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Married Women Working in Hospital Service: Some Social and Economic Aspects

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MARRIED WOMEN WORKING IN HOSPITAL SERVICE:
SOME SOCIAL AND ECONOMIC ASPECTS

by

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A Thesis Submitted to the Faculty of the Graduate School of
Loyola University in Partial Fulfillment of the
Requirements for the Degree of Master
of Social and Industrial
Relations

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CHAPTER I

INTRODUCTION

Women have been the subject of conversation and the object of discussion from the very beginning of the human race when Moses introduced Eve in the Book of Genesis. Married women have been an interesting topic to moralists, historians, novelists, biographers, sociologists and others who have wanted to write about what others wanted to read. There has been universal interest throughout the centuries as one can readily conclude from past and present volume of material. Though married women have always worked, this aspect of their lives was traditionally considered to connote work within or nearby or related to the home. The modern concept of married women working, however, in our own century and specifically in the last two decades, refers to women's employment outside the home. Research literature on this topic is consistently accumulating. It is supplemented by national statistical data compiled by the Women's Bureau of the Department of Labor in their periodic reports. This indicates that there is a current need for factual information about women. But the married woman working in a hospital has a touchstone value of hidden potential. Touch the stone and it speaks. Like a virgin forest, discovered but unexplored, this topic is waiting to be investigated. It can tell a story to each interested listener. Especially revealing is the story it unfolds to the social scientist who draws near enough to sense the economic significance and
the social values in addition to some psychological implications inherent in this environment.

Health and hospital are terms familiar to everyone. Mass media has oriented the least literate among us to some phase concerning the health field be it through technological progress, medical and social insurance, unionism or lawsuits. Woman as a nurse is also a familiar concept and a hospital without nurses cannot even be conceived. Nursing is predominantly a woman's world though not exclusively so. Hospital employees of 1960 are still predominantly women but many of them are not professional nurses in the definition offered to the public by the Illinois State Legislature. However, the women who work in the hospital are nursing and testing and treating and cleaning and washing and typing and transporting and feeding and preparing supplies for the patients. From all social classes, ages, educational, economic and professional levels, and for many various reasons do women come to fill a need for their

1"Professional" nursing means the performance under the direction of a licensed physician or dentist of professional services requiring an understanding of the principles of the biological, physical and social sciences, and an application of these principles in the care of the sick, the responsible supervision of a patient, the prevention of disease, and the conservation of health.

"Registered Nurse" means a person who is registered under this Act and who practices professional nursing as defined in paragraph 1 of this section. Department of Registration and Education, The Illinois Nursing Act 1959, Section 4, p. 4.

particular service in some hospital.

If they are married, why are they working? If they are working, why are they working in a hospital? To study which married women seek or continue service in hospitals, why they do so, their attitudes and family adjustments and the effects of this employment upon themselves, their families and the hospital is the interesting scope of this small study.

A. Womanpower

Much has been said about the revolution in women's employment in the course already traversed by the twentieth century. Volumes are being written about it as more and more women become an essential and distinct part of the labor resource in America. "They are essential because without their presence in the labor force we could neither produce or distribute the goods nor provide the educational, health, and other social services which characterize American society. They constitute a distinctive manpower resource because the structure and the substance of the lives of most women are fundamentally determined by their function as wives, mothers, and homemakers.3 Most of us need only cursorily reflect on how things were (when we were young) with our mothers and grandmothers and our memories assure us that times have changed. Contributing factors which are listed as those of greatest significance are "growth and change in the economy, advances in science and technology, an expanding urban population, the role of the government as an employer, the crisis situation of war and depression, social values and attitudes, pattern of marriage, childbearing and life expectancy."4 All of these factors and others are well known

4Ibid.
and much discussed in the volumes being written as more and more women become part of the American labor supply—a resource supply.

1. Recent historical background

It was World War II that demonstrated a special need for a labor supply because there was man-shortage. It discovered a reserve potential in the women at home. When many women came forward to fill that need in the labor market, employers began to re-examine existing and traditional ideas and re-evaluate them in the light of evidence on hand. Women could work, women would work; some women must work and many of them wanted to work. The experiences of their war time activities have encouraged a general positive attitude toward employment outside the home.

Women continued to work after the war years. "At the close of the 1950's there were about twenty-four million women workers."5

In the summary of recommendations by the National Manpower Council published in 1957 we read the statement that "one third of all the women in the United States are in the labor force in any given month, and well over two fifths—some twenty-eight million—work in the course of a year."6

In 1958 the number was still estimated as twenty-eight million but only ten million women were available for full time employment. Women had, indeed, become a distinctive and essential part of our manpower resources. They were no longer in reserve, they were actively producing and distributing goods

6Manpower, p. 3.
instead of merely consuming them. Also they provided a fair share of the "educational, health, and other social services" so characteristic of our present American society.7

2. Future Outlook

As the Department of Labor estimates a sizeable increase in the number of women workers for the future we can conclude that there will be a growing inclination for women—and many married women among them—to find a job.

Jobs are available for many reasons. Because of our participation in two wars within a past twenty year period, there is now a shortage of man power in the 24 - 44 age bracket. A recent report in Monthly Labor Review, May 1960 discussed factors which have influenced our current civilian labor force.

Most of the expansion in the labor force in recent years has been due to an increase in the number of persons of working age. Certain other trends have affected the size of the labor force: a secular increase in the rate of participation of married women in the labor force, and a decline in the rates of participation of men 65 and over and of school-age youths over 20. These latter trends have proven sensitive to the level of economic activity. When the economy expanded at a rapid rate, more women and youngsters have entered the labor market. The proportion of the women in the labor force remained virtually unchanged in 1958 and 1959. However, the worker rate for women aged 45 - 64 rose in both years, reflecting the long-time increase in the labor force participation of working wives. The number of married women in the labor force increased by 475,000 between 1958 and 1959 to a record level of 13.8 million.8

Another report by the United States Bureau of the Census showed statistical data that concerned working wives. "Wives are more likely to work: when the husband was unemployed; when his income was under $4,000 a year; or when

7Ibid, p. 3.

there were no children under 18 years of age in the home. Mothers of children under 6 years of age were only about one-half as likely to be working as other married women. 9

A period of time when husbands were unemployed and the income for family expenses seemed to be dropping near or below the minimum level the middle class majority had set as their standard economic level came in 1959 when a nationwide steel strike following slow recovery from a business recession found men at home and women seeking employment outside the home at least on a temporary basis.

After studying the reports from the Bureau of Labor Statistics, Father Masse noted that the sex pattern of the labor force will undergo significant changes in the 1960's.

There will be thirty million women workers in 1970. Clearly there will be a strong trend among women to return to the labor force, or to enter it for the first time, after their families have been raised. Among women with children in school or past the school age, the proportion working will be considerably higher than is now the case. A larger proportion of women will work than in the last decade, and in some age-brackets the proportion will be very high indeed. It will be approximately 42 per cent in the age-bracket 55-64; 46 percent in the age bracket 20-24; 47 percent in the 35-44 bracket; and a startling 54 percent among women aged 45-54. Over all, women will constitute a third of the labor force. 10

John Dunlop of Harvard points out that "Almost half the total growth of the labor force in the period until 1975 will be comprised of women, although

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10 Benjamin L. Masse, S.J., "Workers and Jobs in the 1960's", America (April 9, 1960), p. 44.
now women constitute only about 30 per cent of the work force. One projection shows a total growth of 24.5 million in the period 1955-75, of which 12.9 million are male and 11.6 million female. Only the future will bear out the correct prophecy from all the predictions and projections.

B. Married Women Working

The growing need for womanpower in the next decade will embrace a greater number of married women. If Dickens were with us today he would have described the situation by reversing his famous phrase "Barkis is willing" to "Pegotty is quite willing." For our married women, today are very willing to espouse the cause of labor and engage themselves in outside employment of various kinds. The consensus is that if the married woman needs to work for any reason and wants to work for many reasons, she is a welcome addition to the employment ranks. By her very need she belongs to the work force and should be given an opportunity for employment. In contrast to this general consensus the moralists' and sociologists' voices are raised to question the value and virtue of it all. Within these groups we find united opposition in many instances.

1. Traditional Type of Working Wives

Traditionally married women have sought employment if they were widowed, separated, divorced, or had dependents to support alone or in part. Wives in lower-income groups worked because their earnings were actually needed to supply the basic needs of their families and this was the case whether they were foreign or native-born. Hiring-out was an accepted practice, too, for women

in some ethnic and racial groups. Sometimes a cultural relationship existed
between greater security and necessary occupation because of membership in a
certain group. The "Irish Washerwoman" and the "Farmer Takes a Wife" were
more reality than the song and dance from which we take them.

The Negress on the cotton plantation and the Mexican migrant woman in the
fruit groves and truck farms were working there because they were black and
brown of skin but they were working side by side with their husbands and children so that the combined meager incomes might reach a subsistence level.

The immigrant and refugee women have applied almost immediately upon
arrival for some occupation that was unskilled but easily performed by willing hands. Language barriers were still great enough to require interpreters for
a formal or informal application for employment at the personnel office, but they were there waiting with an interpreter. The special need was for money
to give the new arrival security and status, a new home, some extras to send
back to relatives, and a chance to learn and adjust to her environment while trying to forget all that had been left behind.

In contrast to these we have always found a certain proportion of upper-
class women filling a matronly role in civic enterprises, and all varieties of
social services. These will remain as voluntary workers in the future because work inside the home as well as outside it has changed so significantly that for many families such an arrangement may be possible as well as satisfying to the women.

