Nurse Leaders: The Relationship Between Return to School and Sex Role Traits, Family Demographics and Household Responsibilities

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NURSE LEADERS: THE RELATIONSHIP BETWEEN RETURN TO SCHOOL
AND SEX ROLE TRAITS, FAMILY DEMOGRAPHICS AND
HOUSEHOLD RESPONSIBILITIES

by
Mary Lynn Anderson

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Educational Leadership

Western Michigan University
Kalamazoo, Michigan
April 1991
The purposes of this study were: (a) to describe differences, if any, in sex-role traits, age and number of children, proportionate income, and responsibility for household tasks and childcare between female registered nurses who return to college and those who do not; and (b) to extend the research regarding the adult learner's return to college in the specific area of baccalaureate degree completion by registered nurses. Chi square and analysis of variance of survey data, and interviews were used in determining differences between the student and nonstudent groups.

Four hypotheses were tested. The only hypothesis which was supported was that female students had significantly fewer children than female nonstudents. A second hypothesis was partially supported in that while there were no significant differences between students' and nonstudents' self-reported responsibility for household or childcare tasks, the students estimated that they spent significantly less time in childcare and household tasks than did their nonstudent counterparts.

There were no statistically significant differences reported between registered nurses who had returned to school versus those
who had not in regard to sex-role traits, age of their children, or proportion of the household income that they earned.

A number of recommendations for further research and study were made, including (a) a need to study males with various levels of education, professed egalitarianism, and work roles in order to assess trends in shared childcare and household tasks; and (b) a need to determine the means through which adult female students decrease their childcare and household responsibilities. Based in part on the findings of this study and consideration of other issues, some general recommendations were also made. First, basic nursing education programs should provide information regarding the current status of sharing the childcare and household tasks, and teach about the financial resources and negotiating skills that the woman may need in order to return to school later in life. Second, baccalaureate degree completion programs should be designed in concert with health care agencies in order to jointly plan flexible part-time work schedules and classes which accommodate the adult female learner.
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Nurse leaders: The relationship between return to school and sex role traits, family demographics and household responsibilities

Anderson, Mary Lynn, Ed.D.
Western Michigan University, 1991
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DEDICATION

To those women of the 1980s and 1990s who experience the psychological consequences of the limiting norms and social structures in which they find themselves, and to my daughters, Katherine and Emily.
ACKNOWLEDGMENTS

I wish to express acknowledgment and sincere appreciation to my advisor and committee chairperson, Dr. Charles Warfield, for his advice and encouragement throughout my course of study; and to my committee members, Dr. Bob Brinkerhoff and Dr. Sheila Burns, for their advice and guidance. Special thanks to Dr. Sheila Burns for her assistance with both statistical analysis and writing.

Appreciation is expressed also to Mr. John Hammang for his financial support and to Dr. John Kuhn, Dr. Betty Hill, and Dr. Elmer Moisio for their facilitation of sabbatical leave which allowed completion of this course of study. Appreciation is also due to Sue Churchville and Lee Pakko for their assistance in the task of typing and proofreading this manuscript.

As a woman with children in 1991, it has only been possible to complete a doctoral degree because a host of support persons stood behind me. My deepest gratitude and appreciation are extended to my husband, Dale; to my sister, Laura; and dear friends, Paula Andrews and Jackie Gasowski, who provided support and assistance with my children's care; and to Eileen Smit, who facilitated and shared my work roles in such a way that time was available to complete this study. My appreciation also to Dr. Jayne Mohr, my partner in this program.
Finally, my deepest gratitude to Dean Emeritus Margaret Rettig, Dr. Sharon Janzen (posthumously), and Dr. Alan Donovan for their inspiration.

Mary Lynn Anderson
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CHAPTER I

BACKGROUND OF THE PROBLEM

Introduction

When a woman has both a career and children, the potential for role overload and role conflict is great. The age and number of children, her income proportionate to total family income, sex-role traits, and amount of household responsibility may be variables that influence her ability to choose to return to school (American Council on Education, 1987; Antill & Cotton, 1988; Chapnick, 1982).

Throughout the 20th century, tasks performed within the household were usually based upon traditional sex-differentiated roles, with husbands doing the "masculine" tasks and wives the "feminine" tasks. In the 1980s, with the increase of women in the work force and even in those families where husbands profess an egalitarian ethic regarding household tasks, women still do the majority of all household tasks (Antill & Cotton, 1988; Chapnick, 1982; McLaughlin, Cormier, & Cormier, 1988; Nyquist, Slivken, Spence, & Helmreich, 1985; Yogev & Brett, 1985). Few husbands participate to the degree implied by assertions of "equality" in marriage (Chapnick, 1982) unless the female is the major wage earner and the marriage is childless (Atkinson & Boles, 1984). A woman must have the time, energy, resources, and motivation in order to leave her family to return to school. In one study it was found that the typical
full-time working female spends 42 hours per week at paid work; she also spends up to an additional 53 hours per week in childcare and household tasks, while her male counterpart spends 7.5 hours (McLaughlin et al., 1988). These findings contrast with the lower estimate that a woman averages 28.9 hours per week in household and childcare activities in comparison to a male average of 4.7 hours per week (Bernado, Shehan, & Leslie, 1987). In both studies, the female continues to perform at least 4 times as much household work as the male.

The time and energy that would allow women to return to school may not be available to women with families. In the majority of studies reviewed, the fact that a wife works outside the home has almost no influence upon the relative division of household tasks (Antill & Cotton, 1988; Curtiss, 1984; Nyquist et al., 1985; Richmond, 1986). Thus, time and energy may be important variables in the wife's decision to return to school. The constructs to be further developed and examined in this study include: sex role traits, demographic variables, and household responsibilities.

Family Demographic Variables and Household Tasks

The number and age of children and sex role traits are important variables that influence the number of hours a woman works outside of the home (Antill & Cotton, 1988; McLaughlin et al., 1988). Antill and Cotton found that the arrival of children significantly increased the wife's hours in household and childcare tasks, while only the husband's "egalitarian" beliefs predicted his
increase in hours in these tasks. This finding, that it is the husband's egalitarian beliefs rather than the number of hours that either the husband or wife work outside the home influence the husband's performance of "feminine" household tasks, may reflect the power dynamics of the family. If women are unable to translate their motives for career achievement into time and energy to complete school work, their opportunities for educational attainment will be limited.

Sex Roles and Household Tasks

Many studies have found a positive relationship between women holding advanced degrees and reporting an "andrognous" or "masculine" sex-role orientation (Boughn, 1988; Gauthier & Kjervik, 1982; Minnigerode, Kayser-Jones, & Garcia, 1978; Perry, 1984). However, only a slight decrease in the females' performance of "feminine" household tasks occurs when a woman returns to school (Atkinson & Boles, 1984; Nyquist et al., 1985). No study was found which examined sex role traits, demographic variables, household task variables, and the return to school of adult women. This study describes the relationship between sex-role traits, demographic variables, and a female nurse's return to school.

Purpose of the Study

The purpose of this study is to use selected variables to compare female registered nurses who are enrolled in bachelor of science in nursing (BSN) completion programs with female registered
nurses who are not enrolled in such programs and to identify sex-role trait, demographic, and household task differences, if any, between these two groups.

The Research Question

The research question asks if there are ways in which nurses who are enrolled in baccalaureate completion programs differ from nurses who are not enrolled, as a function of selected variables. The variables include sex-role traits, demographic variables (to include age and number of children and the nurse's income), time and responsibility for household tasks, and childcare.

Importance of the Study

Nurses should continue their education in order to develop the technical and interpersonal skills needed to provide high quality up-to-date nursing care (Campbell & Williams, 1983; Hinshaw, Schmeltzer, & Atwood, 1987; Kramer & Schmalenberg, 1988). In addition, nursing managerial and specialty roles now require advanced degrees (Kramer & Schmalenberg, 1988). The need to understand the adult female learner's traits and the educational structures which facilitate her advanced education is crucial to provide the opportunity for this career advancement. As the 1987 report of the American Council on Education states:

 Rarely, if ever, are men required to make a similar choice, between career and home. Rarer still are questions asked about how our social systems could be changed or redesigned to accommodate families: children, women, and men together. Structures and systems supporting

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multiple roles for men as well as women could redress imbalances and enable women to make a fuller contribution to the total society. The prevailing values in our country support structures and systems that prevent us from discovering and implementing changes that could solidify new roles for men and women. It is time to attend to these values and there is no better place to start than with the educational system. (p. 2)

Many of the women drawn to nursing hold "feminine" role stereotypes (Boughn, 1988; Gauthier & Kjervik, 1982; Mazen, 1985; Minnigerode et al., 1978). Faculty socialize nursing students into more passive "feminine" role behavior which may create guilt in striving for power, independence, and career commitment (Cohen & Jordet, 1988; Rosenfeld, 1986; Stone & Goodwin, 1988). Workshops to increase self-esteem, assertiveness, and decision-making skills have been offered (Dunham & Bovier, 1984; Southern & Smith, 1983; Stone & Goodwin, 1988) in order to help both students and working nurses gain skills in these areas. Thus, both the lack of stereotypical masculine skills of achievement, autonomy, and career commitment and the need for these skills are documented throughout the nursing literature. If nursing as a career field does indeed attract sex-role stereotypical "feminine" women who are more family-oriented and less autonomous and achievement oriented, the importance of the spouse's contribution to childcare and household tasks increases if the woman is to be supported in a return to school.

In addition to lower levels of skills and achievement motivation than the more "masculine" or "androgynous" women (Shann, 1982; Steinberg, 1979), "feminine" nurses have elevated depression scores (Gauthier & Kjervik, 1982; Glazebrook & Munjas, 1986). This
profile, of low assertiveness and achievement paired with high depression, does not describe a person likely to return to school. This study will examine the sex-role trait, demographic, and household help variables which may differentiate students from non-students. It will explore relationships between these variables.

The Context of the Problem

Employee retention increased in importance as the nurse shortage escalated in the mid-1980s. This shortage resulted both from experienced nurses leaving the field (American Hospital Association, 1987) and from fewer students entering nurse training programs (U.S. Department of Health and Human Services, 1988c). The importance of employers knowing which job expectations are fulfilled and which are not and what the advantages of a job change would be has been discussed in a number of studies and reports (American Nurses Association, 1983; Campbell & Williams, 1983; Harrington, 1988). Nurses stated that while conflict and unfair treatment were part of the issue, a major reason for leaving a particular work setting was a desire for advancement and greater opportunity elsewhere (Roseman, 1984; Ruffing, Smith, and Rogers, 1984). Incentives to keep nurses include career mobility plans which value advanced education, clinical skills, and leadership (Campbell & Williams, 1983; Kramer & Schmalenberg, 1988). Kramer and Schmalenberg believed that the work environment must support high performance expectations and a value system that promotes individual autonomy. Professional nursing educators also advocate advanced education (American Nurses
In addition to the workplace working to support the nursing profession, the people in the profession must be prepared to structure their nonworkplace environment to support their professional development. This is a particular problem for nurses. Nurses are predominantly female (96%) and are often primarily responsible for housecare and childcare in addition to their professional work. Female nurses are often trying to support the sex-role stereotype of good housekeeper as well as the professional role of good nurse (Bem, 1982; Boughn, 1988; Chapnick, 1982; Chubon & Emihovich, 1984; Gervaize & Howard, 1984; Mazen, 1985; Perry, 1984; Steinberg, 1979). Sufficient achievement and autonomy traits (often labeled as "masculine" or "androgynous" on sex-role measurement tools) and household help must be present if the nurse is to take on the additional role of student.

Definition of Terms

Sex roles: Sex roles represent a synthesis of biological and cultural forces as they are mediated by cognitive and ego functions. Sex roles are those behaviors and behavioral expectations culturally associated with a specific gender.

Masculinity characteristic or trait: A personality characteristic judged to be more desirable in American society for a man than a woman (Bem, 1975). Some characteristics that have been typified as masculine are: analytical, aggressive, ambitious, and assertive.
Femininity characteristic or trait: A personality characteristic judged to be more desirable in American society for a woman than for a man (Bem, 1975). Some examples of characteristics that have been typified as feminine are: affectionate, gentle, yielding, and sympathetic.

Stereotyping: Ascribing attributes to a person purely on the basis of a class or category to which he or she belongs (Secord & Backman, 1964).

Feminist: A belief system that values women and that confronts gender-based injustices. This political philosophy asserts that the humanity of us all transcends any part of our identity, such as our biological sex and that sexism (viewing one sex as superior to the other) is unhealthy and dehumanizing (Speedy, 1987).

Egalitarianism: Having both masculine and feminine characteristics (for example, both assertive and yielding, both instrumental and expressive)--depending upon the situational appropriateness of these various behaviors (Antill & Cotton, 1988).

Roles: Integrated sets of social norms which define a person's function or social position (Burr, Leigh, Day, & Constantine 1979). Individuals learn the norms and expected behaviors related to a socially defined position (Rank & LeCroy, 1983).

Role strain: The experience of conflicting expectations which occurs with the assumption of new roles and which causes conflict between internal values and the external demands imposed by society (Glazebrook & Munjas, 1986). Role strain is the subjective
experience of role conflict. Role conflict has been classified in terms of time, location, energy, or expectation conflicts.

Assumptions

In this study four variables were identified which could influence the nurse's decision to return to school: (1) internal personality trait (sex-role variables), (2) the demographic variables of age and number of children, (3) the female nurse's proportion of the household income in comparison to her spouse's proportion, and (4) the degree of responsibility the nurse has for household tasks and childcare.

