job. These mothers had invested a considerable amount of themselves in their career, making this a very difficult yet significant change in their self concept. It is possible that the option to stop working altogether was not an option for these women, as none of the mothers in the study considered this an option when presented with a case study. Volunteer work may also have been a difficult choice, as mothers appeared to be torn between their role of mother and their own personal need to work. There was a suggestion in the responses that it was not totally acceptable to work outside the home, leaving the care of their infant to an outsider,

unless their work was for income necessary to the family budget.

When attitudes towards career prioritization (husband vs. wife) were explored using a case study situation, a definite trend towards shared career prioritization was seen. This trend was also confirmed in the mother's own career situation. It appears that these mothers believed that compromise, the coping strategy noted in much of the dual-career literature as the mechanism used by married career women, should now be considered a shared coping strategy for some couples. However, in practice the majority of these couples (15) did not use the compromising strategy as a coping mechanism in their report of a stressful event. This suggests an attitude change may have taken place but the behaviour change has yet to come regarding shared career compromising. If this attitude is not held by their partners, it may not be a feasible coping strategy for the mothers in this study.

No correlations were found between the subjects' beliefs about women's roles and their own future work plans. For a small subgroup of the sample, there was a difference between what was believed to be a woman's role and what they were able, at this point in time, to actually do. For example, six mothers, when considering a case study, chose a solution that required both parties to respond to the situation equally by each reducing the amount of time they worked

outside the home. These same mothers had, however, prioritized their own partners' careers ahead of their own. Once again a belief was established as present, but the behaviour was absent.

The new mothers had a range of feelings towards their new responsibilities. Many mothers (n=12) felt they were doing what they always wanted to do in having a baby to look after. However, other mothers (n=8) were ambivalent or felt this was not true for them. Of this group all but two had planned conception. This suggests that, although babies are frequently planned and women have built a career before the childbearing phase, many women may not have seen this as a major goal in their life. This finding contrasts with the findings of others (Poloma, 1981, Yahalem, 1979, and Tangri, 1972) who found, using various populations, that most women wish to become mothers. Perhaps this can be explained by the rapid changes in society and the increase in the numbers of couples now choosing a childfree marriage.

Noticeably, those mothers who believed in the modified role, ie. sharing of responsibilities but gender specific, were generally satisfied with their present situation. Those who believed in the new role ie. a woman's role is basically no different from a man's did not demonstrate this trend. It may be that women have more success in taking small steps towards equality in the home situation rather than in quickly changing traditional roles. Mothers may

have believed in the new role but lacked partner support. Perhaps the infant's birth had influenced the couple's beliefs or behaviour in some way. The birth may have elicited new maternal or paternal feelings which challenged previous beliefs and behaviours.

5.4 SITUATIONAL INFLUENCING FACTORS: MODERATORS

In this study, experience in caring for the infant of a relative increased a mother's perceived ability to care for her own infant. Experience with a relative's baby may assist the mother to better read her own baby's cues thereby making her feel good about her ability to provide for her infant.

When the mothers felt their infants were average or easy to care for they rated their satisfaction with the motherhood role as high. Babies bring their own characteristics and particular needs to the infant care situation. This supports the work of Pedersen (1975), Roberts (1983), and Sameroff (1975) who identified infant behaviour as an important determinant in the adaptation a family achieves.

The presence of their infants affected the mothers feelings about returning to work. Mothers were caught up in their relationship with their infant. This confirms the work by Grossman et al (1980) who found an extremely close

tie between a mother and her first child. Seventeen mothers felt their feelings about returning to work had changed. All non-health professionals felt their feelings had changed. Eleven of the twelve non-health professionals were returning to full-time positions although some have would preferred part-time. It is possible that the job flexibility available to some health professionals enables some of them to better plan their return to their careers.

Mothers who had continued with some aspect of their career which they felt had intruded on the time with their baby during the post partum period demonstrated similar feelings of satisfaction with their ability to manage their life with the new baby as mothers who had placed their careers totally on hold during this period. This lends support to the uniqueness of coping and the need for flexibility in options for career women during the postpartum period. For some mothers, the ability to develop and maintain successive role occupancy, rather than single role transitions, provided satisfaction; for others the single role transition did the same.

Interestingly, mothers who had a high level of education experienced a greater need to do career work during the postpartum period. This could reflect the heavy investment they had in their careers, be a feature of positions with autonomy in which responsibility was difficult to transfer and/or represent mothers who were able and wanted to do both mothering and career work.

A mother's postpartum health status was related to her perception of her infant's ease of care. Fourteen mothers said they were and had been healthy, and of these all but one felt their babies were average or easy to care for. In contrast, of the six mothers who described themselves as less than healthy, three described their babies as difficult and none felt their baby was easy to care for. As relationships between mother and infant are reciprocal in nature (Pedersen, 1975; and Roberts, 1983) further data would be required to interpret these findings.

This study strongly suggests the existence of a relationship between the postpartum period and mood changes. The study found both very early postpartum mood changes (in the first few days), early postpartum mood changes (between homecoming and the first 3 weeks) and later depression. Twenty five percent of the sample experienced major signs of depression lasting two weeks or more beyond the third postpartum week. Further study is required to determine if the external stressor - work re-entry - is associated with the high proportion of careerwomen/mothers who experience depression.

A mother's health status influences her feelings about work re-entry. Mothers who were in less than good health felt they were going to find it difficult to cope with the adjustment necessary for work re-entry. Although these mothers were all medically healthy at the time of the

interview, six mothers felt they would be unable to cope with full-time work re-entry. Only the health professionals felt they had the option of part-time work, a coping strategy ten mothers stated they would like to be able to use.

5.5 CONCERNS IDENTIFIED: STRAIN

Research Question #1

"What are the work re-entry concerns facing primiparous women as they prepare to return to their careers?"

In 1969 Rapoport and Rapoport's study identified 'personal norm dilemmas' as a foci of stress for dual career families. This was found to be true for seven mothers in this study who found society's role expectations for new mothers, and their own beliefs, were more stressful than they had expected. This concern was not directly related to friends and/or neighbours who were seen as supportive, but referred to the mothers' perception of society's expectations as a whole. Despite the shift to social support for working mothers (Frankel, 1982), seven mothers in this study still felt in conflict with society.

This study supports Allen and Van De Vliert's (1984) model which identifies role strain as being a normal part of any role transition. Fifteen mothers felt the transition to the working mother role was a concern and would be difficult for them.

The level of support and assistance available during the work re-entry time was a concern for eleven mothers. This is an important transitional strain moderating factor which, if absent, could place these mothers at risk for acute cognitive and affective disturbance during this period. Mothers in this study were not aware of any program which assists mothers during this transitional time.

The organization of activities was a major concern for eighteen mothers in this study. This adds to Gruis (1977) and Harrison and Hicks (1980) studies which identified 'regulating family demands' as a major dilemma for postpartum women. This study would suggest the concern extends beyond the postpartum period for women who intend to return to their careers.

Eighteen mothers also felt a strong concern about their ability to balance the initial changes brought about by work re-entry. How would they be able to balance career and motherhood? This supports Rapoport and Rapoport's study (1969) that role conflict due to conflicting demands of new parenting and career was found to be a significant dilemma.

These mothers are already in the transitional process of organization, disorganization and restructuring that occurs to accommodate the shifts in the new parenting role. The accommodation for most career women/mothers is a dual shift. The majority of new mothers in this study were restructuring

their roles within the family unit while knowing that further disorganization and restructuring awaited them upon work re-entry.