2. Changing Trends and Concepts

"There has been no change in the home responsibilities of women and in
the attitudes of society generally with regard to the employment of women."\textsuperscript{12}

This needs qualification in the light of heated discussions as to just what is the role of the woman in modern society. There does exist a conflict. From all sides comes the proposal that the definite changes in the American Family are the results of the steady movement of the married woman into the labor force. "Whether this employment has caused or been caused by the modified concept of the family unit, there is no doubt that the employment and earnings of the married woman have a singular impact on the living standards of the American family and upon family life itself."\textsuperscript{13}

And there have been many personal, social and psychological changes for the individual married woman worker besides the economic one. She has found barriers, limitations, tendencies toward discrimination and yet the short-run total gains have given satisfaction.

What has not changed is this: women have continued to be homemakers. They may work outside their homes but they still work for their homes and families. They have not sacrificed their prerogatives of womanliness, femininity, motherliness; only added to them. Women are not confused about their role and answer and act to include activities that constitute dual allegiances and not necessarily conflicting ones, though a good many social scientists have and do and will question this seriously. Society still assigns the woman

\textsuperscript{12}Emily M. Burke, \textit{Job Opportunities For Women}, Unpublished Thesis, Northeastern University, 1957, p. 6.

her traditional mother and homemaker responsibilities and does not frown if she
can do also a paid job as well.

"Women are not deserting their biologic and traditional role in the home
and there is no sign that they want to. The birth rate is high and the home
is a new center of activity."14

Statistical outcries over "population explosions" have shown us that most
mothers want children. They want to raise them too, are unwilling to leave
them in the care of a substitute and feel guilty if they do so. There is no
hesitation, however, if the substitute is a willing and competent husband who
makes use of this closer and warmer relationship with his children to know and
love and understand them better. Margaret Mead recently made the statement
that "Babies are, in fact, very engrossing. They've engrossed women for hun-
dreds of thousands of years, and it now looks as if they were going to engross
men too."15

There is no longer any real ignominy attached to a husband's participation
in household and baby-sitting responsibilities. This sharing of home respon-
sibilities can be beneficial to both parents and children for it creates a
unity and strength and stability along with valuable emotional rewards which
go unrealized in the typical patriarchal family set up so prominent in the past.

Before World War II, society was constantly asking what would happen if

p. 50.

15Margaret Mead, "New Look at Early Marriages", U.S. News and World Re-
port (June 6, 1960), p. 83.
wives went out and worked. Now society is asking what is going to happen because it is a fact that married women are working. Statistics from the Department of Labor assure us that the number will increase. Mr. James P. Mitchell, Secretary of Labor during the Eisenhower administration, said in an address concerning future problems in the labor force, that the women have constantly demonstrated to him their distinctive contribution as workers. "I think the fundamental job of the American woman remains what I consider to be the most difficult of all jobs, being a good wife, and a homemaker, and a mother..." and any employer of women will verify that the married woman places her home, her husband and her children before any advantage of her job if there is a need to decide between one or the other.

Will it weaken or strengthen the family? Is the potential contribution so great that it is necessary? What changes due to the employment of married women that are now having an impact on our democratic-capitalistic society, will remain a part of its future structure?

Each question has many answers, all conjectural ones, because the very topic is charged with challenges, paradoxes, hopes and fears and probabilities. It has very little significant prediction value because so much rests upon the most dependent and independent variable—"a woman's privilege to change her mind."

3. General Economic Significance

Instinctively we all feel (and sociology agrees with us) that while a

man's social role always includes an economic one, his wife only holds this economic role secondarily. She does not have stability and interest in employment in the same way as a man does. Her husband's work, not hers, determines where the family lives. His union strike or layoff will determine her interest in "full-time help needed" newspaper ads. His re-employment may cause her to give notice to her own employer. Sickness of children will mean she, not her husband, takes time off from work.

The middle-class working woman, (especially if wife and mother) supplements the family income more often than she supplies it in toto. The husband's income usually supplies what is needed to maintain a basic living standard. It is her supplementary income which has raised many a family's average income level, allowed her to purchase a home, a college education or, in general, to attain a higher standard of living. Many women feeling the "cultural pressure to enjoy a middle-class standard of living, respond by working and consider that their working for their children in actuality symbolizes their maternity."\textsuperscript{17} It is all part of the reason for the current swelling of the proportion who economically make up the middle class of American society.

John L. Thomas in a study of the family in American society tells us that the majority of Americans place themselves in a middle class category. He also stated that "studies reveal that most people recognize the existence of upper, lower, and middle classes. Although Americans are not strongly class-conscious, there is considerable evidence that the family pattern is different on each of these levels. Social stratification and social class lines based

\textsuperscript{17}Feldman, p. 112.
on education, source of income, occupation and cultural differences tend to arise in every society."  

These are, then, the factors which Father John Thomas and other sociologists have outlined as contributing to the distinctions between the three social classes. American women, however, place themselves economically in the middle class category when they have achieved or maintained an income level which assures a place and a pattern to follow in this social class. The actuality of the other factors may follow later; sometimes to be realized only in their children but, nevertheless, within the same family unit. So, economically or otherwise, the middle class is increasing in number. And because it is increasing in number, there will be a continued demand for the products and services a higher income can assure. Women working has really had a noticeable socio-economic effect.

C. Economic and Social and Psychological Aspects

When a group of women workers were questioned by the Women's Bureau as to why they were working, "most of them gave financial reasons....very few were just working for the satisfaction of having a job or for the purpose of keeping their skills from getting rusty." And a primary economic reason is probably the real reason except for those in the upper class of society. Without doubt, though, social and psychological reasons are very important and ever

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present in some varying degree of influence. When socio-psychological rewards are predominant, the money compensation is not in the pitcher's box but way out in left field or even parked on the bench. This is particularly true if there is personal involvement and a status per se connected with the occupation or salary of a work environment. When we study the hospital area later, we will see that this is so. But, "take away the socio-psychological aspects of a job and immediately the economic gains in momentum," because in all categories of workers purely social concepts have changed into socio-economic ones. As of today they still defy limitation, definition and isolation. However, what we can define and isolate is this: "that a changing cultural concept of woman's role in society has added a second dimension to the destiny of homemakers—that of wage-earning."21

1. Economic Dimensions

The decision to work for additional income as the major motivation, cannot be explained in terms of the net income derived. Considering the number of married women working, the net national total product is not remarkable at all. The work pattern many married women have followed is one of part-time, temporary, seasonal, and changing jobs. Within such a pattern the financial reward for many cannot be substantial in comparison with manpower paychecks. Such employees cost management a high orientation and training program, absen-


tee rates and turnover operating expenses that are reflected in a ruffled and rifled payroll.

Fringe benefits, however, are there for the asking even if high salary scales are not. These have a hidden economic value easily discernible to the woman planning how she can assure greater security for her family. If she detects short-run or long-run benefits for her family, she is personally interested even when establishing an equilibrium between supply and demand of her time is obtained at a point of personal sacrifice in the here and now.

Women say they work out of "necessity". They do belong by great majority to that group which provides partially for household expenditures and family maintenance. Yet they are not actually supplying primary economic needs in the same sense as a husband's salary or alimony, social security and public aid. When the woman's paycheck is pooled, it begins to share responsibility for the family's total needs.

2. Social Considerations

A particular standard of living any American family has defined as its own is still only the minimum level to which it aspires. This is what it calls its "needs" and there is individual family interpretation as to what these needs are. An open social class system whispers that with united effort it is possible to rise indefinitely into a higher level. Sociologists question this and even if it is true, it is difficult to change social class

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23Ibid, p. 118.
by economic means. The little woman involved believes that this is her potential and accepts responsibility to do something about the matter. To raise a standard of living consistently and acquire many items which symbolize social success and security, power and possession, cultural advantage and leisure, special services and independence is what most modern families want. They do not "need" these things but they "want to better themselves." In his book, A Changing America: At Work and Play, A.W. Zelomek says "The rising tide of women entering or returning to the labor force is as much a social revolution as an economic one. Women work for many reasons today and even the economic need, which is still most important, has a much broader definition than absolute necessity."\(^{24}\)

What is becoming more apparent each year is that the range of economic necessity and personal desires is dependent upon the indefinite and variable and relative significance each different socio-economic group has assigned to it.\(^{25}\) "Whatever its source, the idea of insatiable aspiration leading wives and mothers to work outside the home" ...holds a future implication for society in which "married women want more, work more, worry more, and have to work more in order to get more."\(^{26}\)

Women are actually thinking that they can be better wives, homemakers and mothers because they work. They have rationalized and analyzed their particular situation to match the current trend of thought. If they do not think so,

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\(^{24}\)Zelomek, p. 29.
\(^{25}\)Ibid, p. 118.
\(^{26}\)Ibid, p. 118.
they are not out in the labor market. Their families are still the center of their lives even when the home is no longer the scene of all their activities for their families. When the family needs their personal presence more, the current jobs are put in the backseat and stored in the garage or placed in deepfreeze for the time being.