It is assumed that sex-role trait and household task behavior are related. Further, it was assumed that a sample (of 75 per subgroup with a .05 level of significance) is powerful enough to detect differences between the variables under examination, as no estimate of effect size is available (Borg & Gall, 1983; Isaac & Michael, 1981). Nonrandom sampling was viewed as a necessity in order to access the target population in sufficient numbers.

Survey return rates of 60% or above were to be considered high and would be sufficient to support a moderately high level of confidence in interpreting findings (Isaac & Michael, 1981).

It was also assumed that the mailed survey questions were understood and that the subject's behaviors and attitudes were reflected accurately with over- and under-rater biases occurring approximately equally (Isaac & Michael, 1981). It was assumed that the person receiving the survey actually answered it and that a
cross-section of nonstudent registered nurses responded and not only the most accessible or cooperative.

Limitations

Only one household member was sampled. It was assumed that the sampled person accurately reflected both the person's own and the person's spouse or partner's perceptions of demographic, household help, and sex-role trait variables.

A nonrandom sample of convenience was chosen in order to obtain sufficient numbers of registered nurses who had returned to school to complete a degree. While the Michigan Office of Health and Medical Affairs (1989) and the U.S. Department of Health and Human Resources (1988c) are able to supply the names of nurses who hold bachelor degrees versus those prepared in associate degree or diploma programs, they were unable to provide a list of registered nurses in process of completing a baccalaureate degree. Thus, it is likely that only a very small number of such people would be targeted through random sampling. A large sample of persons currently involved in a baccalaureate completion program was seen as a reasonable alternative to gain access to this population. The volunteerism factors in the return rate from a random sample was a disadvantage, as volunteer respondents are more likely to be better educated, of higher socioeconomic level, have more need for social approval, and be more unconventional (Borg & Gall, 1983). These "volunteer" variables could confound the results of all of the hypotheses. A sample of convenience in which almost all present
complete the survey was viewed as a better sampling method, although nonrandomization threatens generalizability.

Because this is an ex post facto design, no cause and effect conclusions can be drawn. In fact, Isaac and Michael (1981) stated that the major difficulty with descriptive ex post facto designs is the inability to determine cause and effect as there is no control over rival hypothesis. "The fact that two or more variables are related does not necessarily imply any cause and effect" (p. 42).

The validity of all household task scales as a measure of actual behavior has been seriously questioned by Huston and Robins (1982). They suggest that these scales fail in the following dimensions: the lack of clarity regarding the behaviors or sequence of behaviors such tools describe and the basic unit of analysis; the instability and distractibility of participants; and finally, memory distortion and task substitution and errors in mental arithmetic perhaps due to egocentric distortions of judgment about others (Huston & Robins, 1982). Since all household task measurement tools contain some of these limitations, the Household Activities Questionnaire (Nyquist et al., 1985) was chosen because it had at least some adequate validity and reliability data.

Due to a return rate from nonstudents of only 44%, an additional 15 nurses who were not students were paid to complete the questionnaire and interview process in one additional location. This increased the nonstudent rate to 54% but creates unknown differences as this group of nurses resided in the only location where a baccalaureate completion program was not available, and were paid
for their participation in the study. These data were analyzed separately and no major differences detected prior to adding the data to the nonstudent group.

Hypotheses

The general hypothesis was that there is a positive relationship between whether or not female registered nurses complete a bachelor's degree and specific sex-role traits, demographic variables (number and age of children), proportion of family income earned, and time and responsibility for household tasks and childcare. The specific hypotheses were:

1. Female students will be classified as "masculine" or "androgynous" significantly more frequently than female nonstudents.

2. Female students will have significantly older and fewer children than female nonstudents.

3. Female students will earn a larger proportion of the household income than female nonstudents.

4. Female students will perform and take responsibility for significantly fewer household and childcare tasks than female nonstudents.
CHAPTER II

REVIEW OF THE LITERATURE

The purpose of this study is to describe differences, if any, in sex role traits, age and number of children, proportionate income, and responsibility for household tasks and childcare, between nurses who return to college and nurses who do not. Literature pertinent to these issues will be reviewed in this chapter. The chapter is divided into four sections: (1) the context: household tasks and role conflicts; (2) sex-role traits and the nurse's return to school; (3) family demographic variables and the nurse's return to school; and (4) the division of household tasks and the nurse's return to school.

The Context: Household Tasks and Potential Role Conflict

Studies of men and women in dual-career families have identified a number of role conflicts. These conflicts include a significantly more hectic pace, complicated life, reduced personal free time, taxed energy, reduction in friendship and kinship networks, postponement of childbearing, curtailment of social and leisure activities, and curtailment of personal career advancement (Coffey, 1985). Each of these discrete examples could be placed in the categories of time, location, energy, or expectation conflict. This study investigated the amount of time that a female has available
when she decides to return to school. According to Coffey (1985), Hammond (1988), and Kater (1985), men and women in dual-career families experience both internal and external stressors. Internal stressors are those which originate within the family unit. According to Kater (1985), these included role overload issues (too much to do and not enough time to do it), multiple role-cycling issues (roles assumed by either or both partners simultaneously demand increased attention), and identity issues. External stresses occur due to role conflict between personal and social norms or inflexible occupational structures or neglect of social networks. Once again, time, location, energy, and expectations may conflict for men and women in these marriages. This study focuses upon the impact of sex-role traits, demographic variables, and household and childcare tasks upon the time available to females who wish to return to school.

Traditionally in this society household tasks have been part of the wife's role. One would expect that in dual career families or in families in which the female is the major wage earner this role would be modified or assumed by the male. However, this does not appear to be the case. In studies of dual career families in which both spouses have high aspirations to exercise their individual competencies in performing work tasks that carry great responsibility, wives tend to decrease the number of hours that they allocate to housework, yet there has not been an appreciable increase in the amount of time that their husbands spend in housework. In Bernado's et al. (1987) study, wives spent far more time than their husbands
(28.9 hours in contrast to 5.9 hours) in household tasks. Dual career husbands did not appear to be more egalitarian in sharing these tasks even when their wives were full-time career workers. These findings are supported in studies through the 1990s (Smart & Smart, 1990) and in newspaper articles. In the late 1980s and early 1990s, the popular press had addressed aspects of this dilemma in terms of its negative impact upon individuals who try to do many roles too perfectly (Hofsess, 1989) and in families where women feel overloaded (Wallis & McDowell, 1987).

The popular press for example has reported the plight of "Superwoman" in which 84% of survey respondents who work have no housekeeper and 69% claim that they personally are mostly responsible for the household chores. Of the 6,000 urban respondents over half were employed full time outside the home, yet 49% said that they were personally responsible for taking care of the children (Martin, 1988). Even Ann Landers's 1990 column has addressed this issue. Ann Landers stated that of the five tubs of mail on this subject, "about 70% of the women claim that they are doing 90 percent of the work around the house, plus the shopping, driving the kids around, etc., etc., even though they also work outside the home" (Landers, 1990, p. 6A).

Atkinson and Boles (1984) surveyed wives who were major wage earners. This was the only study in this literature review in which husbands reported a large amount of responsibility for household tasks. In this study, husbands reported feeling stigmatized as a "dominated loser" and reported that the disadvantages to themselves
of this pattern include: wife's time away from home, lack of household services, and sacrifices to their own careers. Twenty-seven percent of the husbands in this type of marriage reported that husbands and wives spend almost equal amounts of time on household tasks. Forty-six percent indicated that wives spent more time in these activities, and only 27% indicated that the husband spent more time on chores. It is proposed that such stigmatization results in role conflict of expectations while increased household task participation may create time, location, or energy conflicts for these men. In a study of husbands, Rank (1982) found that increases in age, income, education, and occupational prestige were shown to correlate with an increase in husbands' egalitarian attitude and wives' decision-making power in their decision to return to work. This study did not focus upon the decision to return to school per se, however. Thus, it appears that women in marriages in which the female is the major wage earner or is married to a highly educated and well paid male with an egalitarian attitude, may be most likely to receive help with the childcare or household tasks.

McLaughlin et al. (1988) studied more typical single male wage earner and dual career families in which the male provided major financial support. In these families men and women report much more striking differences in the amount of time spent in household tasks and childcare activities. These women reported spending 14 hours per week in household tasks, 39 hours doing childcare, and 42 hours at a paid job in contrast to the males self-reported 5 hours per week performing housework, 2.5 hours per week in childcare, and 47
hours at a paid job. Other studies consistently support the dispro-portionate numbers of hours working women devote to household and childcare tasks in comparison to their spouses (Antill & Cotton, 1988; Chapnick, 1982; Dublon, 1983; Geerkin & Gove, 1983; Myers-Walls, 1984; Nyquist et al., 1985; Shann, 1982). These large numbers of hours on household tasks create a great potential for role conflict for multiple role women who wish to return to school.

Time management and self-care activities (McLaughlin et al., 1988), redefinition of expectations structurally and personally (Dublon, 1983), positive views, compromise, compartmentalization, and the development of a salient role (Myers-Walls, 1984) are all suggested in the literature as ways to cope with role conflict. None of these previously suggested coping mechanisms will provide females the choice to return to school in terms of the time, mobility, and energy needed in and of itself, unless there is an increase in the amount of time available to study through a decrease of the time spent in household tasks and childcare. The necessity of mutual commitment to both careers is just beginning to be recognized (Kater, 1985). Yet, it appears that many women returning to school will not find themselves in marriages where mutual career commitment and this kind of planning exists.

Scanzoni (1978) has found that women who desire more interchangeability in sex-role task performances with their spouse had been more active in the labor force, produced greater tangible resources (dollars earned), and improved their family's standard of living. Concomitantly, he believed that such women have developed
their intangible resources, such as negotiating skills, to a greater degree. The reward-cost theory that underlies this research found it impossible to determine if sex-role preferences, tangible resources, or intangible resources were the most important factors in increasing women's negotiating skills. As women's ability to economically improve the families' standard of living increases and they assume the obligation of co-provider, Scanzoni argued that it would also enable women "to get" their husbands to share household and childcare obligations. Yet, in the mid-1980s there was little evidence that women did less household and childcare work although over half were working outside the home (Geerkin & Gove, 1983; Nyquist et al., 1985). It would seem that while men's income and outside employment hours work to mitigate against their participation in household tasks, women's work hours outside of the home have very little impact on the hours they spend in household and childcare activities. In Antill and Cotton's (1988) study, couples who were sharing the majority of household tasks were in the minority with only 5% of the sample reporting sharing more than half of these tasks.

Nineteen female nurses and their families participated in Chapnick's (1982) study which analyzed the degree to which spouses actually shared household tasks and income production in comparison to their ideological commitment to sex-role equity. The working women in this study continued to perform the vast majority of household and childcare tasks. Deviation from traditional household task roles occurred only when wives' commitment constrained them from
carrying out role-designated responsibilities of household tasks and childcare. Chapnick also found that wives were reluctant to accept equal responsibility for the provider role, even when their income exceeded that of their spouse. Thus, both the limited amount of household help provided by spouses and women's internal lack of commitment to take equitable responsibility for the provider role may play a part in the actual amount of time available to female nurses who wish to return to school. While Scanzoni (1978) and others describe women's ability to negotiate for household help as an intangible resource that may be learned on-the-job, the majority of studies do not support the belief that wives' outside employment increases spouses' time on household tasks (Atkinson & Boles, 1984; Bernado et al., 1987; McLaughlin et al., 1988; Smart & Smart, 1990). It is in this context that the variables of sex role, age and number of children, female income, and amount of household responsibility were examined to determine differentiation between nurses who return to school versus those who did not.

Sex-Role Traits and the Nurse's Return to School

Mendelson (1985) believed that the traditional descriptions of occupational and intellectual achievement are viewed as unfeminine. She reviewed research which supports the belief that socialization into the stereotypic female sex role negatively affects the girls' achievement pattern and occupational aspirations. She pointed out that there are powerful sanctions of ridicule or rejection which are used to induce girls to espouse the stereotypic feminine goals of
attractiveness, domesticity, and helping versus being achieving and ambitious. Social class narrows the range of perceived choices as she is influenced by the occupational aspirations of her parents and friends, by the values that she expects her husband to have, and by lack of professional role models. A girl's sex-role values, as influenced by education and the media, seem to distinguish girls and women planning a career from those who aren't, as well as differentiating females who choose male versus female dominated professions. Barron (1987) related stable sex-role traits with expectations of success on stereotypically sex-linked tasks and found that females typically expect to succeed in sex-role stereotyped tasks (such as cooking). While motivation and past experiences were found to be important, sex-role variables of sex-role task congruence were significant predictors of expectations of success. Studies such as these lend support to the premise that sex-role socialization is reflected in actual behavioral choice of occupations.

There were studies which compared the sex-role traits of women in stereotypically "male" versus "female" typical occupations, of which nursing was one. Women in female occupations, including nursing, were found to be less ambitious, less confident, and less aggressive (Mazen, 1985), as well as to anticipate a longer career break for childcare (Shann, 1982; Steinberg, 1979). When studies from schools of nursing, education, business, and the arts and sciences were compared, students in the school of nursing and education scored significantly lower in autonomy and "masculinity" and significantly higher in "femininity" than the students from business
and arts and sciences. There was also a significant relationship between autonomy and masculinity scores (Boughn, 1988). Thus, nursing initially attracts more "feminine" women who appear to be less autonomous and career oriented than women who chose other careers. Hypothesis 1 will compare the sex-role traits of nurses who return to school versus those who do not, in order to explore whether this difference continues to exist in adult nurses who return to school later in their career.