A few mothers (5) felt comfortable with their parenting and career plans beyond the work re-entry period. These mothers had all addressed the major concern of child care prior to this study and may possibly have felt a measure of control over their planning ability for the future. Twelve mothers, ten of whom had addressed child care plans, stated they were concerned about their parenting role and its fit with their long term career aspirations. This suggests that childcare planning may not be the only factor which influences a mother's feelings about future parenting and career role satisfaction. This concern could also be a reflection of the mother's desire for a high level of achievement (Barnett, 1971; Rice, 1979) in the new role of career woman/mother. It may also be connected with feelings of ambivalence found in the answers to open ended questions soliciting concerns not addressed in the questionnaire. Mothers are not sure if they can perform both roles to the levels they would like to achieve.

Three mothers stated that they had not thought about the long term fit of their parenting role and career aspirations. These mothers stated they had done little (one mother had a casual babysitter) to nothing in the childcare preplanning area. These three mothers did not feel

society's expectations were a concern for them and felt their most stressful event in the last month had to be accepted or gotten used to. These mothers did not appear to be more stressed than other subjects, suggesting this difference may just reflect the coping styles these women use.

All mothers who were breast feeding (12) felt the changes required in their breast feeding routine on work re-entry were going to be stressful. The reasons for this stress were identified as: having to stop or change routine; practical 'how to' concerns; handling of physical needs during the work day and concerns around the reaction of colleagues. Some of this stress could be related to the lack of norms and role expectations (Allen & Van de Vliert, 1982) for mothers returning to their careers when still breastfeeding. Given the magnitude of the difficulty, it is surprising that eight mothers were going to try to breast feed while working.

Many mothers (18) described the way motherhood had altered their feelings about returning to work. Though the word 'concern' was not used for all the examples, the responses appear to or could reflect "concerns". An unanticipated finding was that these responses all contained an element of the unexpected. The mothers in this study did not anticipate the depth of the 'bond' between a mother and her baby. This supports the Grossman et al (1980) study

where an extremely close tie between a mother and her first child was found. The mothers in this study were facing a partial separation of these close ties, of a greater magnitude than they had anticipated, when they returned to work.

Mothers who identified that their work, as they had left it, was incompatible with motherhood (9), had all been in positions of responsibility that required a high level of personal flexibility. These mothers now felt concern that they no longer had that personal flexibility and their work lives would now be more structured. For some this could represent reduced career advancement, for others it may reduce job satisfaction, a factor identified by Jimenez and Newton (1982) as important to adaption to healthy childbearing. Mothers also expressed concern that most motherhood responsibilities were going to have to be adjusted to fit with their work responsibilities and this was going to be difficult for all members of the family. This demonstrates once again the difficulty these mothers were experiencing in planning to restructure the roles and responsibilities of motherhood for the second time.

This study was not able to lend support to Rapoport & Rapoport's (1966) theory of career stages and degree of accomodation. This is due in part to the possible differences in male and female career patterns. In this study the mothers' lengths of employment ranged from 3 to 17

years, yet no difference could be found in the intended method of incorporation of work life and family demands. Mothers in this study with established careers still felt they should adjust their family life to their career demands

Those women who planned to make adjustments in the 'extra duties' area, eg. reducing overtime, travel, committee membership, or change to working part-time, felt their career advancement to be significantly compromised. This confirms the work of Poloma et al (1981) which identifies that married professional women with children found it necessary to compromise their professional careers. Only two mothers felt their partner was making adjustments in his work ie. reducing overtime. This suggests that women may accommodate family life and work cycle transitions differently and to a degree different to that of men.

Mothers were able to identify many specific concerns not directly addressed in the questionnaire. It is apparent that for these new mothers there are a number of issues to be addressed. Concerns identified internal/emotional struggles of the mothers that are difficult to share even with their partners. Other concerns centered on the wife/partner relationship in the intimate area of the relationship. A few mothers felt the lack of support from their partners was a concern. Practical concerns were found in the work/professional arena. Mothers had not explored, or had been unable to find answers to, work related

concerns. Though infant care was addressed in the questionnaire and could be used if appropriate for the case study, four mothers felt it needed to be identified as a concern more specifically. This could confirm a high degree of stress associated with child care issues during the time of work re-entry preparations.

5.6 SPECIFIC CONCERNS AND COPING STRATEGIES USED

Research Question #2

"How do primiparous women cope with work re-entry stressors prior to returning to their careers?"

In this study both problem and emotion focused coping strategies were used in an attempt to handle problems. This finding supports Lazarus conclusion (see Folkman & Lazarus, 1980) that coping is best seen as a complex process involving both the problem-solving and emotion-regulating functions. Variability rather than consistency generally predominated across situations, due in most part to sample size. However, a few coping strategies were used frequently and across different stressful situations, suggesting a small trend towards universality of application, whereas others (5) did not appear at all. This implies a small measure of consistency for this sample.

Lazarus and Launier (1978) considered the appraisal of an event to be a critical determinant of the coping process. According to the appraisal theory:

"...in a threatening or harmful situation that is appraised as holding few possibilities for beneficial change, the person will employ emotion-focused modes of coping. On the other hand, when a situation is appraised as having the potential for amelioration by action, the person will use problem-focused coping to alter the troubled relationship that produced the emotional distress." (Folkman and Lazarus, 1980).

This study lends support to this theory. Overall, when mothers felt they could change or do something about the situation, or needed to know more about the situation before they could act, they generated equal rates of problem-focused vs. emotion-focused coping (ratio 1:1).

Lazarus and Launier (1978) consider both problem-focused and emotion-focused strategies as important in coping. All mothers in this study used both types of strategies to various degrees, at various times and in various combinations. No attempt was made to evaluate the effectiveness of these coping behaviours.

Eight mothers identified 'Day Care' concerns as the most stressful event they had experienced in the previous month. For the majority of these mothers (6) this concern was unresolved. It appears the 'Day Care' concerns are difficult to resolve quickly as resolution appears to be centered around the mother's feelings of trust; trust that her child will be safe, well cared for and not placed at a disadvantage.

When the high number of day care concerns were considered, a trend appeared which suggests that for these career women/mothers a change in the foci of concerns may have taken place. The early postpartum period of physical restoration and incorporation of a new family member (Gruis, 1977) changes to concerns which centre more on obtaining external resources. Further, if the five reported events in the category of 'role conflict' are considered, it is found that these mothers are now working on the 'incorporation of a new family member' into their work life rather than/or as well as into their family.

Seven of the eight mothers who identified day care services as their major stressful event utilized more emotional coping than problem solving strategies. Various factors could account for these findings. Women in general may normally use more emotionally focused coping strategies. However this was not supported by Folkman and Lazarus' (1980) research where it was found that women and men do not differ in their use of emotion-focused coping within similar contexts of living. The mothers could have lacked knowledge about how to access assistance since three mothers identified the situation as one in which they "needed to know more about the situation before (they) could act". This then may have reduced their ability to utilize problem-focused coping strategies. The fact that only one mother appraised the situation as one she could change or do

something about could lead to less problem-focused strategies being perceived to be available to use to address day care concerns.

Four mothers described a stressful event relating to marital relations and work re-entry. The ratio of emotional to problem focused strategies used for these concerns was only slightly higher (ratio 5:3) than that of day care (ratio 3:2). Unlike the day care concerns, only one mother felt she had to accept the situation. Other mothers felt they did not 'need to know more about the situation' but felt rather they could change the situation (2) or were holding back at this point in time (1). It would appear that the assessment of the situation, in the individual cases of day care and marital relations concerns, did not significantly alter the emotional to problem focused strategy ratio.

The five role transition concerns produced the highest number of emotion to problem focused strategies (ratio 2:1). This is not surprising given the lack of knowledge about the nature of role transition for career women/mothers, the isolation of mothers from their employment support network and the lack of role models. The mothers' general appraisal of the event as one which 'must be accepted or gotten used to' supports the idea that mothers see few possibilities for change externally, so attempt to cope with stressful situations using emotions instead.