Personnel managers must recognize the fact that women's motivation and orientation to membership in the labor force is very different from that of male employees. Women will usually give priority to a home and children if they cannot reconcile a dual role; they will not work consistently throughout the years; they are secondarily interested in satisfaction related to the job; they readily accept part-time and part-year employment opportunities. The individual married woman worker in her special social class, regardless of its socio-economic or racial or ethnic grouping, has decided that this be so. She is first and foremost a mother and wife as she has always been traditionally. Her understanding of this primary role, complemented with a satisfactory dual one, "has resulted in desirable social and economic consequences for the American nation as a whole."27 Father B.L. Masse concludes his article in America on "Workers and Jobs in the 1960's" with these words, "What effect the growing inclination of married women to seek jobs outside the home will have on the stability of family life and the training of children can only be conjectured. But the experience of the 1950's is not reassuring."28 But other moralists and sociologists—very much interested—say that it is not fair, by 1960 evi-

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28 B.L. Masse, p. 46.
18

dences, "to lay the blame for the evils of society at the doorsteps of working wives and mothers."29

3. Psychological Rewards

Setting all social and economic benefits aside for the moment, let us turn to personal ones. To a lesser degree married women work for motives that are primarily personal and psycho-social. These could not be expressed in terms of money-value. There are problems and situations at home that can be escaped or at least changed in part. Community activities may be unrewarding, civic projects too demanding. Neighborhoods may be unfriendly or friends at a distance which makes daily involvement with household tasks alone seem meaningless, boring and lonely. The labor saving devices of our era have reduced housekeeping from a full-time to a part-time task, leaving more time to be filled. Again there may be a hope of self-fulfillment and the satisfaction of utilizing talents, skills, and educational attainments. Employment "with or without income" can provide women with status and recognition and a sense of worthwhileness that is frustrated at home. There is true psychological value, too, in being active, accepted, needed, and a vital part of a social environment. Work can be very interesting and an expression of dedication to some social service. Just the opportunity to meet people and share companionship and friendship with them after working hours is a desirable asset.

"Motivation researchers have suddenly discovered that women need approval for their work. A woman working at home has to wait for a kind word. It is not surprising then that more and more women look for prestige and recognition

29 Emily M. Burke, p. 52.
outside the home, usually, although not necessarily in paid employment.  

The older woman worker, in her widowhood or grandmother years or related age-bracket situations, may have compelling reasons for coming back to work in addition to the stated economic one.

The feeling that she is wasting her abilities crystallizes when she has more time to think about it and the children need her less. By returning to work, even part time, a woman with older children can fill an economic need in her community, supplement her income, and have the satisfaction of using skills that had been put into mothballs.

The need for emotional independence, the need to provide interests and duties to replace mothering when that job is done—to avoid the emptiness and the depression which often accompanies the feeling of uselessness.

Put these all together and they spell out satisfaction with a job. The reality may mean the world to them—a better world for themselves and their families.

D. The Teachings of the Popes

Books have been written about the advisability, necessity, dangers, repercussions, advantages, etc., about married women working. Changing social theories about woman's role in society have caused the sovereign Pontiffs of the nineteenth and twentieth centuries to restate officially woman's state in life. In his book, Destiny of Modern Woman, Father William B. Faherty, S.J. discusses a part of Rerum Novarum, the encyclical by Leo XIII on the "Condition of Labor", issued on May 15, 1891. The Pope wrote: "Women again are not

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suited to certain trades; for a woman is by nature fitted for home work, and it is that which is best adapted at once to preserve her modesty, and to promote the good bringing up of children and the well-being of the family. . . . Work which is suitable for a strong man cannot be required of a woman."

Another Pontiff, Pope Pius X, outlined a vast social apostolate to women when he said, "Woman's duties are not confined within the household walls. She has a great social mission, a place in every charitable cause, work to perform in behalf of the sick, the suffering. . . ." 33

Pope Pius XI spoke of woman's place in industrial life and about her entrance into the professions. He expressed deep satisfaction when he mentioned teaching and nursing yet he added that "a woman's pursuit of a career is not to be at the expense of her children or family." 34

The late Pope Pius XII frequently wrote articles and gave many addresses about woman's role in modern society to audiences assembled at Rome. He gave one address "Women's Duties" that contains several points relevant here. First the Pope showed that it was a strenuous task to fill two full time jobs, that of mother of a family and that of a worker in a public profession. Secondly he reminds wives and mothers how untidy and unattractive and ununited home and family become when they have absented themselves consistently. Thirdly the Pope "asked all working mothers, whose husbands were also employed, to consider whether or not the supplementary wage, which they earn outside the home, is not swallowed up by waste or by expense entailed by their absence." 35

33 Ibid, p. 43.
34 Ibid, p. 90.
It was good to hear pros and cons on a controversial subject. We have presented the views given by social, political and spiritual leaders on married women working. Let us now turn specifically to married women working in hospitals. We wish to see if woman's role in society, her duties as wife and mother, her womanly dignity can fuse into a wholesome unity when a woman places herself, by necessity or preference, into this work environment.
CHAPTER II

MODERN HOSPITAL SERVICE AND WOMEN PERSONNEL

All the attitudes, reasons, conditions, and factors summarized in chapter I that govern the employment of married women in the national labor pool would apply more or less to the various occupations, industries, and services according to their kind. Among these, hospital service holds a unique place. By the very nature of a hospital, certain terms of employment are specific to it and can be found in no other work environment. And yet in many instances it seeks the same type of employee who applies for the same reasons that would have sent her to any other employing agency or personnel office. There are those who apply for work in a hospital because it is a hospital. But the reasons they do so may also embrace the whole range of possible ones.

Before we look specifically at married women workers in hospital service, it is necessary to orient ourselves by discussing the hospital itself as an institution in modern society.

A. The Hospital in Modern Society

"Speaking generally, the function of the hospital in modern society is to assist in the task of conserving our greatest economic asset, the health of the nation. . . . Such an effort has, of course, serious social and economic implication."¹

¹William H. Spencer, "The Hospital in Modern Society", Hospitals, XII (June 1938), pp. 11-17.
A hospital is a social institution insofar as it coordinates the services of its specialized professional experts and provides its special service to the sick. It is a business organization as well because it employs a great number of professional and non-professional members, charges for its services, purchases general and specialized commodities in wholesale and retail quantities, deals with the bank, the law, the insurance company, the government agency, and academic faculty in much the same way as any commercial and industrial manager would do. A hospital is also a community service. Therefore, the hospital and community share an interest in the institution's organization, administration, and staffing.

American hospitals by ownership and control can be grouped into federal, other governmental, non-profit, and proprietary institutions. All these groups may represent a general hospital which includes many health services or a specialized one which concentrates on one service, such as psychiatric, orthopedic, geriatric, tuberculosis, pediatric and others. Into these services many persons of various educational levels, technical training and human relation skills, professional and non-professional achievements, interests and aptitudes will find their way to employment, income, and work satisfactions.

1. The Hospital as an Institution

Departments within a hospital might be listed as these:

- **Administration** -- executive, personnel, public relations
- **Business** — admitting and discharge, payroll, switchboard, purchasing, accounting, clerical, insurance
- **Engineering** — maintenance, painting, plumbing, electrical operations, heating, air-conditioning
- **Housekeeping** — laundry, sewing room, cleaning and sanitation
Food Servicing — diet service, cafeteria, kitchen, bakery, food purchase, storage and processing

Medical Services — medical records room, physical therapy, clinical laboratory, anesthesia, social service, pharmacy, x-ray therapy

Nursing Service — medical, surgical, maternity, children, geriatric wards, emergency and outpatient clinics, operating room

Within each of these departments, job classifications and job titles denote either a special activity or general work done in that department; e.g., chief nurse anesthetist or ward maid or tray checker. Some personnel will be occupied with direct patient care as nurses and therapists would; others will contribute indirectly to patient welfare as telephone operators or typists in the record room do. Still others such as volunteers through the hospital women's auxiliary, may be clerks in the gift shop or distribute mail to the patients.

Of all the departments within a hospital the Nursing Service employs the greatest number, usually about fifty per cent of the total hospital personnel. Fifty per cent of Nursing Service personnel will be registered professional nurses though this preferred quota is not always attainable. The remaining fifty per cent will be practical nurses and nurse aides and orderlies.

Two aspects of hospital functioning must be kept in mind. The first one is that every hospital functions twenty-four hours daily, seven days weekly, fifty-two weeks annually. The employed staff, in all job categories, "must be organized to meet emergencies rather than to follow routine production schedules and this requires constant program planning, personal sacrifices,
and extended hours of work on occasion\textsuperscript{2} to provide adequate patient care on all three shifts.

The second aspect is of special concern to this study. Women are the majority in the health field. The hospital as an employing agency is still a woman's world and married women, especially married women in nursing\textsuperscript{3} are there working in all departments and will, more likely than not, be temporary and part-time employees only. It has been said that a hospital, as an employing agency, is "one of those institutions where many pass through and a few stay on."
\textsuperscript{4} The work practices of married women employees have made this statement an actuality.

2. The Hospital As An Employer

The labor market for personnel in the health field has found itself with a shortage since the beginning of World War II. Principle factors have probably been a "rising demand caused by improved economic status of the population, widespread participation in hospital and medical insurance plans, the expansion in medical services resulting from new medical techniques and drugs, increased interest in prevention of illness and rehabilitation of the handicapped, and

\textsuperscript{2}United States Department of Labor, Job Description and Occupational Analysis for Hospitals and Related Health Services (Washington, 1952), p. 11.

\textsuperscript{3}Everett C. Hughes, Helen Mac Gill Hughes, Irwin Dettscher, Twenty Thousand Nurses Tell Their Story, (Philadelphia, 1958), p. 20: "Women, cast in a variety of roles in hospitals, have titles, each containing the work 'nurse', and all begin with an education in the 'touch' tasks, as if they were going to have identical work. For the name 'nursing' has become a catchall for an array of occupations."

\textsuperscript{4}Ibid, p. 69.
the increased proportions of young and old persons in the population."  
There has also been an increase in total population and in facilities for caring for them. The demand for all professionally skilled personnel will continue because the factors which caused the shortage will prevail both into the 1960's and the long run. There will also be a shortage of non-professional personnel because of the continued competition from industries and commercial businesses which would claim them as well.

"In the professional nurse category alone there was an estimated shortage of seventy thousand in 1958 in new positions and replacement requirements though by total number they were 460,000 strong. Professional nurses are the largest group of health workers, and sixty-three per cent are active in the hospital field."  

The American hospitals of the 1960's employ personnel on a large scale.

"For a long time the hospital has served society as a social institution meeting various social needs." It was within this social-service orientation that the needs of patients and employees were met.