In the early 1980s two studies that examined graduate nursing students' level of self-esteem and sex-role orientation found higher "masculinity" scores among high achieving nurses. More than 55% of the graduate students in the 1982 study by Gauthier and Kjervik had high masculine sex-role scores. No data regarding the students' marital status were reported. These categories of traits corresponded to the highest levels of self-esteem and autonomy. The greatest number of students planning to go on for a doctorate were among subjects who had high masculine-low feminine classification. Perry (1984) also found that high levels of autonomy correlated with the highest degree held by nurses ($r = .389, p < .001$). It could be that students who decide to enter graduate school may have different characteristics than students who choose not to go on, yet being in graduate school itself might effectively promote more independence, assertiveness, and self-reliance in students.

The influence of sex-role in professional nursing has been examined by nurses themselves in five articles. These studies reflect a variety of views concerning the nursing profession and
stereotypic sex roles. Collingwood (1987) doubted that the fact that nursing is 97% female has much to do with the problems in professional nursing. This author believed that it is the nursing profession's acceptance of limiting stereotypes that creates professional problems for both male and female nurses. Another author proposes that professional nurses should work toward eliminating female stereotyping and move toward a "genderless" profession (Tomis, 1986). These views contrast with those who are "feminist." Contrary to Collingwood and Tomis, the "feminists" state that the socialization of women is associated with the renunciation of achievement and autonomy and acceptance of nurturing, complying, and dependent roles (Gervaize & Howard, 1984; Speedy, 1987). Conversely, professional success may depend upon the stereotypically masculine traits of autonomy, assertiveness, competitiveness, and ambition. From Speedy's (1987) viewpoint, because nurses lack accountability and control over nursing due to the domination of nursing by physicians and administrators, they can be defined as oppressed. The subordinate group (nurses) may either fail to recognize their oppression due to their acculturation or they may believe that to be like the oppressor will lead to power and control, rather than developing the internal qualities of autonomy and achievement. Finally, there are those who profess that mutual enhancement for women could occur through developing androgynous traits (which include characteristics such as achievement and autonomy and nurturance) (Blanchard & Sargent, 1987; McBride, 1984; Pontin, 1988). Undergraduate and graduate nursing students rated the "ideal" nurse as
being highly masculine, highly feminine, and mid-way between the masculine and feminine points on the Personal Attributes Questionnaire bipolar scale (Minnigerode et al., 1978). Bem, Martyna, and Watson (1976) showed that individuals with these high female, high male scores, whom they labeled androgynous, are more likely than either sex-typed masculine or feminine individuals to display sex-role behavior which is effective situationally without regard for sex-role stereotypes (Minnigerode et al., 1978). Thus, it is important to examine how sex-role traits of androgyny are related to an individual's decision to return to school.

There continues to be a significant relationship between the women's sex-role orientation and the number of hours worked each week at outside employment with "masculine" and "androgynous" women working more (Krogh, 1985), in spite of the presence of young children. Thus, "masculine" or "androgynous" women may be continuing to care for children and work in outside employment, and have little additional time left to return to school. Or the "androgynous" or "masculine" woman may be most able to incorporate the third role of student into her life.

In 1980, 45.8% of mothers with children under age 6 worked outside of the home, while 63.2% of mothers whose children were at least age 7 did so (Gibson & Fast, 1986; Shortridge, 1987). Yet, in spite of outside employment, the hours worked inside the home is approximately 3 times greater for females than for males in most American families in the late-1980s (Bernado et al., 1987; McLaughlin et al., 1988; Smart & Smart, 1990).
In studies of role conflict, the presence of young children in the home increases the woman's housework and childcare responsibilities as measured in hours 3 to 4 times and is seen as a major cause of role conflict (Campaniello, 1988). The second hypothesis examined the relationship of the age and number of children to the nurses' student or nonstudent status.

The Relationship of Class and Income to Sharing Household Tasks and the Return to School

In three of the five studies reviewed, which addressed the relationship of income to the sharing of household tasks, findings indicate that longer work hours and higher male income tend to mitigate against the males' participation in stereotypically "feminine" areas of housework and childcare (Antill & Cotton, 1988; Atkinson & Boles, 1984; Yoge & Brett, 1986). Two contrasting studies (Atkinson & Boles, 1984; Nyquist et al., 1985) suggest that higher education and employment status of wives is correlated with less involvement in household and childcare roles and somewhat greater involvement of the male in these roles. Only one study explored the wives as the major wage earner (Atkinson & Boles, 1984). In this study most of the women's jobs were classified as professional/business, whereas the males' jobs were of lower status and earning power. In this situation only, males were likely to spend approximately equal time performing household tasks and childcare as were their wives.
Although male versus female income within a family has been explored, there were no studies found which reviewed the impact of race or the relationship of high, medium, and low socioeconomic levels to performance of household tasks by spouses.

The Relationship of Class and Income

The literature which describes trends in earnings differences by gender continues to describe women in the United States earning approximately 60% to 64% of the wages earned by men (Blau & Beller, 1988; Goldin & Polacheck, 1987). Nursing has been described as one of the 10 leading occupations for women in that approximately 2.92% of all women who worked in the U.S. in 1980 (Shortridge, 1987) were nurses. Nurses' 1981 weekly earnings were higher than any of the other occupations predominantly occupied by women (Gibson & Fast, 1986; Shortridge, 1987). Median earnings for U.S. registered nurses in 1979 were approximately $14,500 (Gibson & Fast, 1986), $17,212 in 1981 (Shortridge, 1987), and $28,383 in 1988 (U.S. Department of Health and Human Services, 1988d). This income of the registered nurse can be compared with a total family income of married registered nurses of approximately $35,996, thus it would appear that many nurses are major family wage earners (U.S. Department of Health and Human Services, 1988d). These high proportionate family earnings may differentiate nurses who view their job as a career and return to school to advance that career. Higher proportionate wage earners will also have the financial resources to enable them to return to school. This question was explored in the third
hypothesis which stated that female students will earn a larger proportion of the family income than will nonstudents.

The Division of Household Tasks and
the Nurse's Return to School

The impact of sex-role traits on role sharing of household tasks has been categorized in several ways which produce a variety of findings. Orlofsky, Cohen, and Ramsden (1985) found moderate relationships between sex-role traits and behaviors as measured by the Sex-Role Behavior Scale. In multivariable studies, there is evidence that everyday household tasks continue to be divided along traditional sex roles (Antill & Cotton, 1988; Nyquist et al., 1985), and that sex-role traits are good predictors of the number of household tasks women will perform relative to their husbands. Antill and Cotton's (1988) research of 108 families in Australia confirms the persistence of very segregated divisions of household tasks within Australian families. In the few couples that had moved toward a more egalitarian task sharing of household and childcare, demographic variables of youth, few or no children, higher education of both spouses, present continuation of education, and the female doing fewer "feminine" tasks and earning a higher income level were significant. The single sex-role variable that influenced husbands doing relatively more household tasks overall, was the males' "egalitarianism." Female sex-role egalitarianism was not associated with the male's contribution relative to their wives' overall participation in household tasks. Wives' participation in household tasks.
was predicted to a much larger extent by the demographic variables of age and numbers of children. Variables such as these may imply a choice on the part of the individual male, rather than constraining that individual, through, for example, lack of time to a particular course of action. In contrast, performance of "feminine" tasks is strongly predicted by many demographic and background variables which change over time. Antill and Cotton (1988) pointed to the importance of ideology or values as a critical factor in breaking out of traditional divisions in the performance of household tasks. The finding that it is the husband's egalitarianism rather than their wife's that has more impact on the husband's performance of (stereotypically) feminine tasks may well reflect the power dynamics within the family and socialization of women.

Studies in the United States also confirm a segregated division of household tasks (Atkinson & Boles, 1984; McLaughlin et al., 1988; Nyquist et al., 1985) with wives performing more hours of work than husbands (Chapnick, 1982). Studies find that husbands with both high income, egalitarian ideology, and lower dominance are the most likely to share family tasks and decision making, while the wives' income or ideology is not a significant variable (Bahr, 1972; Richmond, 1986; Stafford, Backman, & Dibona, 1977).

Pleck's (1985) extensive review of research related to family work indicates that despite differences in the woman's sex-role orientation, most women report that household tasks continue to be divided along traditionally sex-stereotyped dimensions. Further, demographic variables often override the sex-role trait dimensions
in research where multiple regression (Hoffert & Moore, 1979; Pleck, 1985) was used to weigh variables. Yet Pleck believed that sex-role attitudes should continue to be included in multiple variable studies as they may add another explanatory factor, in addition to paid work behavior, that will help increase understanding of why family work behavior is not more equal between men and women even after the woman is employed full time outside of the home.

The fourth hypothesis states that female students perform and take responsibility for significantly fewer household and childcare tasks than do female nonstudents.

Socialization Into Feminine Sex-Role Traits

Those who critique the socialization of nursing students within schools of nursing find that young women are not given sufficient opportunities to set their own goals, make democratic decisions, and acquire the collegial, assertive, and leadership skills they will need to autonomously compete and cooperate in the work environment (Chubon & Emihovich, 1984; Pinch, 1981).

Nurses next experience male control over their work in hospitals, where physicians often make decisions for nursing care (Gervaize & Howard, 1984; Pinch, 1981). This results in a lack of power and authority. Power, according to Kanter (1983), is the ability to mobilize people and resources to get things done. When power is legitimate, that is, an individual has the right to impose his or her will, and when it is exercised within a hierarchy of roles, it is defined as authority. Silver (1988) stated:
Because professional women themselves cooperate with patriarchal notions of authority, it is easy to blame "the victim" for both the subordinate position she continues to hold and the tenuous status of her claims to professionalism. This accusation ignores, however, the strength and resiliency of the patriarchal system. (p. 21)

If this is true, in school and in the work setting itself sex-role feminine traits of passivity and lack of decision making may be being reinforced, while it is the more stereotypic "masculine" traits of autonomy and achievement which are needed (Bem, 1982). In this study, the relationship between nurses' return to school and demographic variables, sex-role traits, and household responsibility will be explored in order to begin to differentiate the variables that may distinguish nurses who return to school from those who do not.
CHAPTER III

DESIGN OF THE STUDY

The purpose of this study was to describe ways in which nurses who are enrolled in baccalaureate completion programs differ on selected variables from nurses who are not enrolled in these programs. The variables include sex-role traits, time and responsibility for household tasks and childcare, and demographic variables (to include number and age of children and the nurse's proportion of the family income). A two group ex post facto design was used. The groups were defined by student status: student versus nonstudent. The goal was to identify factors which were associated with the nurse's choice to return to school.

Hypotheses

The general hypothesis was that there would be a positive relationship between a nurse's educational level and specific sex-role traits, demographic variables, and levels of household and childcare responsibility. Specific hypotheses included:

1. Female students are classified as "masculine" or "androgy­ nous" significantly more frequently than female nonstudents.

2. Female students have significantly older and fewer children than female nonstudents.
3. Female students earn a larger proportion of the household income than female nonstudents.

4. Female students perform and take responsibility for significantly fewer household and childcare tasks than female nonstudents.

The Population

The sample consisted of two groups of female nurses working in hospitals in the northern Midwest. The first group, students, included all registered nurses enrolled in a particular baccalaureate completion program between March and August of 1990. All registered nursing students were enrolled in one of two nursing courses offered on-campus or three off-campus courses. Approximately 50 registered nurse students are enrolled in this program during any one semester, with approximately half taking courses on-campus and half enrolled off-campus. Seventy-three students participated in the student group. The second group, nonstudents, were recruited by requesting that each student contact two peers in her work setting who were not students. This nonrandom sample of convenience was accessed through personal contact by the student group and through a follow-up letter. One hundred and fifty nonstudent nurses were asked to participate. Due to a low return rate (44%) in this nonstudent group, an additional 15 nonstudent registered nurses were paid to participate in the study. The total number of participants contacted was approximately 225 nurses. There were 152 usable surveys. This total sample was subdivided into two subsamples based upon student status.
Subjects

Not all members of the initial sample were used as subjects. Final selection was limited to those subjects who were married or living with another adult, and who had completed all portions of the questionnaire. Nonstudents were selected by asking each of the student participants to recruit two registered nurse colleagues who were also married or living with another adult and from the same or similar work setting but were not presently participating in further formal education. Precontacting the sample is believed to increase the return rate (Borg & Gall, 1983) and it was hoped that the students contacting their nonstudent colleagues in person would similarly increase the return rate. One hundred percent of the 89 students returned the questionnaires; 73 of these were usable for a usable return rate of 82%. Of the 56% (83 of 146) nonstudent returns only 44% (64) returned were usable questionnaires, thus an additional 15 nonstudent registered nurses were sought through a small hospital in a separate location and paid by their hospital for their participation.

Instruments

Three questionnaires were used in this study, the Household Activities Questionnaire, the Bem Sex-Role Inventory, and the Background Questionnaire. Several household and childcare activities scales were reviewed prior to the selection of the Household Activities Questionnaire (HAQ, Nyquist et al., 1985). Propriety, utility,
feasibility, and adequacy standards as described by Stufflebeam (1988) were used to critique each tool. Some were too lengthy (Chapnick, 1982), or had arbitrary classifications between "male" and "female," and "shared" tasks without a focus on household and childcare (Antill & Cotton, 1988). Household and childcare tasks more clearly describe the tasks at hand. Some had only face validity (Stafford et al., 1977; Yogev & Brett, 1985). Of all those reviewed the Household Activities Questionnaire had the clearest questions related to household tasks and childcare activities. The other survey instruments used in the study were the Bem Sex-Role Inventory (Bem, 1981) and a brief Background Questionnaire designed for this study to collect background data from each respondent. The Bem Sex-Role Inventory was chosen because it did not view sex-role traits as dichotomous, but rather as qualities present in all persons to some degree.