Skinner, in her literature review (1980) found dual-career couples are increasingly interested in negotiating work arrangements which reduce or remove some of the lifestyle stress.

In this the present study only one of the five mothers experiencing a role conflict stressful situation had 'Bargained or compromised to get something positive from the situation'. This is surprising as many mothers identified negotiating as a strategy they had used to help them cope generally in their work environment. This low number may be due to the small sample size, the unavailability of this option for these mothers for the situations they described, the lack of preparatory information to enhance this way of coping at this point in time or that they felt this strategy would not have been appropriate for their particular concern. Negotiation as a strategy may only be seen for role conflict situations before taking a leave or after work re-entry.

The three infant health care concerns formed the smallest group of reports suggesting that health care needs of the infant at 2-6 months of age are addressed without a great deal of stress, other types of concern are more stressful at this time and/or these needs are not perceived as relating to work re-entry concerns.

In summary, both problem and emotion focused coping strategies were used by these mothers. Few consistencies were seen, as coping appears to be situation specific. In general when an event was appraised as one that the mother could change, more problem focused coping was used. However, both types of coping were used in all the self reports given.

5.7 GENERAL RESOURCE NETWORK

Research Question #3

"Which resources prevent or moderate the stress of role transition for primiparous women as they prepare to return to their careers?"

The level of support and assistance perceived to be available by 50% of the mothers in this study was low and created a very stressful situation. This was an unexpected finding in relation to assistance as career couples are reported to be quite willing to use money to help resolve over load concerns (Holmstron, 1973). Possibly the type of assistance these mothers required was not available to them for purchase or they did not know how to access this resource. However, when support and assistance for child care was addressed specifically, mothers generally felt they had an average amount with a little extra support and assistance for emergencies. This suggests that for 50% of the women in the study, support and assistance for child-minding activities was not the only variable involved in

their feelings about the general level of support and assistance available to them. Conceptually, mothers may have found this question a difficult one to answer as 'support' and 'assistance' could be thought of as mutually exclusive elements.

Following the studies done by Gruis (1977) and Harrison and Hicks (1978) in the postpartum period in which the husband is seen as the most frequently used resource person, this study found husbands/partners are also involved in work re-entry assistance. Husbands/partners were seen as the most helpful, and frequently, the only resource person used when needing to discuss motherhood and its relationship to work re-entry. This may be due to the fact that fourteen mothers had their careers on hold or partially on hold and did not have frequent contact with colleagues during this period. Mothers also stated they felt isolated, confirming the work by Danaher (1982) cited by Schlesinger (1984) indicating that the opportunity to discuss work re-entry concerns with others may be limited.

The mother's age appeared to be related to the choice of a helpful person in regard to work re-entry. The older the mother, the more likely she would be to identify her husband/partner as the most helpful person. This suggests that older mothers may use a different resource person generally or for work re-entry concerns specifically. This finding lends support to the Frankel & Wise (1982) study

which found older mothers used different resource persons to meet their needs.

Mothers did not identify a Health Professional as being a helpful person for work re-entry concerns. The data offered no clues about the possible reasons for this. Few mothers had had more than one contact with a non-physician health professional since their hospital discharge and this lack of visibility may account for this omission in the data.

Frankel et al's (1982) study found that women supported the idea that society now expected them to be employed most of their adult life. This study lends support to their findings as fifteen mothers in this study perceived colleagues to be supportive of their dual role of career woman/mother. If these mothers are correct, social acceptance will be a positive moderating factor (Allen & Van De Vliert, 1984) which will then reduce the transitional stress.

Minkler and Biller (1979) found that correctly anticipating a new set of role expectations helps to prevent role shock and strain. The majority of mothers (n=14) felt that due to their role change, career women to career women/mother, there would be a change in relationships or interaction patterns with their female colleagues. However, in contrast, for those mothers with male colleagues (n=17), a change in this area was generally not expected (n=12).

This suggests that more changes in relationships or interactions are expected with female than with male colleagues. Further study could explore these differences and determine the relationship between male and female colleagues and the mother's resource network.

Despite the anticipated support from colleagues at work, mothers were divided on their feelings about work/motherhood compatibility. The postponement of marriage and childbearing may have a positive effect for some of the subjects' attachment to the labour force (Sorensen, 1983). However, the required restructuring of work and mothering responsibilities appears to cause considerable strain for the career mother.

Beyond maternity leave, few options were identified as being offered to mothers of small children or infants by employers. Many different reasons for this were given ranging from a feeling that it was not an employer issue but one that should be addressed by the couple, to employers not able to afford to offer services. However, ten mothers had attempted to negotiate special childcare arrangements prior to work re-entry with their employer, confirming Skinners' (1980) work which suggested that "...dual-career couples are increasingly interested in negotiating work arrangements..." (p 479). The fact that 50% of the mothers had not negotiated special arrangements may be due in part to the difficulty in determining which arrangement would best meet their needs.

In fact, five mothers had not negotiated special arrangements with their employer as they felt it was too early to do this. This suggests a temporal order for coping. These mothers were aware that they needed to negotiate with their employer thus doing anticipatory coping (McGrath, 1970). However, the timing of the implementation or trying out the approach is an important part of the process, and lends support to Folkman and Lazarus' (1980) theory of coping, changing and shifting over time. Coping can be thought of as a series of acts over time.

No one option offered by an employer will meet the needs of all of the mothers of this sample. Mothers identified a total of sixteen different options they would like to see employers offer. It appears flexibility in options for new career women/mothers is necessary to assist them to cope with work re-entry.

When general resources, which would prevent or moderate the stress of work re-entry were elicited, the majority of responses referred to childcare needs. This finding confirms Dunlop's (1981) hypothesis that locating and arranging for good child care is a significant source of stress for working mothers.

The majority of mothers (17) in this study had initiated one or more concrete coping strategies related to future work re-entry concerns, eg. booked Day Care space; ordered a

home cleaning service; purchased a microwave. These strategies could be called preventive or anticipatory in nature in that they were all done to reduce the potential for stress during the work re-entry transition. They were in various stages of completion and the timing of these concrete coping strategies, both prenatally and postnatally, confirms both the theory that coping is a process and that once again time is required for its accomplishment (McGrath, 1970).

Only one mother stated she had done pre-pregnancy planning for work re-entry. This may relate to the temporal aspects of the situation as threats which are not imminent, i.e., work re-entry after a nine month pregnancy and three months at home as a mother, may not have the ability to be perceived as a stressor and elicit overt activity.

Mothers identified that they had actually carried out work re-entry pre-planning activities in three major areas, child care, employment, and housekeeping. Only one mother identified that she had done a preplanning activity related to marital relationship and work re-entry. The category 'Marital relations' was also identified as a major stressful event by four mothers in the coping questionnaire. This suggests that there are, for some couples, stresses associated with their marital relationship for which little pre-planning activity had been done.

When the pre-planning activities are broadened to include the mother's cognitive coping work, as well as activities carried out, the number of responses in all categories increase. However, no difference is found for the marital relations category - only one mother had done preplanning activity in this area. It may be possible that the concrete tasks of childcare, employment and housekeeping are easier to predict and plan for than adaptations required in a relationship.

In this study, three mothers stated they had not made any plans, cognitive or actual, around work re-entry even though they intended to return to work full-time. "Appraisal, the cognitive process through which an event is evaluated with respect to what is at stake... (Folkman & Lazarus, 1980, p. 23)" is influenced by the degree of stress experienced. These three mothers had between 12-17 weeks before work re-entry, so possibly they did not feel threatened or challenged to begin coping efforts at this time. This again points out the importance of conceptualizing coping as a complex process ordered in time and interactional in nature.