As the hospital grew and assumed a vital place in the community, it expanded in size and in service. Behind this growth was an expanding staff of administrative, professional, technical, clerical, skilled and unskilled workers. Payrolls increased: The number of personnel increased: The ratio of employees to patients increased. And today it is not uncommon to find in the voluntary, short-term, acute care, general hospital a

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payroll of seventy percent of all cost and a work force of 235 to 250 employees for each one hundred patients.

In the United States more than 1,325,000 persons are gainfully employed in hospitals which rank third, after aviation and automotive industries, in total employed. The point, however, is not that hospitals are merely big employers and pay a big payroll that filters back to the economy of the communities they serve. Because of the root of the hospital environment, a connotation of sheltered work environment has made the hospital job one to be sought by many who are considered marginal workers within the work force.

B. The Behavioral Approach\(^9\) to the Hospital Situation

Comments of social scientists who have surveyed the field agree that there is definitely a social value judgment evident in the employment decisions of many of the personnel in health services. Social-minded persons of ability, education, profession and skill have freely chosen the hospital field as a vocation.

They found an added compensation, a "psychic income"\(^10\) in an acceptable social status hierarchy. Such personal satisfaction and social dedication was valued more than the real price of the work they performed. They might be

\(^8\)Ibid.

\(^9\)Charles H. Hesson and S.M. Miller and Curwen Stoddart, *The Dynamics of the American Economy*, Brooklyn College, New York, 1956, viii: "By a behavioral approach we mean one with an emphasis on the concrete behavior of individuals in particular economic situations: its concepts are derived from the growing knowledge of the behavioral sciences of sociology, psychology, and anthropology and from the findings of those economists who have sought to see and understand economic life as the behavior of people rather than as mere aggregates of price and production. Fundamentally, . . . in terms of the values, motivations, and behavior of the people who engage in it . . . to strive to understand the influence of changing social roles and value choices upon economic behavior, especially the individual's striving for autonomy or self-fulfillment in his economic and social life."

\(^10\)E.J. Rizos, pp. 34-35.
grouped with teachers, social workers and others to whom personal satisfaction in helping people are a source of intangible but real income.

Another group of hospital employees are marginal and sub-marginal workers in contrast to the professional and technically skilled group above. Many of them found the hospital employment a sheltered work environment. "Part-capacity workers",\textsuperscript{11} as Mr. W.I. Christopher has called them, are the young, the inexperienced, the retired, the aged, the unskilled, the illiterate, the immigrant with a language barrier, the minority and ethnic groups, the social case, the rehabilitation case, the handicapped, the destitute, the widowed, the willing relative, the unwilling parolee, the wife of the unpaid bill. Part-capacity workers have applied or have been sent to the hospital area only because they have not been able to meet the pace, the prejudice, competition, selective hiring specifications, commuting necessity of other jobs for which they would have preference or aptitude. The hospital has employed them partly because of the respect, pressure, coercion and appeal of the source\textsuperscript{12} from which the applicant came or was referred and partly in response to the competition—the supply and demand factors for specific elements in a tight labor market. Society expects the hospital to hire marginal workers as part of its traditional role as a charitable institution.

1. Job Satisfaction in the Hospital

There are other things that must be considered. Within the hospital field medical specialization has depersonalized care of the sick to the extent that

\textsuperscript{11}W.I. Christopher, p. 81.

\textsuperscript{12}Ibid.
often the individual employee cannot see the whole process or adequately establish his role as vital and purposeful to patients. Greatly minimized, then, is personal responsibility for her part in contributing to the health and happiness of others at the price of personal sacrifice. "Take away the social and psychological aspects and immediately the economic aspect gains in momentum."13 In hospital employment, as well as in the general economy, social and economic concepts can often no longer be considered separate entities. Many concepts have become socio-economic ones. The worker concept, as a hospital way of life, has become a job concept to the general public. In society, salary is a status symbol, and the only means to raise a standard of living. "One of the most reliable indicators of socio-economic status is a person's occupation."14 Professional groups, particularly the nurses, are currently well aware that their salary is part of their professional status. However, their actual practices, though their services are in the seller's market, shows that "altruism motivated two-thirds of them at the outset and their commonest source of current satisfaction lies there."15 "The impression grows that salary, conditions, and physical features of their work are not the thing that matters most."16 Among the non-professional groups the satisfaction may come from the training, improvement, transfer, and promotion potential in the work they are doing just as well as job satisfaction inherent in love of people and fulfill-

13 E.J. Rizos, p. 36.
14 Hughes, Hughes and Dettscher, p. 20.
16 Ibid, p. 224.
ment of the urge to help the sick and infirm. These, too, are aware of the socio-economic trends but are not solely influenced by them. Others there are who, once they have profited by their hospital experience and training, leave for more financially rewarding jobs.

Add to all these things the fact that the hospital staff is predominantly a female labor force in which marriage, mobility, pregnancy, family responsibilities are ever present and a contributing factor. Here, then, is a simple explanation for the high rate of turnover, absenteeism, part-time and part-year employment so prevalent here, a simple explanation to a difficult personnel problem for which as yet no simple solution has been found. It is possible that the addition of more married women to the hospital field may solve part of the problems only to create a few new ones.

2. The Married Nurse in Hospital Service

In this study the nurses are not considered separately as a group. Their number and significant function in the hospital, however, warrants an examination of the generalizations that have been made about married nurses at work by directors of research projects and studies. It is particularly through a behavioral approach that a distinct relation to all other groups is evidenced.

When student nurses are asked today why they have chosen a nursing career, a growing percentage will respond by saying that they thought it was a good preparation for marriage. Leaders in the nursing field have and will agree that nursing is a good foundation for family life. In the subtle realm of the socio-psychological it brings prestige, security and satisfaction: in the economic realm it assures a good income. Sister M. Olivia Cowan thinks "marriage is very important in a woman's life and nurse's training is an excellent
asset to bring to marriage." Mrs. Lucile Petry Leone assures us "that marriage and home making are primary functions in women's lives and no other profession is more valuable than nursing in preparing young women of today to take their places as the homemakers of tomorrow." Isabel Maitland Stewart would want us to realize that:

In nursing one is likely to find interesting and congenial associates and co-workers, many with unusual abilities and experiences who are doing significant and important things in nursing, medicine, public health, education, social work and many other fields. To be a member of such a group and to share in work that often has far-reaching social and scientific influence means a great deal to any person who has a strong social sense and is not interested merely in making money and having an easy time in life. The greatest satisfactions do not come to those who choose an easy occupation but to those who are ready to invest their lives and their talents in some form of work that brings substantial social returns as well as varied and lasting satisfactions. Most nurses feel that they have gained from their work more than they have given to it. 17

Regardless of the specific reasons for embracing the nursing vocation, nurses like people and often from childhood have wanted to help the sick. Nursing is a social occupation as every nurse has found. It is human work done in personal and social relationships of various kinds and occurs most frequently in a large complex institution. "In any case, love of people and particularly the urge to aid the helpless is firmly established as a persuasive motive for nursing and as the greatest satisfaction found there, once one has embraced the profession." 18

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17 The three quotations just given are from Edna Yost, American Women of Nursing (Philadelphia, 1955), pp. 94, 196, 76.

18 This and the following quotation are from Hughes, Hughes, and Dettscher, Twenty Thousand Nurses Tell Their Story, pp. 214, 185, 236.
Married nurses are no exception, because they do not abandon their profession. They stick to nursing or at least remain in the health field if they work at all. It is not marriage itself but the children that necessitate the mother's withdrawal. "To many a nurse her most important role is that of wife and mother. Like so many professional women today, she must divide allegiance between her work and her chosen career. This is no problem to the type of nurse called 'utilizer' for she does not feel dedicated to her work and can pick it up or lay it down without a pang; but to the extent that the professional nurse is truly professional, she feels the need to make a just peace between conflicting obligations.

Women who are wives and mothers are, in the nature of the case, unable to pursue professional careers as continuously and consistently as do husbands. No one should insist that the married professional women neglect her family—she will not do it in any case, as the research proves." Apart from the nursing itself the nurses will look for all a favorable seller's market has to offer, i.e., branch of interest, location, income level, convenient hours, transportation facilities, shift preferences, and other considerations an employment situation has to offer.

In reviewing what the experts have said it has become evident that the married women nurses bring a spirit of service and dedication to their work, even while they adjust it to their family needs and demand adequate compensation for it. But can the hospital itself continue to provide continuous patient centered service when it has so many personnel who are so little there? Is there not a point in hospital adjustment beyond which there are diminishing
or no returns? Is high turnover necessary or only tolerated? Can it be tolerated indefinitely? Can it be decreased? What really constitutes job satisfaction? What keeps women working? What causes their termination?

With all these questions in mind, let us see what a study of a group of married women working in a hospital can tell us.

C. A Study of Hospital Service and Married Women Personnel

As we have seen, a hospital employs all types of personnel; some are paid and others are volunteer workers. As an institution it needs many people for specialized and general services. Persons apply for work in a hospital for many reasons. However, the majority of them remain only for a short time, if high turnover rates are true indicators. Many of them are part-time and part-year employees, regardless of plans or arrangements at time of application.

A hospital employs many married women and there are advantages and disadvantages in their employer-employee relationship. In order to know how to plan for an improved, realistic and mutually beneficial relationship, both parties need to understand all that is involved in the employment of married women in hospital service.

It was believed that study in this area might cause some light or give better insights into the matter or at least add additional bits of relevant information to the social, economic, and psychological studies already in the field.

1. Purpose of Study

This study seeks to explore and to discover. Its discovery is concerned with which married women in the area apply for and gain employment in some hospital. Its exploratory phase probes the reasons why they do so and what
happens because they do. Stated more definitely the objectives of this human relations study are:

1) To classify the types of married women working in hospitals.