The Household Activities Questionnaire

The Household Activities Questionnaire (HAQ), devised by Nyquist et al. (1985) contains 19 items, listing traditional female tasks, traditional male tasks, and childcare and decision-making responsibilities within the home. To develop the scale Nyquist et al. asked husband and wife dyads to rate independently how the responsibility for completing household tasks was divided between the spouses. Responsibility for a task was defined as including either actually completing the task oneself or supervising its completion. A score of 1 on a 5-point scale signified that the responsibility
was almost completely the husband's, a score of 3 indicated that the
task was equally shared between the husband and the wife, and a
score of 5 signified that the responsibility was almost completely
the wife's (Nyquist et al., 1985).

On the basis of preliminary analysis, eight items were dropped
by Nyquist et al. (1985) from an original pool of 27, as they over­
lapped with other items or elicited few responses by subjects.
Factor analysis was conducted separately for each sex on the remain­
ing 19 items of the HAQ.

From an unlimited varimax solution, four factors were
selected that accounted for 72.9% of the variance of the
wives' responses. A second set of varimax analyses was
conducted limiting the number of factors to four. On the
basis of the latter, items with loadings of .4 or greater
for either sex were assigned to one of four unit weighted
scales.

The first scale, labeled House, contains seven items
describing routine domestic tasks that are traditionally
female. The items assigned to this scale are every day
cooking for the family, cleaning up after meals, house­
cleaning, laundry, food, marketing, caring for school-aged
children when not in school, and caring for a sick child
at home (including staying home from work if employed).
The second scale, labeled Maintenance, contains five items
describing household maintenance tasks that are tradition­
ally male; inside and outside house repairs, car mainte­
nance, lawn care, and gardening. The third scale, labeled
Child, contains three items referring to child rearing:
teaching children values, rules, and proper behavior,
disciplining children, and setting rules and limitations
for children. It should be noted that this scale does not
include routine child care; these tasks were associated
with the first scale. The fourth scale, labeled Decision,
contains four items describing major financial and invest­
ment decisions, and decisions about whether the husband
should accept a new position that does and does not re­
quire relocation. (Nyquist et al., 1985, p. 21)

For each respondent, scale scores were computed by summing the
responses of the items on the factor. Cronbach's alpha coefficients
for wives and husbands, respectively, were .73 and .74 for the House items, and .54 and .67 for the Child items (Nyquist et al., 1985), demonstrating adequate internal reliability.

Construct validity is supported in that the household scale has been used in concert with other sex-role trait scales to correlate how church attendance, education and employment, work, and sex-role traits relate to the distribution of household task performance between spouses (Nyquist et al., 1985). A female performing fewer household tasks typically has been found to have pro-feminist traits (Walker, 1977). Thus, there is some evidence of construct validity.

Examinations of the interscale correlations revealed only weak but significant correlations ($p < .05$). The House scale is weakly correlated with both the Decision ($-.219$) and the Child ($+.159$) ($p < .05$) scales (Nyquist et al., 1985). Thus the HAQ has reliability and scale consistency as well as relative subscale independence. While the entire HAQ scale was administered to research participants, only the House and Child subscales were used in this study. A copy of this survey form is included in Appendix A.

The Bem Sex-Role Inventory

The Bem Sex-Role Inventory (BSRI, Bem, 1981) was designed to measure the theoretical construct of androgyny. The short form of the BSRI contains 30 personality characteristics. Ten of the characteristics are stereotypically feminine (e.g., truthful, happy, conceited). Ten are stereotypically masculine (e.g., ambitious, self-reliant), and 10 are filler items. When taking the BSRI, a
person is asked to indicate on a 7-point scale how well each of the 30 characteristics described herself or himself. Each rating scale ranges from 1 (never to almost never true) to 7 (always or almost always true) and is labeled at each point (Bem, 1981). To obtain scores, the respondents' ratings were added together and the total for groups of selected items were compared to norms. Respondents were then classified as male, female, androgynous, or undifferentiated. The Bem Sex-Role Inventory is a copyrighted tool and has not been placed in the appendix for this reason.

The Bem Sex-Role Inventory items were evaluated by having 100 students rate the desirability of all the personality characteristics on the scale as either for a man or for a woman in American society. "A personality characteristic qualified as one sex or the other if it was independently judged by both females and males to be significantly more desirable for a man than for a woman or vice versa (p < .05, two tailed)" (Bem, 1981, p. 11).

The BSRI treats femininity and masculinity as two independent dimensions rather than as two ends of a single dimension, thereby enabling a person to indicate whether she or he is high on both dimensions ("androgynous"), low on both dimensions ("undifferentiated"), or high on one dimension but low on the other (either "feminine" or "masculine"). (Bem, 1981, p. 4)

Internal consistency has been estimated by computing alpha coefficients for the Masculinity and Femininity scales. These alpha coefficients for the BSRI short form range from .84 to .87 (Bem, 1981). The femininity and masculinity scores of the BSRI short form are both logically and empirically independent as demonstrated by correlations of .10 between the two scales on the short form (Bem,
1981). Test-retest reliability ranged from .76 to .91 demonstrating adequate reliability (Bem, 1981).^ Validity of the BSRI is provided by studies of sex-role stereotypic masculine and feminine behaviors. In these studies, only androgynous individuals consistently displayed high levels of behavior in both sex-role masculine and feminine behaviors whereas non-androgynous individuals were low in one or the other of the stereotypically "masculine" or "feminine" behaviors (Bem, 1975; Bem et al., 1976). This research involved four laboratory studies. Masculine was defined in these studies as high masculine and low feminine, whereas feminine was the reverse and persons labeled androgynous display both high masculine and high feminine traits. Persons who displayed low feminine and low masculine traits were classified as undifferentiated. The studies correlated sex-role traits with emotional responsiveness to a fellow student, kitten, or baby. Results indicated that feminine men were low in independence, and masculine men were low in behaviors that demonstrated nurturance to the fellow student, kitten, or baby. In contrast, androgynous individuals of both sexes demonstrated both independence and nurturance behaviors. This research provides some validation that individuals behave in ways that support cultural definitions of stereotyped behavior for either women or men more often than do androgynous

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individuals. Androgynous individuals vary their behavior and tap
t stereotypically male and female behavior, based upon the situation
at hand (Bem et al., 1976).

The Background Questionnaire

The survey booklet contained questions requesting demographic
information. This information included age of participant, age
range and number of children, marital status, personal and spouse's
income, hours worked outside the home, and hours she and her partner
spent doing household tasks. This survey tool was created for this
study. A copy of this survey is included in Appendix B.

Data Collection Procedures

In this study, the perceptions of the subject were of primary
interest. Subjects provided their perception of household activi­
ties and childcare for both themselves and their partners. Re­
sponses from spouses may be taken as accurate since the majority of
recent research suggests a close relationship between wives' and
husbands' views of who performs household and childcare tasks within
the home (Atkinson & Boles, 1984; Thompson & Williams, 1984). While
Olson (1969) and Olson and Rambunsky (1972) argued that using only
one spouse's perception of family work is a source of unreliability,
others have found very close relationships between husbands' and
wives' views of household and childcare responsibility (Nyquist, et
found a 97% agreement concerning household activities and childcare
responsibilities. Others found that as a group, husbands and wives agree on who did what with only a slight tendency to overestimate one's own work and underestimate one's partner (Antill & Cotton, 1988; Yogev & Brett, 1985). Therefore, it is reasonable to view the responses of the female as accurate.

Registered nurses who are in the bachelor of science in nursing (BSN) completion program and are enrolled in one of the five college courses were recruited from their classes with the instructor's permission. They were verbally informed of the purpose of this study and the Consent to Participate (Appendix C) was read aloud in the classroom.

All students were asked to remain in the classroom and given a packet of materials which included the three questionnaires. Students were instructed to fill out the questionnaires if they agreed to participate. They were also informed that if they choose not to participate they should hand in blank materials and that there was no penalty for not participating. Students were then asked to distribute two packets of questionnaires to two colleagues in their place of employment. For the nonstudent group, return of the questionnaire after reading the cover letter constituted informed consent (Appendix D). A reminder letter was sent to the student group asking them to remind their colleagues in 3 weeks (Appendix E). Each set of questionnaires was coded by location. Participants were instructed how to obtain a summary of results (Appendix F).

In addition, six interview questions were asked of each of the 23 student participants and the 15 nonstudents surveyed at their
hospital instead of by mail. Specifically, the interview questions were:

1. "Why do you want (or not want) to go to school at the present time?"
2. "What has facilitated (or prevented) you from going to school at the present time?"
3. "How have your finances influenced your decision as to whether or not to return to school?"
4. "How has the age and number of your children influenced your decision as to whether or not to return to school?"
5. "How has the amount of work that you do in caring for home and children influenced your decision to return to school?"
6. "Persons who are more oriented to achievement are usually more likely to return to school--how has this influenced you?"

These questions were answered by the participants in a few minutes and three to four nurses at one time were interviewed. Factors that served to facilitate or prevent the return to school will be described.

Data Analysis

Raw data for each subject were reviewed and entered into a data set to be analyzed with the Statistical Package for Social Science (SPSS, Inc., 1986) on an IBM mainframe computer. Means and standard deviations were computed for the Background Questionnaire demographic data and for the answers to the Household Activity Questionnaire. An analysis of variance (ANOVA) was used in the
analysis of interval level data. A chi-square test was used to test differences of income level, age and number of children, and household and childcare tasks.

The data from the Bem Sex-Role Inventory were used to classify all subjects on the basis of a median split into four sex-role groups: feminine, masculine, androgynous, and undifferentiated, using norms for adult women and a chi-square test used to compare students versus nonstudents. Feminine was the label used for persons who scored low (below the median of the norm group) in masculine and high in feminine traits. Persons categorized as masculine scored high on masculine traits and low on feminine traits. Undifferentiated was a term applied to those scoring low on both feminine and masculine traits, whereas androgynous was a term applied to those scoring high on both feminine and masculine traits. Students and nonstudents were thus labeled masculine, feminine, androgynous, or differentiated and compared.

In addition, the six interview questions were asked of 23 students and 12 nonstudents at two different locations. Three or four students met with the researcher at one time and their responses were anonymously recorded in writing and on tape. A frequency count was made to designate the most common responses. Discussion of these qualitative data in relationship to questionnaire data will occur in Chapter V.
CHAPTER IV

THE FINDINGS OF THE STUDY

This study compared registered female nurses who were enrolled in a baccalaureate nursing completion program with registered female nurses who were not enrolled in such a program on selected variables and identified differences, if any, between these two groups. The variables included sex-role trait, time and responsibility for household tasks and childcare, and family demographic variables, which included the nurse's proportionate contribution of income and the age and number of children in the household. In addition, this study extended the research regarding the adult learner's return to college in the specific area of baccalaureate degree completion by registered nurses.

Survey data were obtained from all registered nurses enrolled at five sites in a baccalaureate nursing completion program and a similarly sized group of nonstudent registered nurses in each of the same locations. Usable questionnaires were received from 152 nurses, 79 of whom were registered nurses not presently enrolled in a baccalaureate completion program and 73 of whom were enrolled in a baccalaureate nursing program in one of five locations in an upper midwestern state. Because initial usable returns were only 44%, a group of registered nurses was paid to complete the survey in order to supplement and increase the number of nonstudents. This subgroup
of paid nonstudent registered nurses was compared to the unpaid nonstudents in the analysis of demographic information. Because only age was different for the paid versus the unpaid nonstudent groups, this distinction was not maintained. For the purpose of testing the hypotheses, paid and unpaid nonstudents were treated as one group. Thus, the 152 subjects were treated as two groups: 79 nonstudents and 73 students. The sample consisted of only those registered nurses who reported being married or living with another adult and who had completed all portions of the questionnaire. Analysis of the quantitative data covered four areas: a comparison of the two groups' sex-role trait scores; a comparison of age and number of children; income for the groups; and finally, a comparison of household and childcare tasks.

Qualitative analyses were completed for a smaller convenience sample of 23 of the students and 12 of the nonstudents who participated in semi-structured group interviews in which they were asked questions related to each hypothesis. Verbatim responses to interview questions will be used in Chapter V to describe possible meanings of quantitative findings.

Demographic Comparisons

The paid nonstudents were compared to the unpaid nonstudents on all demographic variables. These two groups differed only in age. The paid nonstudents were older than the unpaid, means 43.60 and 37.75 respectively, $F(1) = 9.28, p < .05$. For the remaining
analyses these two subgroups were treated as one group. The analysis of these data is presented in Table 1.

Table 1
Analysis of Variance of Age by Paid Nonstudents Versus Unpaid Nonstudents

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of squares</th>
<th>Degrees of freedom</th>
<th>Variance</th>
<th>F ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among group means</td>
<td>438.38</td>
<td>1</td>
<td>438.38</td>
<td>9.286*</td>
</tr>
<tr>
<td>Within groups</td>
<td>3635.04</td>
<td>77</td>
<td>47.20</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>4073.42</td>
<td>78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*F .95 (1,70) = 3.98. Significant at .05 level of confidence.

Demographic data for the nonstudent and student groups are presented in Table 2.