Considerable interest was shown in the description and identification of pre-planning work re-entry activities. This possibly reflects the low level of resources available for mothers who wish to know more about what they can do to prevent work re-entry stress. Mothers in this study used few written resources, i.e., pamphlets, articles or books

for work re-entry information. Given the high educational level and attendance at Prenatal Classes, this suggests that these items are not available, are difficult for mothers to access or are not seen as the appropriate resources for this area of concern.

Interestingly, none of the non-health professionals (12) had made or had been successful in their attempt to make special employment adjustments. Whether this was because there are less part-time opportunities for non-health professionals or these mothers were unaware of the options, were less aware of the need for this type of adjustment or generally did not want to use this coping strategy is unknown. It is known however that "...managers in hospitals and school settings were perceived as being more supportive (of breast feeding mothers) than managers in business offices..." Reitsnider and Myers, 1985, p. 257). Perhaps this also applies to the broader more indirect aspects of work adjustments for new mothers ie. flextime, part-time, job sharing, extended leave.

The choice of the present infant feeding method was significantly influenced by work re-entry plans for seven mothers. This lends support to the work of other researchers who found work re-entry a factor in infant feeding changes (Midgette, 1985, Goodine & Fried, 1984). In this study the present infant feeding method was influenced by work re-entry plans for bottle feeding mothers and those mothers using a mixed feeding system only.

None of the breastfeeding mothers stated that work re-entry plans had influenced their present method of feeding. This, together with the fact that all breastfeeding mothers were anticipating a change in their breastfeeding management on work re-entry, suggests that work re-entry per se, may play a part in breastfeeding choices that were not accessed by this study or that work re-entry is not a factor which influences breast feeding mothers.

All mothers who intended to stop breast feeding on work re-entry were using infant suckling as the only method of breast milk expression. Manual or electric breast milk expression is a skill that must be acquired by the majority of breast feeding mothers to be able to breast feed and work (Reintsnider and Myers, 1985). This suggest that these mothers may be unaware of or lack knowledge of breast milk expression, may have already decided in the early postpartum period that they did not need to acquire these skills, that they had tried and failed, that the practice of artificial expression was unacceptable to them, or that their work environment was not conducive to this practice.

Partner/husband support appears to be an important variable in breast feeding choices both in the initial decision making (Fieldhouse, 1982) and, as found in this study, around work re-entry choices. A low level of partner support for work and breast feeding was associated with a planned reduction or cessation of breastfeeding on work re-entry.

Specific case study resources

Day care concerns represented the largest category of stressful events (8). None of the mothers sought information or assistance about day care services from professionals, government agencies or other community resources. Day care services in Manitoba are licensed by Community Services and usually involve health professionals in their operations. This surprising non-use by these mothers suggests a lack of knowledge about how to access the information they need.

However, family day care situations are not licenced and frequently information about their operation is extremely difficult to access. This may account for four mothers' appraisal of the situation being 'just to accept' the position they were in.

Four mothers identified marital relations as the area which presented an event of greatest stress. The resource here was the 'family' and more specifically the partner. These concerns did not involve resources external to the couple's relationship. This is not surprising as few resources are available for these concerns.

Role conflict situations (5) appeared to have the least resources. Three mothers had not sought assistance from anyone else and felt they just had to get used to the

situation. However, where assistance was sought, it was outside the couple or family sphere. Colleagues were seen as helpful people to talk to.

A smaller group of mothers (3) described infant health care and work re-entry as a stressful event. As with child care services, none of the mothers had sought guidance from a Health Professional, but two mothers felt they would seek further information from friends with young children. The other mother, having found that breast milk expression at work was going to be very difficult for her, was concerned about her baby's nutrition, but felt all she could do was accept the situation. Despite the Public Health Nurses' earlier contact with these mothers they were not used by these mothers for their infant health care concerns.

Though two mothers had identified their own mothers as the most helpful persons when motherhood and work re-entry was considered, neither mother had sought assistance for the stressful event they described from their mothers. Mothers-in-law were not reported as support persons in this study. This trend of different types of mothers utilizing different resources was also seen by Frankel and Wise (1982), when studying older mothers. One reason for this may be that 'older mothers' have 'older mothers' who were raised in a time when most women who were married with children stayed at home. They would be less likely to have experienced a career and may find it difficult to be a good 'support' person for their daughter or daughter-in-law.

Mothers did not identify non-human resources when describing their stressful event. This may have been due to lack of or unavailability of resources or may be due to the instructions given outlining the response required rather than an absence of other resources being used.

5.8 RECOMMENDATIONS AND IMPLICATIONS FOR NURSING

The recommendations that evolved from this research are divided into three categories. The first category consists of recommendations related to the conceptual framework. The second group of recommendations evolved from the three research questions. Lastly, a third group of recommendations are made regarding future research design.

The first group of recommendations relates to the conceptual model of the Role Transition Process, role theory and coping theory. These recommendations have importance for nursing theory and research. Nurses are increasingly finding that social trends frequently influence a client's ability to manage his/her health status. Complex social changes such as role transitions may require the use of theoretical frameworks outside the discipline of nursing. The use of these frameworks by nursing adds depth and breadth to nursing research. As concepts are defined their impact on health and the resulting nursing theory can be delineated. This study found both Allen & van de Vliert's transition model and Folkman and Lazarus' coping theory to

be applicable to the role transition situation of primipara careerwomen. Questions were generated for both nursing research and other health disciplines to address.

1. To further study the role of 'appraisal' in the coping process to determine if it should be considered a significant component to highlight in Allen & van de Vliert's transition model. Presently, the model places the 'appraisal' component of the coping process within the moderating steps. The results of using this model with Folkman and Lazarus' theoretical framework of coping suggests that the choice of coping strategies used (reactions) may be significantly influenced by the person's appraisal of the event. Whether a person experiences role strain and chooses to react emotionally or instrumentally is strongly influenced by their perceptual/cognitive reaction or 'appraisal of the event'.
2. To identify the reasons why careerwomen/mothers found such a contrast between their perception of society's role expectations for careerwomen/mothers and their experiences and feelings in that new role. This would assist nurses to be better prepared to provide anticipatory guidance to prenatal women and support and counselling for new careerwomen/mothers experiencing role strain in the transition process.

3. To identify the factors in role relationships which best support the careerwoman/mother position. This would allow couples to appraise their situation and make informed decisions about parenthood.
4. To further study careerwomen/mothers' work addressing the task of preparation for the incorporation of motherhood into work life. For mothers in this study, activity centered around the 'incorporation of a new family member' into their work life rather than or as well as into their family.
5. To further study the impact of preventative and anticipatory role transition coping as it relates to Folkman and Lazarus' theoretical framework for coping and Allen and van de Vliert's transition model. Coping has time dimensions and coping efforts can be initiated before the event occurs. Neither conceptual framework directly addresses this possibility. Preventative and anticipatory role transition coping could impact on the amount of role strain experienced during the process, the strategies used to handle the strain and the potential for successful outcomes.

The second group of recommendations evolved from exploration using the three research questions: concerns; coping strategies; and resources. These recommendations have direct implications for nursing practice and research.

Nursing ability to promote a healthy lifestyle with dual career couples during the childbearing/rearing period would be enhanced by a clearer understanding of the role transition experience of careerwomen and the coping methods and resources they find useful. In this way nurses can encourage, support and share those coping methods and resources which are generally considered helpful while those placing the family at risk can be identified, discouraged and prevented. This study began the process of identification of work re-entry concerns, the grouping of coping strategies and the exploration of resources available to primiparous careerwomen. The following recommendations would further Nursing's ability to provide good care.