2) To study married women in hospital service as a working group, through a behavioral approach, especially as to similarity and differences in other hospitals and in the general work force and to attempt to fit them into the generalizations already made on woman-power in other work environments.

3) To learn what employment in a hospital means to the married women working there, their families and their employer insofar as the employment influences or is influenced by attitudes, behavior, motivations, and adjustments and changes.

2. The Group in the Study

The group in this study is a random sample; the only requirement was that they be married, working or applying for work in the hospital. There was no attempt to include more or less of any age, status, ethnic, or family groupings. The interviews were conducted whenever it was possible for both parties to be relieved from regular duties. From September 1959 to January 1960 a total of 167 interviews were held with married women who were employed at STU Hospital or married women applicants who agreed to join in the survey. This analysis of the employment of married women in hospital service is, therefore, limited to one general hospital. Notices requesting volunteers to participate had been placed on the bulletin boards of all departments. The majority came to the office at their own convenience and some did not return a second time if they could not be interviewed at the first visit. The subjects were secured through a general request so that there might be willing cooperation and a basis upon which the interviewee would give correct information especially in regard to personal attitudes.
The study has a disadvantage insofar as the interviewer was known to be the Director of Nursing Service both to the applicants and to the employees. In the event that any felt the information given might reflect unfavorably upon them, it is reasonable to expect that the answers given may have been stereotyped, limited ones or both. It is safe to say, however, that a good rapport existed and general interest shown in the survey. Those who expressed an unwillingness to go for an interview were those who resented the possibility of becoming a "case history" that might show up in print some day. Others were those who were so well-known from years of association in the same work environment that they felt all such information must be familiar to the interviewer and need not even be discussed.

The study has had the advantage of not choosing the subjects specifically and yet has obtained a remarkable variety within the groups of married women interviewed. Because no attempt was made to include or exclude certain individuals, i.e., no stratification, there may be some departments which are not well represented according to job titles; but from the total personnel viewpoint, the subjects within the study represent a realistic cross section of the whole working group.

3. The Hospital in the Study

STU is a general-acute care, non-profit institution owned and operated by a religious group. It has a bed capacity of approximately 285 beds. There is an open medical staff of physicians, surgeons and specialists. Connected with the hospital but in a separate building is an accredited School of Medical Technology and an accredited School of Nursing of the diploma type program. The hospital was built in the late twenties and serves a local urban community
of 55,000 persons as well as rural and small urban areas within a thirty mile radius. There are in the same vicinity other hospitals which have less bed capacity. These include a Tuberculosis Sanitarium, a County General and three community hospitals within the county boundaries. The town is a lake port, highly industrialized, and situated midway between two important midwestern industrial cities. Also in the area are a large naval training base and a Veterans Administration health center. The significance of these is the fact that some "navy wives" who are professional nurses, practical nurses, nursing aide ward clerks, typists, are interested in part time work, and seek employment in a civilian hospital. On the other hand, many professional and experienced non-professional personnel will leave the civilian hospital employment to take advantage of civil service benefits in the veteran and naval hospitals.

Between July 1959 and July 1960 the average number of hospital employees was 467.

4. Methodology

a) Collection of data: In July of 1959 non-directive interviews were held with five married women employees to ascertain if sufficient and relevant information for a study as this could be obtained. In this small pilot run it was clear that there was no apparent unwillingness to join in a survey of married women working in the hospital. A mimeographed form similar to an application blank, was given each one to fill out. (Appendix I) Since many items on it required explanation, an opportunity for informal conversation was available. It set the stage for the second part of the interview which concerned subjective responses as motives, attitudes, adjustments and plans. (Appendix II) These comments were recorded from memory as soon as the inter-
viewees left. However, it was difficult to remember completely so some recording was done. If there seemed to be objection to or hesitancy because of the recorder, the machine was switched off and the interviewer made notes of verbal comments.

b) Limitations of Data: In *Twenty Thousand Nurses Tell Their Story*, the sociologist authors combined the results of various surveys to give their generalizations impact and validity because of the large numbers within the pattern. The book had a value built into it by the very large number of individuals considered. A similar value cannot be gainsaid by any small survey no matter what it is called. However, mathematicians have told us that a whole can never be greater than its parts. Each part adds one more interesting and significant aspect. Often this aspect may be nothing more or less than some information which has not received identical consideration elsewhere. Among the total number of married workers in hospital service, then, this group of 167 married women tell their story. It is truly a human relations story.

5. Scope of the Study

This study covers only some of the economic, social, and psychological aspects of the group and carries along with each turn of the page a hope that at least one social scientist interests himself in research on a similar group and setting. Such investigation would constitute a valuable contribution if presented by competent heads and qualified pens.
CHAPTER III

STATISTICAL DATA ABOUT MARRIED WOMEN WORKING
IN A HOSPITAL

"The ideal community study should start from statistical analysis of vital, social and economic data. The less measurable data on attitudes, cultural traits, behavior patterns in which social stratification is expressed and the 'feeling' of social status or toward social status, should then be observed and the results integrated into the statistical knowledge."¹ Gunnar Myrdal followed his own advice in The American Dilemma. It seems a fitting pattern to follow. Socio-economic groups are simply divided into lower class, middle class, and upper class. Sometimes these terms refer to different economic groups and sometimes to status groups. The ordinary definition of a social class explains that it includes any number of persons having essentially the same status in a given society. But in common usage the term, social class, is used in a variety of ways. It is not always possible to determine by what classification people categorize themselves or what criteria they have used to identify themselves as members of a socio-economic group and a status level within the group.

The data obtained from the questionnaire-interview survey indicates the

married women identified themselves in twenty different ways. Some of these categories stand out alone; some can be contrasted with or correlated with other categories. Accordingly, this chapter will deal with the statistical data in an attempt to understand the social and economic data concerning the married women as individuals such as age, marital status, number of children, place of birth, citizenship and racial origins and data that refers only to their work situation.

A. Vital Statistics

1. Age: One of the most general classifications into which any group divides itself is that of age. Age places an individual in history. Decade by decade an imprint is made and left behind. Time within each decade will give or take something new and old that will distinguish one age group from another.

This survey group has an age distribution which ranged from 18-64 years. (Table I) The youngest woman was a newly married navy wife, aged 18, and the oldest woman was a 64-year-old widow who had been working for four years.

Within Group A (18-24) years of age are included 15 applicants for work and within Group E (55-64) are three women volunteer workers in the hospital gift shop. The volunteer workers would not have sought employment as paid workers in this or any other environment because they were financially secure.

By glancing at the modal age in Group C (35-44) we see that it is 36 years. These would be in the age group in which are found the most mothers with young children. Evidently the 42 women found some need for seeking employment—a need greater than that which would keep them out of the work force.
TABLE I

AGE DISTRIBUTION OF RANDOM SAMPLE OF MARRIED WOMEN HOSPITAL WORKERS

<table>
<thead>
<tr>
<th>Age Distribution Class Interval - 10</th>
<th>Number</th>
<th>Modal Age in Class Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A 18-24</td>
<td>32</td>
<td>21</td>
</tr>
<tr>
<td>Group B 25-34</td>
<td>42</td>
<td>28</td>
</tr>
<tr>
<td>Group C 35-44</td>
<td>42</td>
<td>36</td>
</tr>
<tr>
<td>Group D 45-54</td>
<td>34</td>
<td>50</td>
</tr>
<tr>
<td>Group E 55-64</td>
<td>15</td>
<td>55</td>
</tr>
<tr>
<td>Total Sample</td>
<td>167*</td>
<td></td>
</tr>
</tbody>
</table>

*In some of the tables and figures to follow the total will not be exactly 167 each time but always a number near to this total number of women within the survey. In the next chapter when only paid hospital employees and their working data is discussed the total will be 144 or less. Not all the women answered all the items included in the questionnaire and in some instances it was not possible to obtain the missing information.

A similar observation can be made for the women in Group B (25-34), where the modal age is 28 years. Only four in this group were childless, four had either one child or a dependent. A significant majority (75%) of the women in the group had two or more children; three women had five children and two women had six. Considering the ages of the mothers and the number of children, it seems likely that many of the children were babies and preschool children.

2The term"dependent"in this survey report refers only to those persons who are actually supported by the income obtained from employment or necessarily supplementary to that from some other source.
who were left to the care of someone else. The reasons for which these mothers sought employment outside the home were invariably and mechanically expressed in terms of economic need. Social and psychological factors, though secondary, were very much in evidence. (See CHAPTER V)

2. Marital Status: There is a fair representation of young married women, mothers of pre-school children, mothers of school children and teenagers and widows. (Table II) Not all the married women have children or other dependents or both. Within the classification of marital grouping are the widows, divorcees, and women who are separated from their husbands. Widows working were mostly in the oldest age groups 45-54 and 55-64 years. This is understandable. What is interesting is that in Group E more than 50% were widows and that three women classified as married had been once widowed and remarried. Though this fact may have been a coincidence within the random sample, it might be an indication that young widows, with or without children, receive adequate income from other sources and that social and psychological incentives were not strong enough to draw them into the labor force.

All but one of the divorcees and women separated from their husbands found in this sample had children. The children, then, had always to be cared for by someone other than the father during the mother's working hours.

A glance at TABLE II shows that 83% of the working women were wives.