Table 2
Summary Demographic Data for 152 Subjects in Two Groups

<table>
<thead>
<tr>
<th></th>
<th>Student RN (N = 73)</th>
<th>Nonstudent RN (N = 79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother's average age*</td>
<td>39.98</td>
<td>38.70</td>
</tr>
<tr>
<td></td>
<td><em>SD = 6.95</em></td>
<td><em>SD = 7.22</em></td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>95.9%</td>
<td>94.9%</td>
</tr>
<tr>
<td>Living with another adult</td>
<td>4.1%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>
Table 2—Continued

<table>
<thead>
<tr>
<th></th>
<th>Student RN (N = 73)</th>
<th>Nonstudent RN (N = 79)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Own annual income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None/not applicable</td>
<td>6.8%</td>
<td>2.5%</td>
</tr>
<tr>
<td>$5,001-$10,000</td>
<td>5.5%</td>
<td>5.1%</td>
</tr>
<tr>
<td>$10,001-$20,000</td>
<td>30.1%</td>
<td>35.4%</td>
</tr>
<tr>
<td>$20,001-$30,000</td>
<td>43.8%</td>
<td>44.3%</td>
</tr>
<tr>
<td>$30,001-$40,000</td>
<td>11.0%</td>
<td>12.7%</td>
</tr>
<tr>
<td>$40,001-$50,000</td>
<td>2.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Spouse/partner annual income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None/not applicable</td>
<td>6.8%</td>
<td>5.1%</td>
</tr>
<tr>
<td>$5,001-$10,000</td>
<td>5.5%</td>
<td>10.1%</td>
</tr>
<tr>
<td>$10,001-$20,000</td>
<td>24.7%</td>
<td>26.6%</td>
</tr>
<tr>
<td>$20,001-$30,000</td>
<td>32.9%</td>
<td>31.6%</td>
</tr>
<tr>
<td>$30,001-$40,000</td>
<td>13.7%</td>
<td>16.5%</td>
</tr>
<tr>
<td>$40,001-$50,000</td>
<td>8.2%</td>
<td>7.6%</td>
</tr>
<tr>
<td>More than $50,000</td>
<td>8.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Own work outside home</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not at all</td>
<td>6.8%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Less than 20 hr.</td>
<td>6.8%</td>
<td>6.3%</td>
</tr>
<tr>
<td>20-39 hr./wk.</td>
<td>47.9%</td>
<td>51.9%</td>
</tr>
<tr>
<td>40 or more hr./wk.</td>
<td>38.4%</td>
<td>41.8%</td>
</tr>
</tbody>
</table>
Table 2--Continued

<table>
<thead>
<tr>
<th>Partner work outside home</th>
<th>Student RN (N = 73)</th>
<th>Nonstudent RN (N = 79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>6.8%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Less than 20 hr.</td>
<td>2.7%</td>
<td>3.8%</td>
</tr>
<tr>
<td>20-39 hr./wk.</td>
<td>2.7%</td>
<td>6.3%</td>
</tr>
<tr>
<td>40 or more hr./wk.</td>
<td>87.7%</td>
<td>79.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated partner daily hours in housework and childcare</th>
<th>Student RN (N = 73)</th>
<th>Nonstudent RN (N = 79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero or blank</td>
<td>1.4%</td>
<td>5.1%</td>
</tr>
<tr>
<td>One</td>
<td>41.1%</td>
<td>25.6%</td>
</tr>
<tr>
<td>Two</td>
<td>24.7%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Three</td>
<td>16.4%</td>
<td>13.9%</td>
</tr>
<tr>
<td>Four</td>
<td>5.5%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Five</td>
<td>5.5%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Six</td>
<td>1.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td>More than six</td>
<td>4.1%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

Mean (in hours) 2.26 2.89  
Standard deviation (in hours) 1.60 1.97  

*Significant differences between groups.

There was a slight but significant difference in age between student and nonstudent group \( F.95 (1,150) = 5.25, \ p < .05 \). The average age of the student group was 36.98 years as compared to
38.73 years for the nonstudent group. The analysis of these data is presented in Table 3.

Table 3

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of squares</th>
<th>Degrees of freedom</th>
<th>Variance</th>
<th>F ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Among group means</td>
<td>266.84</td>
<td>1</td>
<td>266.83</td>
<td>5.25*</td>
</tr>
<tr>
<td>Within groups</td>
<td>7556.92</td>
<td>150</td>
<td>50.37</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>7823.76</td>
<td>151</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*F .95 (1,150) = 3.91. Significant at .05 level of confidence.

The distribution of marital status was not significantly different for the two groups, \( \chi^2 (1) = .000, p > .05 \). Between 95% and 100% of each group of participants lived with their spouse, with the remaining 5% living with another adult partner.

There were no significant differences in the distribution of income ranges between student and nonstudent groups, \( \chi^2 (5) = 4.13, p > .05 \). Approximately one third of the nurses earned between $10,001 and $20,000, while an additional 40% earned between $20,001 and $30,000.

There were also no significant differences in the distribution of income ranges for the nurses' spouses between student and nonstudent groups, \( \chi^2 (6) = 3.86, p > .05 \). Approximately one quarter of the spouses earned between $10,001 and $20,000, another third earned
between $20,001 and $30,000, and an additional one quarter earned between $30,001 and $50,000.

There were no significant differences between the groups in how many hours each nurse worked outside of the home, $\chi^2(3) = 5.65, p > .05$. Approximately half of all the nurses worked between 20 and 39 hours per week, while approximately 40% worked 40 hours or more per week.

There were no significant differences between the groups in how many hours the groups of nurses' spouses worked outside the home, $\chi^2(3) = 1.95, p > .05$. Approximately 80% to 85% of all spouses worked 40 hours or more per week.

There were no significant differences between the members of the two groups in regard to their estimates of the number of hours that their partners spent in caring for children and completing household tasks, $\chi^2(7) = 10.24, p > .05$. Female nurses who were students estimated that two thirds of their spouses spent 0 to 2 hours per day performing household and childcare tasks while nonstudents estimated that about half of their partners performed 0 to 2 hours per day of household and childcare tasks.

In summary, the student group was slightly but significantly younger than the nonstudent group. Almost all participants were married, in the middle income range, and worked either 20-39 hours per week or full time. Spouses tended to work full time in 80% or more of the households. There were not significant differences in the amount of time partners of students versus partners of nonstudents spent in household tasks and childcare. Of all female

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nurses (either student or nonstudent), 57.9% estimated that they themselves performed 4 to 6 or more hours of household and childcare tasks daily, while only 26.3% of nurses estimated that their partners spent 4 to 6 or more hours completing these tasks daily. Thus female nurses, whether students or nonstudents, estimated that they continue to devote more hours to the performance of household and childcare tasks than do their partners.

The Bem Sex-Role Inventory--Hypothesis 1

The Bem Sex-Role Inventory (BSRI, Bem, 1981) scores were analyzed as prescribed by the first major hypothesis, which states that female students will be classified as "masculine" or "androgynous" significantly more frequently than female nonstudents. A chi square was used to evaluate the relationship between student status and BSRI class.

The BSRI was scored as two scale scores, which were then compared to standardized norms for adult women and used to classify all subjects on the basis of a median split method into four sex-role groups labeled: feminine, masculine, androgynous, and undifferentiated.

The first hypothesis was not supported. While more students than nonstudents were classified as "male" and fewer as "female" and "undifferentiated," the differences were not significant, \( \chi^2 (3) = 5.11, p > .05 \). Table 4 shows these distributions.
Table 4
Chi-Square Student Versus Nonstudent Group by Bem Class Number
(Respondents Classified as Female, Male, Androgynous, or Undifferentiated)

<table>
<thead>
<tr>
<th>Group</th>
<th>Androgenous category</th>
<th>Male category</th>
<th>Female category</th>
<th>Undifferentiated category</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>Count</td>
<td>30</td>
<td>20</td>
<td>16</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Row %</td>
<td>41.1</td>
<td>27.4</td>
<td>21.9</td>
<td>9.6</td>
</tr>
<tr>
<td></td>
<td>Column %</td>
<td>46.9</td>
<td>64.5</td>
<td>43.2</td>
<td>35.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>19.7</td>
<td>13.2</td>
<td>10.5</td>
<td>4.6</td>
</tr>
<tr>
<td>Nonstudent</td>
<td>Count</td>
<td>34</td>
<td>11</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Row %</td>
<td>43.0</td>
<td>13.9</td>
<td>26.6</td>
<td>16.5</td>
</tr>
<tr>
<td></td>
<td>Column %</td>
<td>53.1</td>
<td>35.5</td>
<td>56.8</td>
<td>65.0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>22.4</td>
<td>7.2</td>
<td>13.8</td>
<td>8.6</td>
</tr>
</tbody>
</table>

Column

<table>
<thead>
<tr>
<th></th>
<th>64</th>
<th>31</th>
<th>21</th>
<th>20</th>
<th>152</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total %</td>
<td>42.1</td>
<td>20.4</td>
<td>24.3</td>
<td>13.2</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Family Demographic Variables--Hypothesis 2

The age and number of the female nurses' children were analyzed to detect differences between the student and nonstudent group as predicted by the second hypothesis. The second hypothesis stated that female students will have significantly older and fewer children than female nonstudents. The first part of the hypothesis concerning the age of the children was not supported. The demographic question asked the respondent to indicate a category based on the age of the youngest child. Although the nonstudents themselves were older there was no significant difference in the ages of the children of the students versus the nonstudents $\chi^2 (5) = 5.25$, $p > .05$. These distributions are both displayed in Table 5.

To evaluate the number of children, the category chosen was treated as an interval value (zero through five). The number of children differed as a function of student status. The mean number of children for students was 1.8 and for nonstudents was 2.59. This difference was significant, $F (1,150) = 14.53$, $p < .05$. Table 6 shows this analysis of variance.

In summary, while students tended to be younger and have fewer children than nonstudents, their children were not older than nonstudents; thus only the second part of Hypothesis 2 is supported.

Income Variables--Hypothesis 3

The third hypothesis stated that female students will earn a larger proportion of the household income than will female
<table>
<thead>
<tr>
<th></th>
<th>Student RN (N = 73)</th>
<th>Nonstudent RN (N = 79)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Motherhood status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No children</td>
<td>19.2%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Youngest child under 6</td>
<td>19.2%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Youngest child 6 yr. 1 mo. to 12 yr.</td>
<td>26.0%</td>
<td>29.1%</td>
</tr>
<tr>
<td>Youngest child 12 yr. 1 mo. to 18 yr.</td>
<td>26.0%</td>
<td>29.1%</td>
</tr>
<tr>
<td>Youngest child over 19</td>
<td>11.0%</td>
<td>10.1%</td>
</tr>
<tr>
<td><strong>Number of children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>20.5%</td>
<td>8.9%</td>
</tr>
<tr>
<td>One</td>
<td>15.1%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Two</td>
<td>32.9%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Three</td>
<td>27.4%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Four</td>
<td>2.7%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Five or more</td>
<td>1.4%</td>
<td>7.6%</td>
</tr>
<tr>
<td><strong>Mean</strong></td>
<td>1.80</td>
<td>2.59</td>
</tr>
<tr>
<td><strong>Standard deviation</strong></td>
<td>1.20</td>
<td>1.33</td>
</tr>
</tbody>
</table>

*Significant differences between groups.*
Table 6
Analysis of Variance of Number of Children by Student Versus Nonstudent Status

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of squares</th>
<th>Degrees of freedom</th>
<th>Variance</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>23.4825</td>
<td>1</td>
<td>23.4825</td>
<td>14.53*</td>
</tr>
<tr>
<td>Within groups</td>
<td>242.3530</td>
<td>150</td>
<td>1.6157</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>265.8255</td>
<td>151</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\*F .95 (1,150) = 3.91. Significant at .05 level of confidence.

For each respondent, her income range was compared to the income range of her partner. Respondents were then classified as earning less than, equal to, or more than their partners; and the students were compared to the nonstudents based upon this classification. No significant differences were found, \( x^2 (2) = .17, p > .05 \). Resulting distributions to determine whether there were significant differences between the student and nonstudent groups are presented in Table 7.

While no differences between groups were found, 60.7% of nonstudent nurses and 60.3% of student nurses earned equal or greater salaries than did their partners. Thus a majority of each group earned an income roughly equal to or greater than their partner.
Table 7
Chi-Square Proportion of Income Earned by Female Nurse in Relationship to Her Partner (Student Versus Nonstudent Group)

<table>
<thead>
<tr>
<th>Group</th>
<th>Student</th>
<th>Nonstudent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent less</td>
<td>Count</td>
<td>29</td>
<td>31</td>
</tr>
<tr>
<td></td>
<td>Row %</td>
<td>48.3</td>
<td>51.7</td>
</tr>
<tr>
<td></td>
<td>Column %</td>
<td>39.7</td>
<td>39.2</td>
</tr>
<tr>
<td></td>
<td>Total %</td>
<td>19.1</td>
<td>20.4</td>
</tr>
<tr>
<td>Respondent equal</td>
<td>Count</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Row %</td>
<td>50.0</td>
<td>50.0</td>
</tr>
<tr>
<td></td>
<td>Column %</td>
<td>31.5</td>
<td>29.1</td>
</tr>
<tr>
<td></td>
<td>Total %</td>
<td>15.1</td>
<td>15.1</td>
</tr>
<tr>
<td>Respondent greater</td>
<td>Count</td>
<td>21</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>Row %</td>
<td>45.7</td>
<td>54.3</td>
</tr>
<tr>
<td></td>
<td>Column %</td>
<td>28.8</td>
<td>31.6</td>
</tr>
<tr>
<td></td>
<td>Total %</td>
<td>13.8</td>
<td>16.4</td>
</tr>
<tr>
<td>Column</td>
<td>Count</td>
<td>73</td>
<td>79</td>
</tr>
<tr>
<td>Percent total</td>
<td></td>
<td>48.0</td>
<td>52.0</td>
</tr>
</tbody>
</table>
Household and Childcare Responsibilities--Hypothesis 4

The fourth hypothesis states that female students will perform and take responsibility for significantly fewer household and childcare tasks than female nonstudents. Household and childcare tasks are measured separately by subscales of the Household Activities Questionnaire (HAQ). The scores on these subscales could range from 1 to 5. To evaluate this hypothesis the means on each of two separate scales (one related to household tasks and one related to childcare tasks) were compared. Hypothesis 4 was not supported in any of its parts in the analysis of HAQ data. There was no significant difference between students' and nonstudents' self-reported responsibility for either household or childcare tasks.