1. To determine if the type and source of strain primiparous careerwomen face as they prepare to re-enter the work force differs from that of non-career women. This study found that primiparous careerwomen face role transition concerns exclusively related to work re-entry. It would be advantageous to nursing practice to know if non-careerwomen/mothers experience the same type of concerns, so that target groups can be identified and prediction can occur.
2. To explore ways health professionals can work with employers to enable careerwomen/mothers to have a range of suitable work options. Mothers in this study required a range of work options to ease the

stress of work re-entry. Health professionals such as Occupational Health Nurses could work with employers and careerwoman facilitating and acting as advocates for more flexibility in work demands.

3. To investigate strategies to improve access to, and information about, Daycare/Family care opportunities. Mothers in this study experienced difficulty accessing information about these services. Public Health Nurses skilled in community resource information are in the unique position of being able to test various communication strategies which would improve access to information.
4. To identify the medium most appropriate to deliver information on work re-entry strategies after childbirth to careerwomen. Mothers in this study wanted more information. However, we do not know how they would like to receive this information. It is important for nurses to know the most appropriate medium when providing information to client groups.
5. To investigate the factors involved in the relationship between the belief in 'shared career prioritization' and the actual behaviour of career couples. Mothers in this study believed in shared career prioritization but were not actualizing their belief. Health professionals need clarification of this dichotomy in order to appropriately provide family counselling during the work re-entry role transition period.

6. To identify the type of prenatal/postnatal intervention which would foster husband/partner support and assistance during the work re-entry transition phase. Husband/partner support and assistance was identified as strongly influencing the ease of and ability to re-enter the work force successfully. This study found husband/partner support a key factor in a mother's decision to continue breastfeeding after work re-entry. Nurses should include husbands/partners in this discussion area.
7. To study the husband/partner's perception of work re-entry strain, coping strategies and resources available to his wife/partner and compare. Little is known about the husband/partner's perception of the work re-entry transition process, despite the fact he is a key person in the new triad. Nurses need to know what new fathers feel are the pressing issues at work re-entry to be able to support and counsel the couple.

The last group of recommendations relate to the research design. These recommendations have direct implications for future nursing research.

1. This was a small explorative study. A more extensive study should be conducted using a cross section of primiparous working women/mothers from various

occupations with career and non-career women being equally represented. This allows for some replication of the findings as well as generation of further categories and relationships.

2. A longitudinal study should be done to identify the factors involved in the process of transition from primigravida careerwoman to careerwoman/mother. Coping efforts have time dimensions. The role transition from primigravida careerwoman to careerwoman/mother also occurs over time. Major factors involved in coping with the total role transition process need to be identified. To assist women and their partners during this period of time, nurses would benefit from more information about the role transition process of work re-entry and its impact on motherhood.
3. To further develop the 'Ways of Coping' checklist to have the capability to measure the effectiveness of strategies used for the particular stressful event identified. The need for a careful study of the nature and substance of people's coping repertoires and the effectiveness of different ways of coping is considered to be important. This study used Folkman and Lazarus' checklist of coping strategies which lacks an effectiveness component for a particular work re-entry stressful event. Future research should establish the effectiveness of coping behaviours, so

that nurses can then address ways of promoting these behaviours in individuals who encountered role strain, as well as those at risk for a potentially stressful situation.

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Appendix A
ABSTRACT OF RESEARCH PROPOSAL

A.1 PURPOSE

There are family changes which can over time be expected and have a strong normative component. The transition to parenthood is usually considered to be of this variety. However the change in economic and social systems that is rapidly taking place today, produces different family structures and dynamics. Here in these new or modified families there appears to be few normative guidelines or expectations and for some situations the variant forms collide with the more traditional norms. Dual career families are an example of one of these new situations. Studies indicate that coping generally in a dual couple career relationship can be stressful. Women are especially affected by these trends. The timing and sequencing of events in women's lives, including the postponement of childbearing, is changing. It is usually the woman who faces the issues of occupational consequences and addresses the practical parenting concerns during the childbearing phase. We know that the transition to parenthood is a time of stress and we know that once mothers have returned to employment they face many difficulties (Rapoport and Rapoport, 1963, 1965). We do not know the specific concerns of new mothers before they re-enter the workforce, how they cope with these concerns and what resources are or should be available for them.

These changes in the transition to parenthood will have ramifications for health care professionals, especially nurses. Clients will be presented with altered views of family problems and health concerns. Discussion, assistance and resolution of these problems or concerns will take new forms. Nurses have always had the unique opportunity to work with clients during the childbearing phase, and now require more knowledge, skill and instruments to help them meet the needs of the mother/career woman.

A.2 RESEARCH QUESTIONS

1. What are the work re-entry concerns facing primiparous women as they prepare to return to their careers?
2. How do primiparous women cope with work re-entry stressors prior to returning to their careers?
3. Which resources prevent or moderate the stress of role transition for primiparous women as they prepare to return to their careers?

A.3 RESEARCH DESIGN

The design is exploratory-descriptive. Quantitative and qualitative data will be collected utilizing one existing instrument, and a demographic questionnaire and interview schedule developed for this investigation. No causal relationships can be inferred from this design, however hypotheses may be generated from this preliminary study which can be tested in future investigations.

A.4 METHODOLOGY

The target population for this study is career women between the ages of twenty-five and thirty-five in the postpartum period 2 to 6 months after the birth of their first baby. The subjects will be selected over a 2 month period, using a convenience, non-probability sampling method. Formal requests for a total of twenty subjects will be made from various Health and Occupational settings. The technique of snowball sampling will also be used. Subjects will (a) be approached in person by the investigator to determine their interest in participating in this study or (b) respond by telephoning the investigator for more information after having heard about this study. Upon the subjects willingness to participate an appointment for the interview will be made. The interview will take approximately 1 1/2 hours. At the time of the interview the consent (see attached) form will be signed. The subject will be asked if she would like to receive a summary of the research results and she will be thanked for her participation.

A.5 PROPOSED METHOD OF DATA ANALYSIS

The sample size is small (20) and non-random, therefore, descriptive statistics with some limited computations are the parameters of choice. The results will be situation specific and will not be generalized to the larger population. The analysis will be based on the three research questions (see A2). Data will be generated at the interval, ordinal, nominal and descriptive levels.

A.6 PROTECTION OF RIGHTS OF SUBJECT

To protect the rights of individuals in this research potential subjects will be (a) given a verbal explanation of the process and purpose of the study, (b) given a description of the benefits reasonably to be expected, (c) offered the opportunity to ask questions concerning the process of inquiry, (d) instructed that they are free to withdraw their consent and to discontinue participation in the research at any time without prejudice to them, (e) given assurance of confidentiality and anonymity, (f) told of the voluntary nature of their participation, and (g) offered a copy of the results if they so desire. (based on United States Department of Health, Education, and Welfare: Protection of Human Subjects, 1979).

This research proposal has also been approved by the School of Nursing Ethical Review Committee, University of Manitoba (see attached).

Appendix B
CONSENT FORM

CONSENT FORM

My name is Pearl Stoker, and I am conducting research at the University of Manitoba as a graduate student in Nursing. The purpose of the research is to explore the special work related concerns of new mothers like yourself as you prepare to return to your career. Little is known about the way women cope with the concerns surrounding their career re-entry.

I am asking you for your consent to participate because you are a first-time mother who has identified that you intend to return to your career after your baby's birth. By your participation in this research you will be assisting in the development of a relatively new body of nursing research. Nurses will gain an understanding of career mother's concerns, be better able to provide anticipatory guidance to future career/mothers at Prenatal Classes and continue to develop maternal/child services which meet the needs of career women. I am asking you to give approximately 1 1/2 hours of your time to answer some questions. Answers to any particular question(s) may be omitted.

