

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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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.

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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.

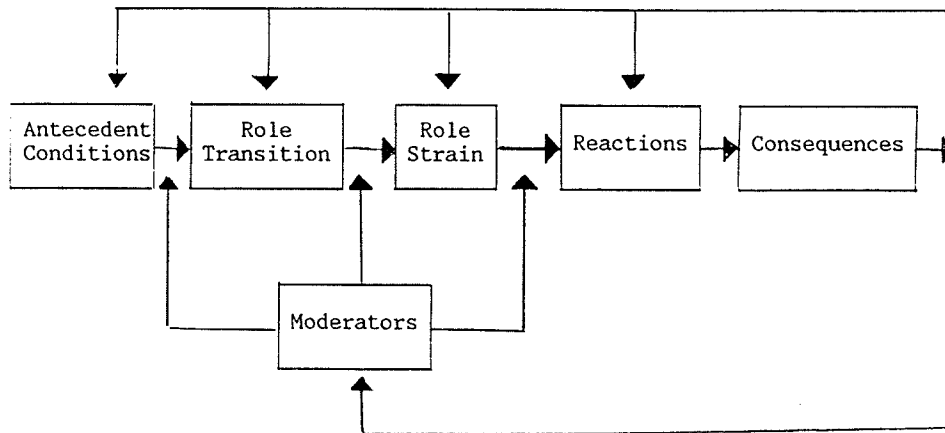
Specifically the problem this study addressed is the lack of information about the concerns, coping strategies used and resources available to women after childbearing who intend to integrate motherhood and full-time careers.

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

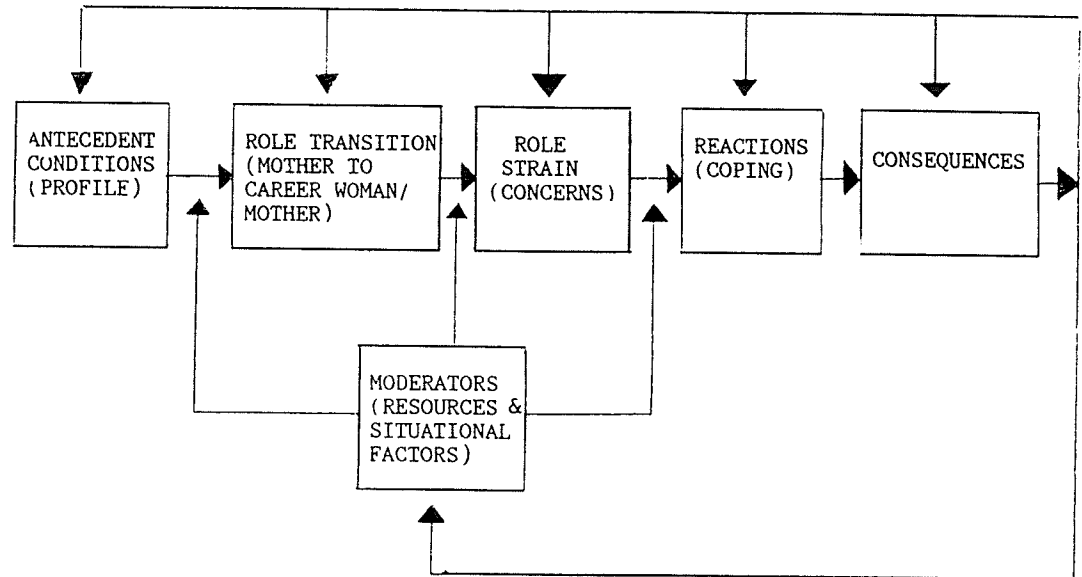


Figure 3. Model of the Role Transition Process as Used to Explore Coping Strategies