The actual mean household task scores of the nonstudent group (mean = 4.06 on a 5-point scale, standard deviation .54) and student group (mean = 4.04 on a 5-point scale, standard deviation .49) indicate that both groups of female nurses rank themselves between "mainly" (as indicated by rank No. 4) or "completely" (as indicated by rank No. 5) responsible for doing many household tasks or in having the responsibility for seeing that household tasks get done, \( F(1,150) = .075, p > .05 \). The actual mean childcare scores of the nonstudent group (mean = 3.29, standard deviation .55) and student group (mean = 3.30, standard deviation .51) on the 5-point subscale indicate that they perceive themselves and their partners as more equal in doing or having responsibility for teaching and disciplining children, \( F(1,150) = .0092, p > .05 \). The analysis of these
data is presented in Tables 8 and 9.

The analysis of the Household Activity Scale was rerun comparing individual items between the student and nonstudent groups. No significant differences were found between the student and nonstudent groups on any individual item.

Table 8
Analysis of Variance on Who Does Housework, Mean by Student Versus Nonstudent Status on HAQ Scale

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of squares</th>
<th>Degrees of freedom</th>
<th>Variance (mean square)</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>0.20</td>
<td>1</td>
<td>0.02</td>
<td>.075</td>
</tr>
<tr>
<td>Within groups</td>
<td>40.83</td>
<td>150</td>
<td>0.27</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>40.85</td>
<td>151</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. $F_{.95} (1,150) = 3.91$. Not significant at the .05 level of confidence.

Table 9
Analysis of Variance of Who Does Childcare, Mean by Student or Nonstudent Status on HAQ Scale

<table>
<thead>
<tr>
<th>Source</th>
<th>Sum of squares</th>
<th>Degrees of freedom</th>
<th>Variance (mean square)</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between groups</td>
<td>0.0026</td>
<td>1</td>
<td>0.0026</td>
<td>.0092</td>
</tr>
<tr>
<td>Within groups</td>
<td>33.6980</td>
<td>117</td>
<td>0.2880</td>
<td></td>
</tr>
</tbody>
</table>

Note. $F_{.95} (1,120) = 3.92$. Not significant at the .05 level of confidence.
This finding differs from the self-reported estimates of number of hours that the female nurse spends in childcare and household tasks in the demographic questionnaire. Here there was a statistically significant difference. The student group spent significantly less time in household and childcare tasks than did the nonstudent group, $\chi^2 (8) = 22.78, p < .01$.

As can be seen in Table 10, 50% of the female nurses who had returned to school estimated that they spent two to three hours per day performing these tasks, whereas only 30% of nonstudents estimated their hours in this range. Twice as many nonstudents as students (43% compared to 19% of students) estimated that they spent six or more hours daily completing these tasks. These data are presented in Table 10.

It should be noted that the HAQ asks who performs or has responsibility to see to the completion of various specific household and childcare tasks, whereas the demographic questionnaire asks how much actual time the nurse estimates she spends in completing these tasks. The demographic measure of time spent in childcare and household tasks is the self-reported number of hours. Another way of looking at this distribution is to translate the categorical hours into numbers. If the category hours are treated as reported numbers (6 or more = 7), the nonstudents report working 4.7 hours per day and the students report working 3.9 hours per day on these tasks. Therefore, the students spend significantly less time in these tasks but have equal relative responsibility for household and childcare tasks in comparison to their nonstudent counterparts.
Table 10
Self-Reported Hours in Household Tasks and Childcare, Student Versus Nonstudent Status

<table>
<thead>
<tr>
<th>Own daily hours in housework and childcare*</th>
<th>Student RN (N = 73)</th>
<th>Nonstudent RN (N = 79)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero or blank</td>
<td>0.0%</td>
<td>3.8%</td>
</tr>
<tr>
<td>One</td>
<td>1.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Two</td>
<td>28.8%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Three</td>
<td>19.2%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Four</td>
<td>17.8%</td>
<td>10.1%</td>
</tr>
<tr>
<td>Five</td>
<td>13.7%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Six</td>
<td>1.4%</td>
<td>10.1%</td>
</tr>
<tr>
<td>More than six</td>
<td>17.8%</td>
<td>32.9%</td>
</tr>
<tr>
<td>Number who responded</td>
<td>73</td>
<td>79</td>
</tr>
<tr>
<td>Mean hours</td>
<td>3.89</td>
<td>4.82</td>
</tr>
<tr>
<td>Standard deviation (hours)</td>
<td>1.81</td>
<td>2.08</td>
</tr>
</tbody>
</table>

*Significant differences between groups.

Responses to Interview Questions

In addition, six interview questions were asked of a smaller group of 23 student participants in one outreach class and of 12 of the 15 nonstudents surveyed at their place of employment.
Notes and tape recordings were used to designate the categories of meaning that emerged. The classification scheme was designated based upon internal convergence and external divergence and a frequency count was used to place responses within each category (Patton, 1990). In other words, information was classified by the author by looking for recurring regularities in the responses and figuring out what things fit together. These internally convergent categories were then reviewed using a second criterion (labeled external divergence), in which the differences among categories were reviewed for clarity and lack of overlap. The responses to each question were then grouped and counted by the author. Specifically, the interview questions asked:

1. "Why do you want (or not want) to go to school at the present time?"

2. "What has facilitated (or prevented) you from going to school at the present time?"

3. "How have your finances influenced your decision as to whether or not to return to school?"

4. "How has the age and number of your children influenced your decision as to whether or not to return to school?"

5. "How has the amount of work that you do in caring for home and children influenced your decision to return to school?"

6. "Persons who are more oriented to achievement are usually more likely to return to school--how has this influenced you?"

Each question was answered by the participants in 3 to 5 minutes. The interview took 20 to 30 minutes to complete and three
or four nurses were interviewed at one time. Factors that served to facilitate or prevent the return to school were categorized in response to each question and frequency counts performed in order to further analyze facilitating or impeding factors. Table 11 shows these findings.

**Table 11**

*Frequency Count of Respondents' Answers to Six Interview Questions*

<table>
<thead>
<tr>
<th>Question and response of students</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 1A: Why do you want to go to school at the present time? (N = 23 students)</td>
<td></td>
</tr>
<tr>
<td>Responses (most frequent to least frequent):</td>
<td></td>
</tr>
<tr>
<td>1. Availability—it was here, now.</td>
<td>18</td>
</tr>
<tr>
<td>2. It will allow access to better jobs.</td>
<td>10</td>
</tr>
<tr>
<td>Lateral career moves</td>
<td>5</td>
</tr>
<tr>
<td>Hierarchical career moves</td>
<td>5</td>
</tr>
<tr>
<td>3. My partner encouraged me to go</td>
<td>10</td>
</tr>
<tr>
<td>Strongly</td>
<td>5</td>
</tr>
<tr>
<td>Moderately</td>
<td>5</td>
</tr>
<tr>
<td>4. Increased knowledge or self-fulfillment.</td>
<td>8</td>
</tr>
<tr>
<td>5. Increased pay (in the future, and if move to a bigger hospital).</td>
<td>6</td>
</tr>
</tbody>
</table>

**Question 1B:** Why do you not want to go to school at the present time? (N = 12 nonstudents)
### Table 11--Continued

<table>
<thead>
<tr>
<th>Question and response of students</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responses:</strong></td>
<td></td>
</tr>
<tr>
<td>1. Family life is more important than a BSN (or stretching self too thin between roles).</td>
<td>12</td>
</tr>
<tr>
<td>2. There is no work advantage to having a BSN, salaries are the same, and not many advanced positions requiring BSN are available at small hospitals.</td>
<td>12</td>
</tr>
<tr>
<td>3. There is no difference in agency roles and responsibilities between BSN and non-BSN prepared graduates.</td>
<td>10</td>
</tr>
<tr>
<td>4. Too old--too little time left in career to make getting a degree cost effective.</td>
<td>10</td>
</tr>
<tr>
<td>5. Finances--cost too much.</td>
<td>4</td>
</tr>
</tbody>
</table>

*Note.* Six of these 12 RNs had taken BSN courses in the past.

**Question 2A:** What obstacles have you overcome in order to go to school at the present time? (*N* = 23 students)

<table>
<thead>
<tr>
<th>Responses:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Finding the time and energy to do it.</td>
<td>17</td>
</tr>
<tr>
<td>No time for self.</td>
<td>9</td>
</tr>
<tr>
<td>No &quot;downtime,&quot; no fun</td>
<td>4</td>
</tr>
<tr>
<td>Work schedule would not accommodate (use of all vacation time)</td>
<td>11</td>
</tr>
<tr>
<td>2. Finances (needed to take loans, empty retirement savings)</td>
<td>14</td>
</tr>
<tr>
<td>3. Family inconvenience and difficulty with finding good childcare.</td>
<td>11</td>
</tr>
<tr>
<td>4. Distance to drive to classes (up to 60 miles)</td>
<td>7</td>
</tr>
</tbody>
</table>
Table 11--Continued

<table>
<thead>
<tr>
<th>Question and response of students</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Role conflict and stress</td>
<td>6</td>
</tr>
</tbody>
</table>

Question 2B: What has prevented you from going to school at the present time?  
(N = 12 nonstudents)

Responses:

1. Mom would not be home with family.  
   7
2. No time for self, no downtime/fun.  
   7
3. Other priorities and involvements.  
   3
4. Finances--they felt need to work full time.  
   3
5. Work schedule would not accommodate--believed they would have to take a leave.  
   3

Question 3: How have your finances influenced your decision as to whether or not to return to school?

Responses (N = 23 students):

1. Hospital tuition reimbursement important help in returning to school.  
   15
2. Felt need to be able to support family--if husband became disabled, so planned, took turns, and found a way to go back to school.  
   5

Responses (N = 12 nonstudents):

1. Needed to stay full time so couldn't return to school (believed they needed to stay full time in order to receive institutional reimbursement).  
   10
2. Did not see purpose to investing in education as it does not advance career.  
   6

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Table 11--Continued

<table>
<thead>
<tr>
<th>Question and response of students</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question 4: How has the age and number of your children influenced your decision as to whether or not to return to school?</td>
<td></td>
</tr>
<tr>
<td>Responses (N = 23 students):</td>
<td></td>
</tr>
<tr>
<td>1. The fact that the program was offered in this rural location overrode the age of their children.</td>
<td>9</td>
</tr>
<tr>
<td>2. I would rather leave my children when they were very young and won't notice my absence so much.</td>
<td>5</td>
</tr>
<tr>
<td>I would rather leave my children when pre-teen and relatively self-sufficient.</td>
<td>5</td>
</tr>
<tr>
<td>Older children help with younger and gives time with their dad.</td>
<td>5</td>
</tr>
<tr>
<td>Responses (N = 12 nonstudents):</td>
<td></td>
</tr>
<tr>
<td>1. When children are young they need their mother and there is too much work to do.</td>
<td>5</td>
</tr>
</tbody>
</table>

Question 5: How has the amount of work that you do in caring for home and children influenced your decision to return to school?

Responses (N = 23 students):

1. My husband helps with the children, and when I'm gone my husband has to help or we hire a sitter. 10
2. My husband didn't help me with kids before or after I returned to school. 6
3. I don't use paid outside help with housework. 21
   But I'm considering it. 3
   I just "let it go." 19
4. I don't use more outside help because nurses are "enablers," superwomen, men expect us to do it ourselves. 6

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<table>
<thead>
<tr>
<th>Question and response of students</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responses (N = 12 nonstudents):</strong></td>
<td></td>
</tr>
<tr>
<td>1. The children were the priority so it wasn't right for the family for me to go back to school.</td>
<td>5</td>
</tr>
<tr>
<td>2. Children are too much work until about age 9 or 10.</td>
<td>4</td>
</tr>
<tr>
<td>3. I was too tired to go to school.</td>
<td>5</td>
</tr>
<tr>
<td>4. My husband works long hours and of course I do more household work.</td>
<td>5</td>
</tr>
<tr>
<td><strong>Question 6: Persons who are more oriented to achievement are usually more likely to return to</strong></td>
<td></td>
</tr>
<tr>
<td><strong>school—how has this influenced you?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Responses (students and nonstudents combined):</strong></td>
<td></td>
</tr>
<tr>
<td>1. I disagree—often returning to school is for personal reasons, some of which are dependent upon individual circumstances. I have other priorities, but I am a high achiever in both home and family worlds.</td>
<td>8</td>
</tr>
<tr>
<td>2. Classes are not relevant to what I need as skills to solve work-related problems and there are other degrees and ways to learn that are more efficient and relevant.</td>
<td>6</td>
</tr>
<tr>
<td>3. I agree—the more aggressive &quot;doers&quot; who want more ambitious goals, and take risks return to school.</td>
<td>5</td>
</tr>
<tr>
<td>4. Other nurses are hard on high achievers, so I keep my academic interests quiet.</td>
<td>2</td>
</tr>
</tbody>
</table>
These responses to the interview questions reflect common themes of attempting to balance home and work responsibilities while taking on the additional role of student. The most frequent differences between the responses of students and nonstudents included the importance that students attributed to program availability, in a rural area, as a long-term opportunity which overrode or equaled immediate needs of self and family. Both students and nonstudents were well aware of the obstacles to be overcome in taking on the additional role of student, but students were willing to enlist help with family responsibilities and give up time and money, whereas nonstudents were not. All respondents were aware of the meager monetary and status rewards presently awarded by hospital systems for completion of bachelor degrees, yet students focused upon the need to change this. Further description of the meaning of these responses occurs in Chapter V.
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Research Hypotheses

The purpose of this study was to describe differences, if any, in sex-role traits, proportionate income, and responsibility for household tasks and childcare, between nurses who return to college and nurses who do not. A total of four hypotheses were tested, one for each of the variables. The procedures used included survey in groups with a demographic tool, the Bem Sex-Role Inventory (BSRI, Bem, 1981) and Household Activity Questionnaire (HAQ, Nyquist et al., 1985), as well as an interview of a sample of the respondents. Differences between student and nonstudent groups were tested against directional hypotheses. The statistics used to determine whether there were statistically significant differences included a chi square for noninterval level data and a parametric one-way analysis of variance, when interval level data were collected.