Your name will not be identified on the questionnaires or audio tapes (if used). Your name or address will not appear in any of the results of this study. Access to the raw data is limited to myself and my Research typist. If you are interested in a summary of the results please check the box below and supply your mailing address.

During the course of this research I can be reached at 668-3582 if you need further clarification of the research project. You may withdraw from the study without jeopardizing your future health care.

Your assistance with this research is sincerely appreciated. Thank you for volunteering your time. Please sign this form as an indication of your willingness to participate in this research.

Thank you once again. A copy of the consent form will be given to you.

Date _____ Participant's signature _____

Date _____ Researcher's signature _____

Results summary requested _____ Yes _____ No

Name _____

Mailing Address _____

_____ Postal Code _____

Appendix C
INTERVIEW SCHEDULE

C.1 INTERVIEW SCHEDULE OUTLINE

INTERVIEW SCHEDULE

1. DEMOGRAPHIC DATA

- i) Cultural Normative Typification of Sample
 - a) Women's Role
 - b) Role Satisfaction (self)
 - c) Career Commitment (self)
 - d) Knowledge of Infant Care and Work Demands
- ii) Infants Influence on Mother's Role
 - a) Infant Health
 - b) Infant Sex
 - c) Feeding Practices
 - d) Infant Behaviour
- iii) Management With Postpartum Period
 - a) Professionals as a Resource
 - b) Role Cycling
 - c) Satisfaction with Role Management
- iv) Mother's Health
 - a) Mother's Health Status
 - b) Mental health During Postpartum Period
- v) Resources and Support
 - a) Ease of Work Re-entry
 - b) Planning for Work Re-entry
 - c) Partners Support
 - d) General Support

- vi) Work Condition Factors
 - a) Collegial Relationships
 - b) Role Dilemmas
 - c) Working Arrangements

A. DEMOGRAPHIC INFORMATION

Date _____

Interviewer _____

"The first set of questions asks for general information about you so that I can understand how different types of people feel about certain situations."

- 1)* Mother's Age _____ years
- 2)* Age of baby _____ weeks
- 3)* Length of employment in career _____ years _____ months
- 4) Occupation _____
- 5) Place of birth _____ Canada
 _____ U.S.A.
- No. of years Canadian citizen _____
- 6) Education Level: less than high school: Grade _____
 High School Graduate _____
 College Graduate _____
 Community College Graduate _____
 University Graduate _____
 Masters Graduate _____
 Ph.D. _____
- 7) When you return to work will you be employed:
 Full-time _____
 Part-time _____

- 8)* Age of baby when mother intends to return to work:
_____ weeks
- 9) Before your baby's birth did you work:
Full-time _____
Part-time _____
- 10) Did you attend Prenatal Classes? _____yes _____no
- 11) Did you have a Cesarean birth ? _____yes _____no
- 12) Did you have any complications after the labour and
delivery?
_____yes _____no
Specify if yes _____
-
- 13) Is this a planned baby? _____yes _____no
- 14)* Does the baby's father live in your household?
_____yes _____no

Note: *These questions are to determine subject's suitability for study.

B. CONCEPTUAL CATEGORIES

Interviewer:

"The second set of questions seeks to obtain information from you regarding your beliefs and feelings about women's roles and your role as a mother and career woman."

CATEGORY 1.

- 1) Could you tell me which of these three situations best describe your beliefs about women's roles:
- a) A women's role should be primarily devoted to being a housewife-wife-mother.
 - b) A woman must accept as important other activities and goals in her life (such as work outside the home) but I believe women should concentrate on housework, childcare, cooking, etc., and men should support the family financially, fix the car, mow the lawn, etc.
 - c) A woman's role basically is no different from a man's.
- (a) _____ (b) _____ (c) _____
- 2) What are your attitudes towards a married woman engaging in:
- a) A 'career' (which is described as a long-term occupational commitment). Are you
- |_____||_____||_____||_____||
 strongly favour neutral against strongly
 favour against

- b) A 'job' (an activity to add interest and/or to supplement family income). Are you

|_____||_____||_____||_____||
 strongly favour neutral against strongly
 favour against

- c) Voluntary activities (activity not for money, but that is time consuming). Are you

|_____||_____||_____||_____||
 strongly favour neutral against strongly
 favour against

- 3) Do you consider the position you are returning to as a job, voluntary activity or career?

job ____ voluntary activity ____ career ____

- 4) Do you feel your career development or working plans:
 (check one)

_____ take priority over partners'

_____ are equally shared between yourself and your partner's career plans

_____ place your partner's work slightly ahead of your own career development

- 5) Bill and Sue are lawyers equally dedicated to their work which is for separate firms. They both work very hard, long hours and are late getting home. They have a one-year old child who has been competently cared for in a private home situation. However, Bill has been feeling increasingly that he is not being looked after in the way he has wanted and expected in marriage and has been putting considerable pressure on Sue to give up her

8) Have you had experience in infant care in the past by:

a) paid job or career

___great deal ___medium ___little ___no contact

b) informal contact with very young brothers or sisters

___great deal___medium ___little ___no contact

c) informal contact with babies of relatives

___great deal ___medium ___little ___no contact

d) teenage babysitting

___great deal ___medium ___little ___no contact

e) babysitting for a friend:

___great deal ___medium ___little ___no contact

f) Other? _____

9) a) How much opportunity have you had to have an indepth discussion around the managing of a career and infant care with a colleague or friend

|_____||_____||_____||_____||
 great moderate some very none
 deal amount little

b) How many books or journal articles have you read on managing a career and infant care?

|_____||_____||_____||_____||
 more than three two one none
 three

CATEGORY 2

Interviewer:

"This next section focuses on the care needs of your baby"

- 1) a) In a general sense do you consider your baby to be an easy baby to care for?

|_____||_____||_____||_____||
 very easy average difficult very
 easy difficult

- b) Does your baby have a medical condition of any sort?

_____yes _____no

If yes, describe: _____

- c) Has your baby's behaviour or health influenced your feelings about returning to work?

Explain _____

- 2) Sex of baby _____ boy _____ girl

- 3) Do you breast feed or bottle feed your baby?

_____breast _____bottle _____mixed

- 4) You intend to return to work, how strongly was the choice of the present feeding method influenced by this fact?

|_____||_____||_____||_____||
 very strongly average weak not at
 strongly all

5) Breast feeding mothers only

a) How do you intend to manage breast feeding when you return to work?

_____ stop breast feeding
 _____ reduce breast feeding
 _____ no change
 _____ other

b) If a change will be required in your normal patterns of breast feeding, how stressful will this be for you?

_____	_____	_____	_____
extremely stressful	stressful	average	not really stressful
			not stressful at all

c) How supportive of breast feeding, while working, do you feel your partner is?

_____	_____	_____	_____
extremely supportive	very supportive	supportive	not very supportive

d) Do you use a breast pump regularly?

yes _____ no _____ sometimes _____

e) Do you use hand expression regularly?

yes _____ no _____ sometimes _____

f) Do you use a formula occasionally - at least once a week?

yes _____ no _____

- g) What do you consider will be the greatest hindrance to breast feeding at work?

- h) Do you feel you can identify your baby's different cries and movements accurately?

yes _____ no _____ not yet _____

CATEGORY 3

Interviewer:

"The next 4 questions seek to obtain a picture of your role as mother and some idea about how satisfied you are with that role".

- 1) Becoming a mother for the first time often requires a woman to learn new skills and ways of checking out problems. How frequently have you sought a Health professional's advice on average?