3. Racial Differences: Because of the hospital's policy of non-discrimination by race, a number of non-whites have always been employed. In the survey group are included one American Indian, one Puerto Rican, and twenty-five negro women. The rest are Caucasians, including six Mexicans.
TABLE II
MARITAL STATUS BY EACH AGE GROUP OF 167
MARRIED WOMEN HOSPITAL EMPLOYEES

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Married</th>
<th>Widowed</th>
<th>Divorced</th>
<th>Separated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A 18-24</td>
<td>30</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Group B 25-34</td>
<td>40</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Group C 35-44</td>
<td>37</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Group D 45-54</td>
<td>23</td>
<td>10</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Group E 55-64</td>
<td>6</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>136</td>
<td>20</td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>

4. Place of Birth: Most of the married women were born in the United States. Only twelve women were foreign-born. Of this number five women (born in Scotland, France, Germany, Yugoslavia and the Ukraine) have become naturalized citizens and two women are in the process of becoming naturalized. The remaining five women were born in Mexico, and none has become a citizen though they have spent more than half of their lives in the States.

Twenty nine states were included in the list of birthplaces of those who were born in this country. Fifty one, or approximately one third of the women were born in Illinois; twenty having been born in the lake port city where the hospital is located. Other midwestern states are represented with the highest numbers being from Wisconsin (23), Michigan (7), Minnesota (6). These figures
give an idea of the mobility of these women workers.

Many of those who gave states outside the Midwest area as their places of birth; e.g. the East or East Coast, were navy wives. Those who were born in Mississippi or Alabama were negro women who usually indicated a county and not a city of one of those states as their place of birth. Several of those who were born in Texas are of Mexican parentage.

B. Social and Economic Data

1. Children and Dependents: Working wives and mothers are found in every occupation in the hospital because it offers any variety of work on a part-time or full-time basis, on an annual or on a seasonable basis. (See CHAPTER V)

Most categories of hospital occupations center around direct or indirect care of the sick and traditionally it has been women who have filled these positions. There is a place for the trainee, the non-skilled and up the range to the highly trained professional and the educated woman. There is work for the young, the middle aged and the older women.

In the group surveyed, 83% of the women had children, including children 18 years and over. Only three mothers claimed anyone over 18 years of age as a dependent. A listing of the age of children within all Groups A - E, shows a predominance of pre-schoolers and teenagers. (TABLE III) The majority of mothers had two or three children. Fourteen mothers had more than three children.

Twelve women claimed other dependents. These were usually relatives. In two instances support of relatives in Europe and in Mexico was the primary reason given for seeking employment. The divorcees with children had alimony or another full-time job. They were working week-ends at the hospital only on
a part-time basis.

This sample indicates a large proportion of mothers of children under 18 years of age are working outside the home. The number of dependents claimed is relatively low for the total of 167 women in the survey group.

TABLE III:
NUMBER OF WOMEN WITH CHILDREN AND DEPENDENTS IN EACH AGE GROUP

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Children</th>
<th>Other Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Under 18 yrs</td>
</tr>
<tr>
<td>Group A</td>
<td>10</td>
<td>19</td>
</tr>
<tr>
<td>Group B</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Group C</td>
<td>5</td>
<td>34</td>
</tr>
<tr>
<td>Group D</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Group E</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>116</td>
</tr>
</tbody>
</table>

2. Educational Background: The educational background of the married women included in this survey was interesting. Many of the women were anxious to include every vocational and academic training they had had that could be interpreted as formal educational experience.

All received some formal education. The range is from a completion of only two years in elementary school to college with a Bachelor of Arts degree. It is significant that 90% received at least an elementary school education and
graduated from eighth grade regardless of the fact that quite a few of the women were raised in areas in the United States and abroad where such education is not compulsory or was not required by law at the time when they were in the age group 6-14 years. Fifty five percent were also high school graduates. Others attended college or took some vocational training courses. (TABLE IV) Thirty three (approximately 20% of the group) are graduated registered nurses which implies that they are graduated from a three year diploma program in professional nursing subject to state regulations, examinations and accreditations. Quite a few women who were applying for or were employed as nurses' aides indicated that they had received on-the-job training both in theory and practice but these were not included in the Table IV listing.

4. Residential Differences: The hospital draws patients from a thirty mile area. Employees, too, come from residence within that radius. The majority of women indicated that they lived within a city limits. This 87% total included those who had neighboring city addresses which meant they commuted to work in the hospital. There are many country districts within the area and 13% of the women lived in the country and commuted from considerable distances. Four families lived in a trailer camp. A small percentage lived on the navy base in navy-housing facilities. Some navy personnel had sought residence off the base so that their wives could find transportation and convenience while working in the hospital.

Home owners comprised 43% of the group; renters the other 57%. However, 21% of the home owners still had a mortgage to pay off. In the majority of cases, the actual address indicated that the homes in city zones were not new ones or not expensive homes. The addresses from the sub-division areas also
TABLE IV
EDUCATIONAL BACKGROUND

<table>
<thead>
<tr>
<th>Elementary School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 yrs</td>
<td>4 yrs</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

College - Academic

<table>
<thead>
<tr>
<th>Courses</th>
<th>1 semester</th>
<th>1 yr</th>
<th>2 yrs</th>
<th>4 yrs</th>
<th>Secretarial</th>
<th>Business</th>
<th>Agricul. mech.</th>
<th>Beautician</th>
<th>Radio mech.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>9</td>
<td>1</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

Hospital - Oriented Training and Education

<table>
<thead>
<tr>
<th>3 yr Nurses - R.N.</th>
<th>Teachers' College</th>
<th>Anesthesia</th>
<th>Practical Nurses Course</th>
<th>Xray Tech.</th>
<th>Surgical Tech.</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
showed that the new homes there were of the type built for the medium-income, middle-class families with children. None of those who lived in the trailer camp owned their trailer. Among the renters were ten women who stated that they lived with relatives. The addresses given by quite a few of the negro women were indicative of the fact that they lived in a socially restricted area and most probably rented one or two rooms of the typically crowded tenement-type flat or a clapboard house.

5. **Husband's Occupation**: In discussing the husband's occupation, (TABLE V) the women showed that there was not a clearcut knowledge of differences in jobs, except they distinguished between white-collar and blue-collar jobs. It seems best, then, to use this simple classification here. Because the area is highly industrialized it is not surprising to find 71% of the husbands in the blue collar occupations. A little less than 50% were non-skilled, blue-collar laborers, which would place their families in a relatively low income bracket. Among the older women workers who said their husband's job was some non-skilled occupation in a factory, e.g., janitor or plant guard, it was implied that seniority in these occupations was an asset or poor health prevented a change. About fifteen husbands were enlisted in the U.S. Navy and one in the U.S. Army. These men held various positions ranging from boot camp trainee to lieutenant. Most of the widowed and divorced women placed their husbands' occupations in the semi-skilled blue collar group.

From an economic standpoint, the women indicated that the wages and salaries of these men were supplemented by their incomes. In general husbands and wives were trying to meet their family needs or to raise their standards of living.
During the interviews some women evidenced concern about their husband's job satisfactions, occupational hazards, and the possibility of a future layoff in spite of many years of seniority. Another womanly concern centered about the fact that their own employment at the hospital saved their husbands from taking another job part-time, which in the long run had or would impair the husbands' health. Past experience had taught them, too, that such an arrangement kept the husband and father too much away from family life and contacts.

All of the women knew where and for whom their husbands worked yet strangely enough some did not know exactly what the men were doing and could not give them any specific job title. This was noted especially for occupation
within the non-skilled group where the word "helper" was frequently used. Actually seventy different occupations were listed by the women, quite a variety within a sample of 167. The rather ambiguous term "factory worker" was most often given. Job titles such as "laborer" and "machine operator" also appeared quite frequently on the listing so it was possible to specify non-skilled, semi-skilled and skilled workers under a very arbitrary classification only.

The navy and army wives invariably gave their husbands' rank and assigned post and job title. Evidently such distinction and clarification is so much a part of the organization set up for the enlisted forces and indicates a social status or hierarchy of values in terms of promotion or achievement, that the wives are all quite conscious of exactly where the husband stands.

Craftsmen and apprentices within the trades were well represented by electricians, plumbers, pipe fitters, carpenter, mechanics, photographers, plasterers, and meat cutters. One woman listed her husband's occupation as "president of the AFL-CIO union and pipe man."

Civil service workers among husbands included a social security administrator, a township highway commissioner, a mail carrier and a firemen. Hospital-oriented occupations were represented by two pharmacists, a licensed practical nurse, nursing assistants, an X-ray technician, a dental technician and a VA hospital recreational director.

A cursory glance over of the listing of these seventy job titles shows up three facts: first, that the blue-collar worker in a local factory is in the majority; second, that the occupations are, on the average, in the middle-and-lower-grade levels of a wage scale; third, that higher income groups are
so represented as to shed doubt that economic reasons alone, even though so stated, are the sole or even the predominant reason for many of the workers' wives seeking employment.

6. Transportation Facilities: The hospital is located on the far west side of the city. The bus line has its terminal near by. Nineteen women employees lived within walking distance and did walk to or from work. Four persons used a taxi service quite regularly. Several women explained they came to work regularly in a car pool. Most of the navy wives also came from the base by means of a car pool.

By far most of the women drove to work in their own car or were brought to work in the family car. More than two thirds of the group owned a family car. Comparing this percentage with that of home owners (43%) we see that apparently among these women, home and car ownership is a goal for all social classes; and car ownership is the first goal to be aimed at because it is a necessity, perhaps to reach a place of employment for either husband or wife or both.

7. Religious Affiliation: Though the women were free to leave any part of the questionnaire unanswered, only a few did not give definite information about religion and church affiliation. Of those who did fill in the general information asked, 138 women claimed church affiliation and 21 did not. In the religion category 63 women identified themselves as Catholics, 70 as Protestants, none as Jewish and four as professing no religion at all. Twenty persons merely wrote "yes" in the space.

