'Snakes and ladders' - the impact of motherhood upon women’s career outcomes in registered nursing in Scotland

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Structure of the presentation

- Background – Gender and Employment
  - Not so much female - male as ‘Mothers versus the rest’
- Perceptions and attitudes
- Conclusions
Male-Female employment differences

- The ‘family gap’ - differences in behaviour and labour market disadvantage are connected to the presence, and ages, of children of parents.

- Male and female FT wages converging in UK but part-time wages diverging (e.g. Paull; Booth and van Ours).

- Hourly earnings of part-time females are 25% below those of full-time females (due nearly all to occupational segregation Manning and Petrongolo (2008)).

- Part-time work especially linked to children for women.
Why parents work part-time or not at all?

- Is this a supply and/or demand phenomenon?
- Supply-side influences - parents wishing to remain with their children when young, cost of childcare etc.
- Demand-side influences –discrimination or employer preferences
Research Methodology

The research was conducted in two phases.

- The first phase involved a rigorous quantitative analysis of the gender patterns within the entire nursing workforce in Scotland comprising 65,781 employees. This quantitative analysis sought to discern the factors and variables that influence women’s career outcomes.

- The second phase of the research utilised qualitative methods in order to explore the possibility that within certain areas of nursing, career outcomes are not only a product of personal circumstances but cultural and environmental perceptions, gender related values and stereotypes.
Quantitative analysis

- **gender** (male/female) - **childcare responsibilities for:**
  children aged under 5 years; children aged 5 to 11; or no childcare responsibilities at all, i.e. no children under 12.

  - **Age:** 25 or less; 25 to 39; 40 to 49; or 50+

- Employer preferences were found to favour those who are:
  - between the ages of 25 and 39; with no childcare responsibilities; and women.

- Employer preferences against those:
  - having childcare responsibilities for children under 5 years old; and being over 50 years old.
Keys points of quantitative analysis

- *The Tyranny of Aggregation* – for equality we must separate policies to support the most disadvantaged – i.e. generally mothers of young children, rather than treating all females the same (although this is not to deny that discrimination still takes place).

- Even among mothers however, in terms of employment there seem to be some groups that are particularly disadvantaged.
Impacts of career breaks

- Career breaks interrupt this experience and compromise it. Good practice is dependent on maintaining and continually updating skills. If a nurse has a long term break 'her' skills can quickly become redundant.

Carol
Impacts of career breaks

Clinical knowledge and experience are the cornerstones of nursing. Professional practice changes so rapidly that when someone takes a break of a few years that in-depth understanding of technical competencies quickly becomes obsolete - ‘core’ competences never really alter but they are an essential but small part of ‘acute’ nursing.
Training after a return from a career break

The demands of the jobs are so great, how can we keep skills up to date while delivering ‘care’ and quality health outcomes? The only way that this can be achieved is through a full-time dedicated workforce. It is as simple as that and I can’t see this changing anytime soon. Full-time working is still the most efficient and cost-effective means of delivering quality patient care. We must prioritise those full-time nurses in post for the good of the patient and the service.

Debra
Training after a return from a career break

I originally thought it was just sheer stupidity or sheer prejudice or sheer incompetence. I then thought it was a mixture of all these things. As it seems so counter-intuitive it slowly dawned on me that it was all related to supply and demand – with a constant supply of ‘new’ nurses it was easier to recruit them than go through the time consuming process of contacting, engaging and then facilitating the training needs of nurses on a career break or those returning from a break.

Anne
In a time of restricted resources it is hard to justify training for part-timers, they are transitory workers. They make a magnificent contribution to the service. There is absolutely no denying this as it is a fact but, and there is a big but, training is rationed and the rations must be given to those who are stickier – those that will stick around. It has to go to the full-timers. It has always been this way and I cannot see that changing any time soon – there would have to be a massive change in the culture within and out with the profession.
Training for part-time nurses

- Tricia considered, “Part-time nurses are condemned by an unhealthily mixture of a stratified and unquestioning culture and a highly bureaucratic organisation which consider full-time working to be best. The belief does not allow the career development of nurses”.

- Lisa opined, “When nurses go part-time they stay there apart from moving horizontally; the opportunity to move vertically is limited. They can only move when they receive training”.
Conclusion

- Gender Perceptions are applied by women against women.

- Stratified structures enhance these perceptions.

- Lack of flexibility further restrict movement.

- Training of part-time employees is as critical as the concrete ceiling which exists in relation to career grading – full-time working is still the accepted norm.
Thank you for listening

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Random parameters logit model. 52 respondents, N = 572. McFadden Psuedo-R2 = 0.18.
Bibliography


• McIntosh, B, McQuaid, R & Munro, A, (2015) “The impact of gender perceptions and professional values on women's careers in nursing”, *Gender in Management: an International Journal*, (Forthcoming)