_____ weekly _____ bi-weekly _____ monthly
 _____ bi-monthly _____ not at all

- 2) It has been said that the new working mother is like a circus juggler. She must keep the roles of mother, wife, and employee all in motion, balanced and complimentary. While she temporarily focuses on one she cannot totally ignore all the others. Have you felt you have been able to temporarily put your career on hold while you took on the responsibilities of motherhood, or do you feel it has intruded on your time with your baby?

_____ career totally on hold
 _____ career partially on hold
 _____ career partially intruding
 _____ career was very demanding and interfered with responsibilities of motherhood.

- 3) Reviewing the time from your baby's birth to today, how satisfied do you feel about your ability to manage your life with the new baby?

|_____||_____||_____||_____||
very satisfied average mildly unsatisfied
satisfied satisfied

- 4) Has your experience with the motherhood role influenced your feelings about returning to work?

_____ yes _____ no _____ unsure

Explain

5) a) Did you have periods of depression with major symptoms which lasted 2 weeks at a time?

_____ yes _____ no _____ maybe

b) Check symptoms you had which lasted 2 weeks

_____ frank feelings of anxiety and/or depression

_____ panic attacks

_____ fear/avoidance of social contacts

_____ low self confidence

_____ low concentration

_____ appetite and/or sleep disturbance

_____ feelings of listlessness and irritability

6) Has your health status influenced your feelings about returning to work?

Explain _____

CATEGORY 5

Interviewer:

"This next group of questions explores with you your plans, surrounding returning to your occupation".

- 1) As the day of returning to work approaches do you feel the transition to the working mother role is going to be

|_____||_____||_____||_____||
 very difficult easy very have not thought
 difficult easy about it

- 2) Have you made special plans which will help you when you return to work and try to manage the roles of mother, employee and wife?

childcare _____
 housekeeping _____
 transportation _____
 employment alternatives _____
 other _____

- 3) Would you describe your partner's support for your future working mother role as:

|_____||_____||_____||
 very strongly supportive neutral non- very non-
 supportive supportive supportive supportive

- 4) When looking for support and assistance do you feel:
- _____ more opportunities for support and assistance than anyone could ever use
- _____ average, with just a little extra support and assistance for emergencies
- _____ average support and assistance but nothing for emergencies
- _____ few opportunities for support and assistance at present
- _____ only partner support and assistance and a person/centre to look after the baby

- 5) If you had to pick one resource which would prevent or moderate the stress involved in returning to your career what would it be?

1. _____
2. _____

- 6) In a general sense, when looking at your level of support and assistance available has this area been a concern of yours:

_____ yes _____ no _____ maybe

If yes, how stressful is/was it?

_____	_____	_____	_____
extremely	stressful	average	not really
stressful			stressful
			not stressful at all

CATEGORY 6

Interviewer:

"Finally, the last group of questions tries to identify some of the issues and feelings involved in returning to the work force."

- 1) As a new mother returning to work do you anticipate that your relationships or interaction with working colleagues will have altered in any way?

a) Male colleagues Yes _____

In what way? _____

OR

Male colleagues No _____

Please explain _____

b) Female colleagues Yes _____

In what way? _____

OR

Female colleagues No _____

Please explain _____

- 2) How supportive do you think your colleagues are going to be of your new dual role of working mother?

|_____||_____||_____||_____||
 very supportive unknown unsupportive very
 supportive supportive supportive supportive

- 3) Some women tend to have mixed feelings about returning to work after having their first baby. Could you tell me, as close as you can if any of the following statements match a concern of yours and how strongly you agree or disagree.

- a) I am concerned about all the things I will have to organize which will place extra demands on my time.

|_____||_____||_____||_____||
 strongly agree not disagree strongly
 agree considered disagree disagree

- b) I am concerned about how others; friends, relatives, neighbours are going to react to my return to work.

|_____||_____||_____||_____||
 strongly agree not disagree strongly
 agree considered disagree disagree

- c) I am concerned about the changes and responsibilities that a baby brings to my life and how I will be able to work out the new balance between my career and motherhood.

|_____||_____||_____||_____||
 strongly agree not disagree strongly
 agree considered disagree disagree

d) I am concerned about the decrease in contact with friends and relatives after I return to work.

|_____|_____|_____|_____|
 strongly agree not considered disagree strongly disagree

e) I am concerned about how well my parenting role is going to fit in with my long term career aspirations.

|_____|_____|_____|_____|
 strongly agree not considered disagree strongly disagree

4) Do you believe your work as you expect to return to it is compatible with your new task of motherhood? Will they fit together smoothly or will certain changes have to be made?

If yes, in what ways? _____

If no, why not? _____

Unsure (explain) _____

5) Does your employer offer any standard benefits or services to mothers of small children or infants?

If yes, what are they? _____

If no, do you know why not? _____

6) Have you negotiated any special working arrangements with your employer or a colleague when you return to work?

If yes, what are they? _____

7) If you had the option what changes would you like to see in working arrangements that you feel would really be of benefit to you when you return to work?

1. _____
2. _____
3. _____
4. _____
5. _____

Appendix D
COPING QUESTIONNAIRE

COPING QUESTIONNAIRE

The purpose of this questionnaire is to find out the kinds of work related situations that trouble new mothers when they are arranging to return to their careers and how these new mothers deal with these situations.

PART I

Please take a few minutes and think about an event or situation that has been the most stressful for you as you plan to return to your career. This event/situation should be strongly and directly related to your decision about returning to work. The event/situation should have occurred in the last month. By "stressful" I mean an event/situation which was difficult to handle or troubled you, either because it made you feel bad or because it took effort to deal with. It might have been something directly related to your career such as working conditions or collegial relationships, your family and your career, or with your social life and your career.

In the space below please describe the most stressful event/situation, related to your decision to return to work, during the past month. Describe what happened and include details such as the place, who was involved, what you did, what made it important to you, and perhaps what led up to the situation. The situation could also be one that is going on right now as well as one that has already happened. Don't worry about making it into an essay...just put down the major things that come to mind. If you prefer we can use the tape recorder and you can tell me about the event or situation instead.

Firstly have you identified a situation or event?

Do you wish to write it down or tape it?

written

taped

If written please use the space on the next page.

QUESTION

On a scale of one to ten, how stressful was this situation for you? (Place an x on the line).

1	2	3	4	5	6	7	8	9	10	
-----			-----			-----				
extremely				moderately						mildly

PART II

WAYS OF COPING

Thinking about the situation you have just described, put a check in the "Yes" or "No" column for each item, depending on whether that item applied to you.