The only hypothesis which was clearly supported was that female students had significantly fewer children than female nonstudents (p < .05). A second hypothesis received partial support in that while there were no significant differences between students' and nonstudents' self-reported responsibility for either household or childcare tasks in the analysis of the Household Activity Questionnaire data, in the analysis of time on task as reported in the
demographic questionnaire, students estimated that they spent significantly less time in childcare and household activity tasks than did their nonstudent counterparts \( (p < .05) \).

There were no statistically significant differences found between registered nurses who had returned to school versus those who had not for: the sex role traits of androgyny or masculinity, age of children, proportion of household income, or performance and responsibility for household and childcare tasks as described in the Household Activities Questionnaire.

Responses to the six question interview were categorized and the frequency of responses was tabulated and analyzed. These responses are listed in Chapter IV and more fully described below.

Discussion

The finding of no difference in sex-role traits between adult female nurses who return to school versus those who don't differs from the two studies of Gauthier and Kjervik (1982) and Perry (1984) in which nurses with higher degree aspirations were found to be significantly more likely to be classed as sex-role masculine or androgynous, and to reject traditional sex roles. One explanation for the findings of no difference in this study is that the demographic variables override the sex-role trait variables. There is evidence from multivariate research that the variables of age and number of children and continued traditional division of household and childcare tasks predict a wife's participation in household and childcare tasks to a much larger extent than it predicts the
husband’s participation, even when the wife works full time outside the home (e.g., Antill & Cotton, 1988; Nyquist et al., 1985; Pleck, 1985). Antill and Cotton suggested that the performance of these stereotypically feminine tasks is strongly predicted by demographic variables, which constrain the female through lack of time to pursue other courses of action (such as returning to school), to a much greater degree than they constrain the male.

Pleck (1985) believed that sex-role attitudes should continue to be included in multiple variable studies as they may add another explanatory factor, in addition to paid work behavior, that will help increase understanding of why family work behavior is not more equal between men and women even after the woman is employed outside the home. The finding of the current study calls into question Scanzoni’s (1978) belief that working women should be able to negotiate more household help because they have better negotiating skills and increases in intangible and tangible resources. As more women work full time, families will need to respond to the changes in terms of more equal sharing of household tasks.

The statistically significant differences in the number of children found in the families of students versus nonstudents, with the students having significantly fewer children, is not surprising in light of research which has found that women are most likely to be able to obtain household help if they are major wage earners with few or no children (Atkinson & Boles, 1984). Another way of viewing this finding is that women with few children are least likely to be constrained in their choice to return to school given the large
number of hours per week women perform in household and childcare tasks when children are present (Atkinson & Boles, 1984; Chapnick, 1982; Nyquist et al., 1985). Women with children may, of course, value being with them to such an extent that returning to school would not be chosen, even if they had access to high quality childcare and household help.

There were no statistically significant differences between the proportion of household income earned by students as compared to nonstudents. In both groups the majority of the nurses earned equal or greater salaries than their husbands (60.3% of the nonstudents and 60.7% of the students). This finding and the high proportion of family income earned by the nurse may have been unique to the rural area in which the data were collected. Many of the men are employed in blue collar or service occupations in this nonindustrial area. Thus some of these nurses may have perceived themselves as unable to return to school due to their role as major family wage earner while others may have been more motivated to pursue further education as a means of advancing their career in order to increase their income.

In the single study found which addresses women as the major wage earner (Atkinson & Boles, 1984), men were found to be more likely to share equally in household tasks and childcare in this situation. Yet in the present study, even when the women were often the major wage earner, women maintained major responsibility for household and childcare. This finding is consistent with that of Chapnick (1982), who found that women continued to perform the majority of household and childcare tasks even in households in which there was an
ideological commitment to equity. Chapnick also found that wives were reluctant to accept equal responsibility for the provider role, even when their income exceeded that of their spouse. Thus, women may not pursue advanced education in order to increase income, if they do not wish to be major family providers. Finally, many factors in the present work environment minimize the financial gain pursuant to achieving the baccalaureate degree in nursing. These factors will be further described in the description of interview responses. For the most part, these nurses, who often already were co-providers or major family wage earners, did not describe returning to school in order to increase family income further.

There were no statistically significant differences between students and nonstudents in their estimated performance and responsibility for household and childcare tasks as described on the Household Activities Questionnaire. Yet in analyzing time on task as reported in the demographic questionnaire, students estimated that they spent significantly less time in childcare and household activity tasks than did their nonstudent counterparts. Several studies indirectly support the present study's finding, as it has been repeatedly found that the degree of perceived number of hours assumed by the wife for household tasks will not be predicted by the number of hours that the wife is employed (Antill & Cotton, 1988; Nyquist et al., 1985). No study in the literature addressed household tasks and student status directly.

In studies which found increases in spousal sharing of childcare and household tasks, some found that male hours of household
tasks did increase in inverse proportion to his income level and number of hours worked. Antill and Cotton (1988) and Atkinson and Boles (1984) among others have found that increases in male educational level correlated with increased egalitarianism and the provision of greater amounts of household help (Antill & Cotton, 1988; Rank, 1982). In the present study, spouses tended to work full time more than did the female nurses, although their income was equal to or lower than the nurses' in 60% of cases; thus, they may have been unavailable to perform household and childcare tasks. No questions regarding spouse's education were asked. The female nurses in this study continued to provide the majority of household and childcare work, with relatively minimal help from spouses. There was no significant difference in spouse's participation in household and childcare tasks after the woman returned to school.

Discussion of Responses to Interview Questions

Interview Questions 1 and 6 relate to the first hypothesis explored in the study, which states that: Female students will be classified as "masculine" or "androgynous" significantly more frequently than female nonstudents. No significant differences between groups were found related to sex role in the quantitative analysis. In response to interview Question 1, which asked why the registered nurse did or did not want to go to school at the present time, while the student group made more "career oriented" responses initially, at least half of the students stated that they were obviously not pursuing the degree in order to receive large pay increases but for
lateral career moves into better, less strenuous jobs that provided
more time for self and family. In this family orientation they were
similar to the nonstudent group. They were also similar to the
nonstudent group in being aware of the small monetary and work-role
differences that a bachelor's degree might provide. The students
differed from nonstudents in that they wished to do something other
than their present work role. Even amongst the nonstudent group
(who were significantly older than the student group), there was
support for advanced education for younger nurses. As one nurse
said: "Any young girl should get her degree, so when the government
takes over health care, you'll be paid according to your education."

Interview Question 6 asked if the respondents agreed with the
statement that persons who are more achievement oriented are more
likely to return to school. Both student and nonstudents were di­
vided in their support of the belief that "high achievers" were more
likely to return to school than to stay at home.

The diversity of responses is reflected in the two examples
below. The first is by a nonstudent who believed that nonstudents
could also be high achievers. She said: "Yes, I'm a mom first. My
one bid for freedom is working outside of the home. [This is] some­
thing that I do for myself. Here I am a high achiever." The second
is from a student who believed that most nurses were not achievement
oriented. She said: "Why bother talking about advanced education?
Other nurses are the worst critics. And if I start talking about
getting my 'masters' [whispered] people get irate. And that's why
nursing is where it is, making nothing and having indefinite roles."
More commonly, both students and nonstudents made comments similar to: "I would probably score high in both work and family roles--as I do as much as I can in both. I don't think there is a difference." This comment provides one interpretation of the non-significant difference between sex roles of students and non-students.

Interview Questions 2 and 4 relate to this study's second hypothesis, which states that: Female students will have significantly older and fewer children than female nonstudents. No differences were found between children's ages, although students had significantly fewer children. Interview Question 2 explored the obstacles that nurses returning to school had overcome. These obstacles were similar to the impediments which were perceived as preventing nonstudents from returning to school, specifically time and energy, lack of time for self, family inconvenience, and finances. However, nonstudents mentioned "Mom being home with family" more frequently than did students. Students, however, while not mentioning family inconvenience as often, spent the most amount of time discussing this issue during the interview, and their comments reflect the role-conflict inherent in their choices to return to school. Examples are found in the following samples of student's responses:

My guts are hurting--sometimes I don't see my kids for 6 days at a time.

I'm going to use up the first vacation that I would have had with my family in 3 years in order to come here [laughter].

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I'm coming off midnight shift, in class tonight and going back to midnight shift. I say to the children, Mom is busy and crabby and I'm sorry.

You go to do it [homework] and say, "Oh I just want to go to bed."

When asked how they overcame these obstacles, some replied:

My husband doesn't put the kids to bed so that we can see each other. We go out for an ice cream cone.

I'm used to stress. I've lived with it. Working shifts, being pregnant, going back to 7-day stretches, the day after I was married. This [school] is just more of the same.

One of the ladies here is thinking of hiring a housekeeper--for between her job and school, she just doesn't have time anymore.

In response to Question 4, which asked how the age and number of children affected their decision to return to school, students directly stated that the program's availability in an outreach area overrode the age of their children, and varied in their responses regarding what was the "best age" to leave children. For example, nonstudents stated that children need their mother; that there is a great deal of work to do; and that they would have needed excellent support systems in order to return to school. One can only speculate if these women would have returned to school had such support systems been available or if their value of Mom's time with children would still have been limiting. As there was no significant difference found between the age of the children of students versus non-students, program availability and childcare support availability were the stated reasons that students gave as important to their decision to return to school. These then may be important variables
in distinguishing student versus nonstudent status.

Interview Question 3 relates to the third hypothesis which asks if female students will earn a larger proportion of the household income than female nonstudents. Question 3 asks how finances influenced the decision to return to school. Nonsignificant differences were found in analyzing the quantitative data between the two groups. While between half and two thirds of all of the nurses made equal or more money than their husbands, neither students nor nonstudents viewed returning to school as a direct way of enhancing career goals and increasing their pay, due to lack of opportunity for such in the "real" employment setting. While students frequently mentioned the hospital reimbursement program as important in facilitating their return to school the major financial reason given for returning to school was to increase their ability to support their family if they lost their husband or he became disabled. Nonstudents who were often major wage earners also believed that they needed to stay full time in order to contribute money to the family and did not see a purpose in investing in an education which would not advance one's career.

Finally, interview Question 5 relates to the final hypothesis which states that: Female students will perform and take responsibility for significantly fewer household and childcare tasks than female nonstudents. The question asked "How has the amount of work that you do in caring for home and children influenced your decision to return to school?" This hypothesis was not supported as statistically significant in difference between student and nonstudent
groups in the quantitative analysis of the Household Activity Questionnaire survey responses, but was supported in that students estimated their time performing household and childcare tasks was significantly less than nonstudents.

The most frequent response to this interview question by students was that their husbands would "help" with both childcare and household tasks when given direction and help to do so when the woman herself was gone, unless his long hours of work "cutting 16 cords of wood" precluded this. More said their husbands helped than didn't with the childcare. The overwhelming majority said that they "let the housework go." Nonstudents, in contrast, made statements about the children as a priority; how much work household and childcare tasks are and that if their husbands worked long hours, then "of course I do most of the housework and childcare." The students then would seem to let housework "go" and use more support systems for childcare than do nonstudents. Both students and nonstudents continue to do the majority of the household and childcare work themselves as evidenced by the nonsignificant difference found on the Household Activity Questionnaire. Students did, however, estimate that they did spend less time on housework and childcare than nonstudents.

General Recommendations

Based in part on the findings of this study and consideration of other issues, the following recommendations are made regarding the education of nurses in their basic program and the design of
baccalaureate nursing degree completion programs that will serve adult female learners.

The American Council on Education (1987) wrote that the prevailing structures in this country prevent solidifying new roles for men and women that accommodate both career and family. In basic nursing educational programs, young women should be made aware of the difficulties to be overcome and opportunities that exist if they chose to return to a higher educational setting as an adult learner with children later in their career. Specifically, information regarding the current status of sharing of household and childcare tasks, the financial resources and negotiating skills they may need both within their own families and with the external employing agencies should be addressed before they leave their basic educational program, otherwise the obstacles that they face may appear insurmountable. Workshops such as those that increase self-esteem, assertiveness, and decision-making skills should include additional components related to family roles and role-cycling, working with institutions to obtain monies to return to school, and a work schedule which facilitates course completion.

Support for the design of baccalaureate degree completion programs which are part time and planned jointly with the employing agency to facilitate flexible scheduling is a basic structural change which would greatly facilitate degree completion by adult female learners. It does little to enhance the profession of nursing if programs are brought to areas without the cooperation of employing institutions because the adult female learner may find
herself unable to find sufficient time to meet the demands of completing a baccalaureate nursing degree.