Disregarding the non-specific "yes" column, we see that more Protestants than Catholics were employed. No Jewish women were found in the survey group,
though the community has a considerable number of Jewish residents and many Jewish doctors are on the hospital staff. The author recalls only a few Jewish women applicants and fewer employees through her many years of service in STU hospital. It may be, Jewish wives and mothers do not generally seek employment at all but live within the income level obtained by the husbands. Perhaps they do not choose to work in an institution of a different religious affiliation than their own. This, of itself, never noticed before, would be an interesting factor to investigate.

C. Employment Data

So far we have reviewed only personal data, vital statistics, general social and economic factors of the 167 married women in the survey. But a study of the data concerning their work experience, past work history, job titles, and other categories must not be minimized or neglected. Tabulation of figures derived from this information proves just as salient in revealing some economic, social, and psychological factors as those already presented.

In the general classification of employees in the hospital the married women can first be categorized as paid and unpaid employees, and applicants, since some of each of these groups were included. The only requirement for participation in the survey was that the women be married and working in the hospital.³

Table VI shows the different groups who were interviewed.

³One group included in the survey were applicants, those women who sought employment but were not hired. They gave much interesting data during their interviews which can be found in APPENDIX III of this thesis.
TABLE VI
PAID, UNPAID WORKERS, AND APPLICANTS
FOR HOSPITAL EMPLOYMENT

<table>
<thead>
<tr>
<th>Group of Women</th>
<th>Type of Worker</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid Employees</td>
<td>On Hospital Payroll</td>
<td>144</td>
</tr>
<tr>
<td></td>
<td>Private duty nurses (paid by patient)</td>
<td>3</td>
</tr>
<tr>
<td>Unpaid Workers</td>
<td>Volunteer Workers (Women's Auxiliary)</td>
<td>4</td>
</tr>
<tr>
<td>Applicants for</td>
<td>Women applying for work but not hired</td>
<td>16</td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td>167</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Since the plan of this study was to include some of all the groups of married women who have sought work in hospitals, the total number included several volunteer workers, three private duty nurses who are self-employed, and lastly, a number of applicants for employment. Though the number within each group of women is small, they have a distinct contribution to bring to the total picture of the hospital scene. It has seemed best to include all the data obtained about these smaller groups within this chapter and in Appendix III so as to give full attention to the 144 paid hospital employees, the wives and mothers, in the next chapter.

1. Volunteer Workers: Members of the Auxiliary offer time and service in the hospital for a non-economic compensation. A financial reward is not the motive which brings them to work. In most cases their husbands do not want
them to work for wages and have asked them not to because it would boost the family income tax to a higher bracket, and the family would suffer a financial loss.

The four members of the Women's Auxiliary have several things in common. They are all within the 45-64 year age bracket, are Catholic, and are natives of Illinois. All have worked part-time as volunteers in the hospital for several years and came to this work from full-time homemaking activities. They live in the city and own homes in above average residential districts. Their husband's job titles are listed as plumbing contractor, supervisor of a printing department, public accountant, and staff doctor. All are within the higher income levels. The doctor's wife has no children; the other three have married children. Two women have one daughter each in the local high school and arrange their work in the gift shop so that lunch hour and after school activities still have a mother's participation and supervision.

Contributing hours of service bring them social and psychological compensation highly valued by these women. Parts of the interview information bring this out clearly.

The woman who has charge of the gift shop told how she started in this work:

I need to be with people outside my home and to be active was a thought I've always had. I was active in PTA, scouts and band organization work. I joined the Auxiliary for a dollar and came to card parties but I thought of starting this gift shop by myself. I was a patient at the other hospital and a lady that knew me asked me to start coming out there to help her. I had sort of been interested in hospital work right along and when she asked me, I felt that this hospital would benefit by having a gift shop and cart because the patients would get a much-needed service. Sometimes I could chuck it but sometimes I love it. I just like to be with people and work with people.
Another lady came when the Auxiliary president was recruiting workers for
the gift shop.

I started out to help in the gift shop because my friend said I could help
and needed me. I finally started to have other interests because house­
work just doesn't do it anymore. I enjoy my work and helping like this.

This worker shows that a complete change in home responsibilities made
possible her participation in the volunteer program.

I firmly believe I should have other interests besides the home. House­
work just doesn't cover my interest by itself. My daughter is married
and takes care of the little ones herself. I wanted to help E____ in the
gift shop because she needed me. This gets me out and busy with some­
thing useful as well as nice.

All three women have expressed clearly that they wished to work for and
with people and to be needed somewhere since they were not needed at home in
the same way as they had been when their children were young. Since their
absence from home might require adjustments on the part of the family, it was
interesting to review this point with them.

One woman did not believe her family made any new adjustments.

There are no family adjustments in this type of work. I have my own car
and the hours fit in very well with my family as far as the daily schedule
is concerned. Instead of taking all day to do a job, I just get up and
do it in the morning.

The mother of the high school daughter admitted she planned ahead.

There isn't much change—maybe a lighter, easier supper Thursday night
because I'm tired. Adjustment? Oh, I just plan my day accordingly and
my teenager isn't neglected.

Another point covered was the consideration of attitudes of husband and
family in regard to the women working at the hospital. In this small group
all were favorable.

The accountant's wife said:

My family is very proud of the work I am doing. In fact, my husband
helps me at times with the bookkeeping and accounts and all that.

Another one said:

They rather like it. They want me to do what I like and this is it. They even encourage me to do it and come out.

2. Private Duty Nurses: The three private duty nurses included in the study were not free to take regular employment because of family commitments. They accepted assignments as special nurses to acutely ill patients according to a temporary arrangement. Each one represents one of the first three age groups, and all are trained in nursing; two being registered nurses and one a licensed practical nurse. All were Caucasions, born in midwestern states but not in the state in which they were residing and working. All three claim church affiliation. Two were Catholic and one is Protestant. The two younger women have two pre-school children; the third, a widow, has a teenage son.

One nurse stated her husband was an accounting clerk at the steel mill but was laid off just then by a strike. This family rented a house in a rural area and owned a family car which was not yet paid for. She could drive herself to work and would take only occasional night-shift assignments because of the children. Her husband would not need the car at that time though during the day he used it to try to find work until the strike was over. This is her story:

I came back to work in the hospital so as to improve my education and keep up to date on nursing procedures and medication. My husband is out of work because of the steel strike and this hospital is close to where I live. I feel your experience is more widely covered in a hospital and I stopped working only because of moving and pregnancies. My husband will have more care of the children but feels all right about my wanting to work and keep up on nursing. It will also help our family to live a little better and have a few things we want.

The second nurse lived in a home in the city—a house which was heavily
mortgaged. There was a family car. Her husband, an apprentice meat cutter, used it and she came to work on the bus. She took only second shift assignments because she could arrange for a dependable baby sitter several times a week for four hours.

I work to be in contact with the patients. As an R.N. I enjoy working with the patients, doctors, other nurses. It gives me a chance to associate with people whom I feel I have something in common with. I only quit because of the two pregnancies and to help my husband with the restaurant. I came back in order to continue on with nursing and to make extra money. My husband is much more capable of caring for the children. It's all right with him if the work at home is fairly well kept up and my attitude remains cheerful and I am not too fatigued. The four year old is pleased at the fact that I'm a nurse and the two year old dearly loves the baby sitter so she never fusses.

The oldest nurse in the group was a widow and a practical nurse. She owned her own home and car, worked only part-time and even only part of a shift so as to be absent from home only when her son was in school. They only had one another. She took a leave of absence during each summer.

I came back to the hospital because a nurse was needed and I was available. I like bedside nursing and am a licensed practical nurse. I have only terminated employment to go on to practical school. Now I stop so that I won't go over the social security quota. My child does not care to have me work when he is home from school. If I work on Saturdays he has to go to the neighbors....Whenever I work we have to have our main meal at night.

These three nurses, expressing their individual needs and discussing the reasons for seeking part-time work, the attitudes, and adjustments of the family and the hospital in regard to the chosen area of private duty nurses, are a minority, but the same social, economic and psychological needs they revealed in the interviews quoted are repeated by other wives and mothers working in the hospital.

We have covered the small groups within the survey. The applicant group will be considered separately in Appendix III. It is now time to tell the
story of the 144 married wives and mothers who were actually employed by the hospital and draw from the statistical tables and summarization of facts presented in their informal conversations some pertinent generalizations. It will be interesting to study the social, economic and psychological aspects of the employment of these married women in the hospital. It will be above all else a study in human relations.
CHAPTER IV

GENERAL EMPLOYMENT DATA ABOUT MARRIED
WOMEN WORKING IN THE HOSPITAL

General employment data would include job experiences and titles, shift and length of hours, jobs held previously and terminations, length of service, handicaps and hospital adjustments. It is understandable that such information concerning women will stand out in contrast if compared with data concerning their husbands. Previous studies (see Chapter I, p. 16, 17, 19) have shown us that many women work only to supplement the family income; that it is the husband's salary or wage which is the family's support. Hours, shift, termination, type of service often pivot around the husband's job and his availability to be at home during the mother's absence. Children in the family make leaves-of-absence, changed schedules, limitations, absenteeisms, and short periods of service necessary and are important factors in analyzing the mother's employment history.

In hospital service, women predominate among the employees. This is traditional. All the above mentioned employment practices are tolerated. A virtue is made of necessity, so to speak, while in a working man's world such statistics would indicate an impossible and unprofitable arrangement. These same women would be considered as an impracticable working staff with which to maintain standards and high efficiency levels.
A. Job Classification

Job classification in the hospital environment is first and foremost that of nursing service. In every hospital set-up not less than 50% of the total employees will be assigned within this service. The medical services are unique to a hospital and indispensable to the patient regardless of the fact that they are far outnumbered by those devoted to direct patient contact in the wards.

The organization chart of most hospitals will outline a maintenance department, food service, a business department, a housekeeping department and others. The institution under study is no exception. Not all the actual job classifications of STU hospital are represented in the survey but a good majority are. Those represented are listed in Table VII.