	<u>Yes</u>	<u>No</u>
1. Just concentrated on what you had to do next--the next step	_____	_____
2. You went over the problem again and again in your mind to try to understand it	_____	_____
3. Turned to work or substitute activity to take your mind off things	_____	_____
4. You felt that time would make a difference, the only thing to do was to wait.	_____	_____
5. Bargained or compromised to get something positive from the situation.	_____	_____
6. Did something which you thought wouldn't work, but at least you were doing something.	_____	_____
7. Got the person responsible to change his or her mind.	_____	_____
8. Talked to someone to find out more about the situation.	_____	_____
9. Blamed yourself.	_____	_____
10. Concentrated on something good that could come out of the whole thing.	_____	_____

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 11. Criticized or lectured yourself. | _____ | _____ |
| 12. Tried not to burn your bridges behind you, but leave things open somewhat. | _____ | _____ |
| 13. Hoped a miracle would happen. | _____ | _____ |
| 14. Went along with fate; sometimes you just have bad luck. | _____ | _____ |
| 15. Went on as if nothing had happened. | _____ | _____ |
| 16. Felt bad that you couldn't avoid the problem. | _____ | _____ |
| 17. Kept your feelings to yourself. | _____ | _____ |
| 18. Looked for the "silver lining," so to speak; tried to look on the bright side of things. | _____ | _____ |
| 19. Slept more than usual. | _____ | _____ |
| 20. Got mad at the people or things that caused the problem. | _____ | _____ |
| 21. Accepted sympathy and understanding from someone. | _____ | _____ |
| 22. Told yourself things that helped you to feel better. | _____ | _____ |
| 23. You were inspired to do something creative. | _____ | _____ |
| 24. Tried to forget the whole thing. | _____ | _____ |
| 25. Got professional help and did what they recommended. | _____ | _____ |

	<u>Yes</u>	<u>No</u>
26. Changed or grew as a person in a good way.	_____	_____
27. Waited to see what would happen.	_____	_____
28. Did something totally new that you never would have done if this hadn't happened.	_____	_____
29. Tried to make up to someone for the bad thing that happened.	_____	_____
30. Made a plan of action and followed it.	_____	_____
31. Accepted the next best thing to what you wanted.	_____	_____
32. Let your feelings out somehow.	_____	_____
33. Realized you brought the problem on yourself.	_____	_____
34. You came out of the experience better than when you went in.	_____	_____
35. Talked to someone who could do something concrete about the problem.	_____	_____
36. Got away from it for a while; tried to rest or take a vacation.	_____	_____
37. Tried to make yourself feel better by eating, drinking, smoking, taking medication, etc.	_____	_____
38. Took a big change or did something very risky.	_____	_____
39. Found new faith or some important truth about life.	_____	_____

	<u>Yes</u>	<u>No</u>
40. Tried not to act too hastily or follow your first hunch.	_____	_____
41. Joked about it.	_____	_____
42. Maintained your pride and kept a stiff upper lip.	_____	_____
43. Rediscovered what is important in life.	_____	_____
44. Changed something so things would turn out all right.	_____	_____
45. Avoided being with people in general.	_____	_____
46. Didn't let it get to you; refused to think too much about it.	_____	_____
47. Asked someone you respected for advice and followed it.	_____	_____
48. Kept others from knowing how bad things were.	_____	_____
49. Made light of the situation; refused to get too serious about it.	_____	_____
50. Talked to someone about how you were feeling.	_____	_____
51. Stood your ground and fought for what you wanted.	_____	_____
52. Took it out on other people.	_____	_____
53. Drew on your past experiences; you were in a similar situation before.	_____	_____

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 54. Just took things one step at a time. | _____ | _____ |
| 55. You knew what had to be done, so you doubled your efforts and tried harder to make things work. | _____ | _____ |
| 56. Refused to believe that it had happened. | _____ | _____ |
| 57. Made a promise to yourself that things would be different next time. | _____ | _____ |
| 58. Came up with a couple of different solutions to the problem. | _____ | _____ |
| 59. Accepted it, since nothing could be done. | _____ | _____ |
| 60. Wished you were a stronger person--more optimistic and forceful. | _____ | _____ |
| 61. Accepted your strong feelings, but didn't let them interfere with other things too much. | _____ | _____ |
| 62. Wished that you could change what had happened. | _____ | _____ |
| 63. Wished that you could change the way you felt. | _____ | _____ |
| 64. Changed something about yourself so that you could deal with the situation better. | _____ | _____ |
| 65. Daydreamed or imagined a better time or place than the one you were in. | _____ | _____ |
| 66. Had fantasies or wishes about how things might turn out. | _____ | _____ |

Yes No

67. Thought about fantastic or unreal things
(like the perfect revenge or finding
a million dollars) that made you feel better. _____

68. Wished that the situation would go away
or somehow be over with. _____

69. Did something different from any of the
above. _____

TO SUMMARIZE

	<u>Yes</u>	<u>No</u>
In general, is the situation you described earlier one		
a) that you could change or do something about?	_____	_____
b) that must be accepted or gotten used to?	_____	_____
c) that you needed to know more about before you could act?	_____	_____
d) in which you had to hold yourself back from doing what you wanted to do?	_____	_____

Appendix E

LETTERS

LETTER OF CONFIRMATION

161 Keedian Drive,
 Birdshill, Manitoba
 R0E 0H0
 (date)

(title)
 (address)

Dear

Thank you for agreeing to participate in this study. As indicated on the telephone, the study is to describe the concerns new mothers like yourself, have as they prepare to return to work, identify the various ways of coping with these concerns and to look at the resources which are available to you.

I am a Registered Nurse and I am completing the requirements for a Master of Nursing Degree.

This letter is to acknowledge your willingness to participate in the study and to assure you once again that all information you provide will be kept in confidence.

I also wish to confirm with you the date, time and place of the interview. This is the information that I believe we arranged on the telephone.

Date _____ Time _____

Place _____

If, for any reason, this becomes inconvenient for you, please call me between the hours of _____ and _____ at the following number _____ or between the hours of _____ and at this number _____.

I look forward to meeting you.

Sincerely

 Pearl L. Stoker

(Request to institutions and agencies)

161 Keedian Drive,
Birdshill, Manitoba
R0E 0H0
(date)

(title)
(address)

Dear

I am conducting research at the University of Manitoba as a graduate student in Nursing. The purpose of the research is to explore the special work related concerns of new mothers and how they prepare to return to their careers.

I am requesting permission to contact your nursing supervisors and supply information about the study. After contact I will be requesting that the information be shared with field staff involved with women in the childbearing phase. The field staff will be asked to share this information with the women they give service to. If interested in participating or seeking more information my name and phone number should be left with the client.

For your convenience I have enclosed the following: an abstract of my research proposal; evidence that the proposal has been approved by the Ethical Review Committee of the School of Nursing, University of Manitoba; and the consent form to be used with the subjects.

Thank you for your cooperation and consideration. I would be pleased to provide you with any additional information you may require. I look forward to receiving your decision at your earliest convenience.

Sincerely

Pearl L. Stoker
Work # 452-3411 ext 227
Home # 668-3582

(Request to Business Women's Clubs and Women's Networks)
161 Keedian Drive,
Birdshill, Manitoba
R0E 0H0
(date)

(title)
(address)

Dear

I am conducting research at the University of Manitoba as a graduate student in Nursing. The purpose of the research is to explore the special work related concerns of new mothers and how they prepare to return to their careers.

I am requesting permission to supply your membership with information about my study. This can be done by using: a poster; a note in a newsletter (see example); a short (10 minute) presentation; or other methods you may feel are more appropriate for your organization.

For your convenience I have enclosed the following: an abstract of my research proposal; evidence that the proposal has been approved by the Ethical Review Committee of the School of Nursing, University of Manitoba; and the consent form to be used with the subjects.

Thank you for your cooperation and consideration. I would be pleased to provide you with any additional information you may require. I look forward to receiving your decision at your earliest convenience.

Sincerely

Pearl L. Stoker
Work # 452-3411 ext 227
Home # 668-3582

ADVERTISEMENT

Masters in Nursing student needs first time mothers for a research project with infant between 1 and 6 months old who intends to return to employment. Interview time 1 1/2 hours to complete 2 questionnaires. All information strictly confidential. Participants can request a summary of results. Phone Pearl Stoker, 668-3582.

NOTE

I am a Masters in Nursing student seeking subjects for a research project. If you are, or know of, a first time mother living in or near Winnipeg with an infant between 1 and 6 months old and you intend to return to employment, please consider volunteering. Interview time 1 1/2 hours to complete 2 questionnaires. All information strictly confidential. Participants can request a summary of results. Phone Pearl Stoker, 668-3582.