While the American Nurses Association supports the baccalaureate degree as the minimum entry credential and hospitals are beginning to create positions for better educated nurses, there is little evidence that nurses are structurally facilitated in their career development through the cooperative planning of part-time work schedules and part-time classes. In areas where this planning has occurred, outcome criteria and follow-up studies of baccalaureate prepared graduates should be obtained and the information shared professionally as a model for other employing agencies and universities.

Buscherhof and Seymour (1990) eloquently described the consequences that the lack of restructuring of career tracks and family life has had on the profession of nursing. They argue that an important consequence of experiencing structural and normative barriers to extrinsic success and hierarchial career patterns has been for women to reject these standards as unrealistic (given the greater odds against their achievement) and to redefine success as personal achievement rather than external success. They point out that nurses who give priority to their family and make job (rather than career) choices that fit around the family, reflects the fact that domestic work and childcare are not shared and that women who try to carry two major roles are prone to painful home-work conflicts and run the risk of failure on both fronts. They conclude that there are also social costs to be borne when women follow male
career models, for example, the culture has not rethought or restructured the care of the ill, dependent, or elderly as more women join the workforce.

If professional nursing is to develop the nurse's career commitment, it is important that young nurses be made aware of these issues in their basic nursing program and that institutions of higher education and health care work together to provide the structural opportunities which will allow adult women to advance their education.

Recommendations for Further Study

If the structure of household and childcare responsibilities is to shift toward more equal participation of male and female partners, studies of males in short and long hour work roles with various levels of education and professed egalitarianism should be undertaken. Studies such as these would help to discriminate more specifically in which cases the male is actually participating in more childcare and household tasks, as this may target the beginning of the real social change in family life and display elements which could facilitate more equal role sharing and role cycling. Dual earner professional couples with children should be one of the types of household targeted in such a study. Further study and description of the means through which adult women decreased their hours spent in childcare and household tasks would also be useful to identify role modifications that could free women additional time to return to school.
Further study of the kinds of institutional obstacles and facilitators should include the impact of employer financing to return to school, flexible coordinated work and course scheduling, and the impact of more significant pay increases upon completion of the baccalaureate degree for nurses.

Conclusion

The number of children and amount of time that a female nurse spends in childcare and household tasks was found to be statistically significantly less (p < .05) for a group of female nurses who had returned to complete a baccalaureate degree when compared to a group of nurses who had not returned to school. The ability of women to efficiently care for a small family may be an important structural variable which allows them to return to school.

No significant differences were found between the mean scores of the two groups on measures of sex-role traits, age of children, proportion of household income the nurse contributed, or responsibility for household and childcare tasks. Follow-up interviews of a sample of respondents indicated that many of the nonstudents believed that they functioned "androgyneously" in both the work and home arenas, and were not a great deal different in sex-role traits than students were, other than in their choice of where to put their energies. Employers who hope to facilitate professional development need to help nurses choose to return to school through financial incentives and job flexibility. It would seem that these structures will need to exist before a greater number of nurses will return to
school, as most were unwilling to be away from family to any great extent.

The availability of baccalaureate courses on-site in rural outreach locations overrode the age of the students' children and many said that they chose to take classes and endure the inherent role conflict. Smaller numbers of children were present in the student group. Institutions of higher education, working with employing hospitals, could structure part-time work and part-time class scheduling to lessen this role conflict.

While many of the nurses in both the student and nonstudent group were major family wage earners, this did not seem to motivate either group to return to school to develop further hierarchial career goals and earn more money. Nonstudents believed that they were not able to return to school due to their major financial responsibility, while half of the students desired lateral career moves in order to accommodate family needs. In neither group was the hierarchial career pattern in evidence, once again supporting the belief that female nurses may redefine career as personal fulfillment in light of numerous home and work obstacles to career development.

Finally, female nurses continued to take responsibility for the majority of child and home care whether or not they returned to school. There was evidence that while students continued to spend many more hours per week completing these tasks than did their partners, students estimated that they themselves did significantly less household and childcare work than nonstudents. The strategies these
women used to decrease their child and household role responsibilities will need to continue to be used until such time as restructuring of family work roles and coordination of part-time work and learning opportunities exist.
Appendix A

Household Activities Questionnaire
HOUSEHOLD ACTIVITY QUESTIONNAIRE

Listed below are some specific activities in the home. We would like to know who does the activity, or who has the responsibility to see that it gets done. Thus if one of your children does a task, but you know that you must ask him or her to do it or supervise the child in the activity, then we would consider this task to be ultimately your responsibility. For each activity you should decide whether husband and wife share equal responsibility in getting a task done, or if one has more responsibility than the other. Indicate your choice each time by placing a check in the appropriate column, using the following scale:

The number "1" means "Completely or almost completely husband's responsibility."

The number "2" means "Both may be involved, but it is primarily husband's responsibility."

The number "3" means "Husband and wife equally share the responsibility."

The number "4" means "Both may be involved, but it is primarily or mainly wife's responsibility."

The number "5" means "Completely or almost completely wife's responsibility."

If an item is not applicable to your own personal situation, please write "NA" next to the number of the item. Otherwise, please be sure to respond to every item.

<table>
<thead>
<tr>
<th>Household Activity</th>
<th>HUSBAND</th>
<th>E</th>
<th>WIFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cooking (routine cooking for family)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Cleans up after meals.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Housecleaning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Laundry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Interior house maintenance (painting, repairing, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Exterior house maintenance (painting, cleaning, screens, repairing)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Food marketing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Car maintenance (does it or gets it done)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Lawn care (mowing, raking leaves)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. School age child care (when not in school)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Cares for sick child at home (gives medicine, gets up at night, stays home from work if employed)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

85

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<table>
<thead>
<tr>
<th></th>
<th>HUSBAND</th>
<th></th>
<th>WIFE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Complete</td>
<td>Mainly</td>
<td>Mainly</td>
<td>Complete</td>
</tr>
<tr>
<td>12.</td>
<td>Teaches children (values, rules, proper behavior, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Disciplines children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Sets rules &amp; limits for children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Handles day to day money matters (pays bills, balances budgets, files receipts)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Makes major financial decisions (purchase of car, appliances, house)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Makes investment decisions (savings, insurance, stock, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Decides whether husband should accept new job or position, when the new job does not require moving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Decides whether husband should accept new job or position when the new job does require moving</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What household duties is your child, ____________________, expected to do?

Regularly: ____________________

Frequently: ____________________

Occasionally: ____________________

I have paid for household help:

a. Regularly
b. Frequently
c. Occasionally
Appendix B

The Background Questionnaire
Background Questionnaire

The following information about you and your background is important for the purposes if this research project. Remember that your answers will remain strictly confidential and will be anonymous.

INSTRUCTIONS:

For each item, draw a circle around the number that best describes you. Please answer every item.

Example: Color of Eyes:
1. blue
2. brown
3. green
4. grey
5. other

I. PERSONAL BACKGROUND INFORMATION:

(1) Age: (Please write in your age)

/___/

(2) Motherhood Status:

1. no children
2. youngest child under age 6
3. youngest child 6 yrs, 1 month to 12 years
4. youngest child 12 years, 1 month to 18 years
5. youngest child over age 19.

(3) Number of Children:

1. one
2. two
3. three
4. four
5. five or more
(4) **Marital Status:**

*If you are currently living with a marital or other partner, answer here.*

1. I am living with a spouse.
2. I am living with another adult.
3. I live alone or without another adult partner.

(5) **Your own annual income:**

1. $5,001-$10,000
2. $10,001-$20,000
3. $20,001-$30,000
4. $30,001-$40,000
5. $40,001-$50,000
6. More than $50,000

(6) **Annual income of your spouse/other partner:**

1. $5,001-$10,000
2. $10,001-$20,000
3. $20,001-$30,000
4. $30,001-$40,000
5. $40,001-$50,000
6. More than $50,000

(7) **I work outside of the home (paid "job").**

1. not at all
2. less than 20 hours per week.
3. 20-39 hours per week.
4. 40 hours or more per week.

(8) **My partner works outside of the home (at a paid job):**

1. not at all
2. less than 20 hours per week.
3. 20-39 hours per week.
4. 40 hours more more more per week.

II. **HOUSEHOLD TASKS**

Household tasks includes such activities as cooking and cleaning up after meals; housecleaning; laundry; "outside" jobs such as lawn care.

Child care includes such activities as teaching, disciplining children, caring for their clothes, and attending to school and recreational needs.
(9) Estimate the number of hours you spend daily in caring for children and completing household tasks.

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. more than 6

(10) Estimate the number of hours your partner spends daily in caring for children and completing household tasks.

1. 1
2. 2
3. 3
4. 4
5. 5
6. 6
7. more than 6

(11) I am presently a registered nurse student in a baccalaureate nursing completion program.

yes _____  no _____
Appendix C

Consent to Participate
Consent to Participate

Before you formally agree to participate in this study it is important that you be made aware of the following information. If you wish to participate please fill out the three questionnaires in the packet. If you do not wish to participate please remain in the room for the next one-half hour and submit blank questionnaires.

(1) The purpose of this study is to find out more about the barriers registered nurses encounter as they work through the decision to return to school or to focus on other life roles. Making this information available to institutions of higher education can enable college and university administrators to better meet student needs.

(2) There are no risks involved in participation in this study. As a volunteer, you may decline to participate at any point in the study.

(3) You will be asked to complete a comprehensive questionnaire. Your participation should take approximately one half hour. Questionnaires will be identified by number only and all data that could identify you as a participant will be destroyed when no longer needed for the purposes of this study. Only group data will be reported. You will also be asked to distribute a questionnaire to two of your colleagues.

(4) If you wish to receive a synopsis of the findings of this study, complete a form provided and return it to the researcher in a separate envelope. A copy of the findings will be mailed to you at the completion of this research.

(5) While there are no direct benefits of participation to you as an individual, the researcher will make every effort to disseminate the results of this research.

(6) If you have any questions now or at any time during the completion of the questionnaire, please ask the researcher.
Appendix D

Cover Letter to Nonstudent Group
Dear Colleague,

I am conducting a study on the barriers registered nurses face in deciding whether or not to return to college. My interest in this topic stems from my own experiences as a non-traditional student. I believe that identifying personality traits and life issues that impact a nurse's decision to re-enter college will assist colleges and universities in designing appropriate programs for the registered nurse who desires to return to school. The study will involve students in NMU Outreach courses and a sample of registered nurses in the Upper Peninsula who are not college students at the present time.

This letter is a request for your participation in my study. Your help will involve about a half hour of your time to complete a short questionnaire. Your responses will be kept in strict confidence. Information gathered for this study will be used in a way that insures anonymity of the participant yet provides information to generate greater support services for potential students. Please return the questionnaire anonymously so that I will not know your name or address. This is done to maintain student confidentiality.

I sincerely hope you will agree to participate. I believe there are many nurses who would like to continue their education, but for many reasons have not made the attempt. I am interested in social roles and the reasons women decide not to return to school in addition to understanding the reasons some do. Your experience will be valuable in providing information that will be used to design educational programs that will better meet working nurses needs.

Please return the attached survey in the self-addressed envelope provided.

If you have any questions, please contact me at school (227-1664), or at home (Marquette - 249-1903) after five o'clock.

Sincerely,

Mary L. Anderson, Doctoral Student
Educational Leadership
Western Michigan University
Appendix E

Reminder Letter to Student Group
Dear Research Participant:

Thank you again for taking the time to fill out my questionnaire related to RN's return to school. I have obtained information from several classes throughout the Upper Peninsula.

Thank you for handing out the survey to two of your colleagues and asking them to fill it out. Could you help just once more by reminding your friends to send it in, if they have not already done so.

Looking forward to sharing the results with you.

If you did not participate, please ignore this letter.

Sincerely,

(Mrs.) Mary L. Anderson, RNC, MSN
Associate Professor of Nursing
Doctoral Student in Educational Leadership
Western Michigan University

Enclosure
Appendix F

How to Obtain a Summary of Results
If you would like to receive a copy of the summary of the results of this study, please provide your name and address below:

Name:
Address:

Once again, thank you.

Sincerely,

Mary L. Anderson
Appendix G

Human Subjects Institutional Review Board Approval
Date: February 23, 1990
To: Mary Lynn Anderson
From: Mary Anne Bunda, Chair

This letter will serve as confirmation that your research protocol, "The Relationship Between a Nurses Return to School and Demographic Variables, Sex Role Traits and Household Responsibility," has been approved under the exempt category of review by the HSIRB. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

xc: C. Warfield, Educational Leadership

HSIRB Project Number 90-02-02

Approval Termination February 23, 1991
Date: June 15, 1990
To: Mary Lynn Anderson
From: Mary Anne Bunde, Chair

This letter will serve as confirmation that the changes to your research protocol, "The Relationship Between Nurses Return to School and Demographic Variables, Sex Role Traits and Household Responsibility", have been approved by the HSIRB. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

xc: C. Warfield, Educational Leadership

HSIRB Project Number: 90-02-02

Approval Termination: February 23, 1991
Appendix H

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In response to your request of December 11, 1990 permission is hereby granted to you to include sentences submitted for our approval from the BSRI Manual in your dissertation entitled "The Relationship Between a Nurse's Return to School and Sex Role Traits, Family Demographics, and Household Responsibility". These quoted sentences may remain in the dissertation for microfilming and single copies may be supplied upon demand. This permission is for this project only.

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By Cynthia Eckert
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Date December 28, 1990

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Landers, A. (1990, April 23). Readers say work around the house isn't evenly divided by spouses. The Mining Journal (Marquette, MI), p. 6A.


presented at the annual convention of the American Psychological Association, Los Angeles, CA.


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Weishaar, J., Chiaravalli, K., & Jones, F. (1986). Dual-career couples in higher education. In P. A. Farrant (Ed.), Strategies...