TABLE VII

JOB CLASSIFICATIONS REPRESENTED BY MARRIED WOMEN IN THE SURVEY

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Service</td>
<td>82</td>
</tr>
<tr>
<td>Nursing Education</td>
<td>1</td>
</tr>
<tr>
<td>Medical Services</td>
<td>15</td>
</tr>
<tr>
<td>Business Department</td>
<td>25</td>
</tr>
<tr>
<td>Housekeeping Department</td>
<td>11</td>
</tr>
<tr>
<td>Food Service</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>144</strong></td>
</tr>
</tbody>
</table>

B. Job Titles

A job title has a social value and is quite understandably a status symbol. It gives one a definite place within a wage and salary scale. It deter-
mines the type and color of uniform worn while on duty. It specifies the responsibilities, qualifications, assignments, prestige and status of the individual concerned. Some of these job titles are relevant only to the hospital field; others are prevalent in many work situations. About 25 different job titles are presented here. (See TABLE VIII)

C. Past Employment

The past work history of these married women provides a backdrop for the employment stage on which they are now performing. In some cases the job title and job experience is identical; in others there is no relationship between job training and experience and the present position held. Many had several job experiences. Some had training in other fields but cannot or do not wish to return to such a position. Sometimes it may be for as simple a reason as availability now only for part-time work close to home. With others it may be that very little job satisfaction was attained in previous work because of the conditions, supervision, or nature of the work done. One woman listed eight different job titles as past job history. The tendency was to return to hospital work if one had once been employed there. This service industry apparently has much appeal to these women.

Many of those with factory experience in the past had operated machines, done piece work, assembled parts, inspected manufactured articles or worked on an assembly line. With many of the trained nurses, job experience was identical with present assignment. Nurses have a tendency to want to return to their nursing profession and know they are always needed. An exception to this within the survey group were two registered nurses. One was employed as a medical record secretary and another as an admitting clerk receptionist. Both had left
nursing for health reasons. When later they sought employment, it was natural for them to wish to return to a hospital environment.

<table>
<thead>
<tr>
<th>TABLE VIII</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL LISTING OF JOB TITLES OF MARRIED WOMEN WORKERS IN THE SURVEY</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NURSING SERVICE</th>
<th>NO. OF WOMEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>27</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>4</td>
</tr>
<tr>
<td>Nursing Aides</td>
<td>41</td>
</tr>
<tr>
<td>Central Supply Manager</td>
<td>1</td>
</tr>
<tr>
<td>Central Supply Aides</td>
<td>3</td>
</tr>
<tr>
<td>Ward Clerks</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NURSING EDUCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Instructor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICAL SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Laboratory</td>
</tr>
<tr>
<td>Laboratory Technicians</td>
</tr>
<tr>
<td>Laboratory Assistants</td>
</tr>
<tr>
<td>Laboratory Aides</td>
</tr>
<tr>
<td>Anesthesia</td>
</tr>
<tr>
<td>Obstetrical Anesthetist</td>
</tr>
<tr>
<td>Xray Department</td>
</tr>
<tr>
<td>Xray technician</td>
</tr>
<tr>
<td>Xray Aides</td>
</tr>
<tr>
<td>Medical Records Department</td>
</tr>
<tr>
<td>Medical Records Librarian</td>
</tr>
<tr>
<td>Medical Secretary</td>
</tr>
<tr>
<td>Medical Record Transcriber</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUSINESS DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cashier, clerk-typists</td>
</tr>
<tr>
<td>Receptionist</td>
</tr>
<tr>
<td>Telephone operator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DIETARY SERVICE DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietician</td>
</tr>
<tr>
<td>Dietician assistant</td>
</tr>
<tr>
<td>Kitchen helpers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEKEEPING DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maids</td>
</tr>
<tr>
<td>Laundry workers</td>
</tr>
<tr>
<td>Seamstress</td>
</tr>
</tbody>
</table>

| TOTAL | 144 |
Only six women in the entire group had had no previous job experience before the one currently held. They had been housewives. Among them were two widows, two newly married women and two mothers of very small children. Sixty-nine women, approximately 50% of the women, had not had previous hospital experience. Ethnic groups are represented in most of the job titles, but language and educational barriers placed some of the foreign-born in the comparatively low-or-semi-skilled type of work. This was noted both in their past employment job titles and in their present one. It was interesting to note that six women indicated "baby-sitting" as a job experience. Some women did not give a job title to former employment but described it during the interview.

"I threw hides on a truck in the tannery."

"I packed in the paper mill."

"I baked pies in one of those chain factories."

"I ran a sort of summer resort."

"I broke eggs in a drying plant."

"I stamped labels on envelopes in a factory."

Though a large number did work before marriage, after marriage and during the child-bearing years, it is noteworthy that many included the job title of homemaker, housewife and mother along with the others when they listed previous job experiences. They were making a contribution in that capacity, they seemed to imply, even though they were not on a payroll. However, the multiple listing of previous employment does prove that women work; that wives and mothers have worked and are working and intend to continue working. It is amazing to realize what work the majority of these women have done in the past, besides maintaining a home and caring for a family.
The following listing is not a summary of all job titles given as previous experience but a comprehensive table of those which were fairly clearly defined and could be summarized.

TABLE IX

<table>
<thead>
<tr>
<th>JOB TITLES GIVEN AS PREVIOUS EXPERIENCE</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homemaker</td>
<td>22</td>
</tr>
<tr>
<td>Factory worker*</td>
<td>35</td>
</tr>
<tr>
<td>Waitress</td>
<td>19</td>
</tr>
<tr>
<td>Cook</td>
<td>4</td>
</tr>
<tr>
<td>Telephone operator</td>
<td>10</td>
</tr>
<tr>
<td>Sales clerk</td>
<td>12</td>
</tr>
<tr>
<td>Clerical worker</td>
<td>39</td>
</tr>
<tr>
<td>Secretary</td>
<td>2</td>
</tr>
<tr>
<td>R.N. supervisor</td>
<td>5</td>
</tr>
<tr>
<td>Registered nurse</td>
<td>28</td>
</tr>
<tr>
<td>Dental Assistant</td>
<td>3</td>
</tr>
<tr>
<td>Nurse Aide</td>
<td>28</td>
</tr>
<tr>
<td>Manager</td>
<td>1</td>
</tr>
<tr>
<td>Teacher</td>
<td>4</td>
</tr>
<tr>
<td>Interpreter</td>
<td>1</td>
</tr>
<tr>
<td>Elevator operator</td>
<td>4</td>
</tr>
<tr>
<td>Decorator</td>
<td>1</td>
</tr>
<tr>
<td>Window trimmer</td>
<td>1</td>
</tr>
<tr>
<td>Social service worker</td>
<td>1</td>
</tr>
<tr>
<td>Beautician</td>
<td>1</td>
</tr>
<tr>
<td>Private Duty Nurse</td>
<td>10</td>
</tr>
<tr>
<td>Nurse Anesthetist</td>
<td>1</td>
</tr>
<tr>
<td>Research Technician</td>
<td>1</td>
</tr>
<tr>
<td>Housekeeper</td>
<td>10</td>
</tr>
<tr>
<td>Laundress</td>
<td>8</td>
</tr>
<tr>
<td>Parcel Post packer</td>
<td>1</td>
</tr>
<tr>
<td>Cashier</td>
<td>6</td>
</tr>
<tr>
<td>Pass clerk</td>
<td>1</td>
</tr>
<tr>
<td>Legal secretary</td>
<td>1</td>
</tr>
<tr>
<td>Shorthand reporter</td>
<td>1</td>
</tr>
<tr>
<td>Caterer</td>
<td>4</td>
</tr>
<tr>
<td>Tax computer</td>
<td>1</td>
</tr>
<tr>
<td>Cosmetics demonstrator</td>
<td>2</td>
</tr>
<tr>
<td>Tailor</td>
<td>3</td>
</tr>
<tr>
<td>Film developer</td>
<td>1</td>
</tr>
<tr>
<td>Farm worker</td>
<td>4</td>
</tr>
<tr>
<td>Babysitter</td>
<td>7</td>
</tr>
<tr>
<td>Typist</td>
<td>34</td>
</tr>
<tr>
<td>Diet maid</td>
<td>12</td>
</tr>
<tr>
<td>Accountant clerk</td>
<td>4</td>
</tr>
<tr>
<td>Ward clerk</td>
<td>1</td>
</tr>
<tr>
<td>Doctor's office nurse</td>
<td>16</td>
</tr>
<tr>
<td>Prison nurse</td>
<td>1</td>
</tr>
<tr>
<td>Receptionist</td>
<td>4</td>
</tr>
</tbody>
</table>

*The factory workers worked in foundries, tanneries, metal works, shoe-shops, chemical and pharmaceutical plants, steel mills, paper mills, textiles mills and rubber plants. They riveted, ran punch presses, operated lathes, stitched, loaded, soldered, counted, inspected, assembled parts, labeled, packed, supervised, assorted, cleaned, cooked, kept time cards.

D. Reasons for Termination of Past Employment

During the interviews the women were asked why they had terminated any previous employment. By far the greater number recorded "moving" as a factor. Their husband's own job mobility probably necessitated a termination on their part. Next in line came pregnancy, family obligations, marriage, and lay-off: all understandable and reasonable factors in terms of the working woman's dual
role. Usually her own job was only secondary to that of the breadwinner and perhaps never or just temporarily was she the main economic support of the family. Only one woman admitted she had ever been discharged. In analyzing the personnel turnover during the past three-year period for this very group, a slightly higher percentage of discharge as the reason for termination is now on their records.

Some of the women expressed themselves on this point in an inimitable way, as is only possible during an informal interview. Some of the statements given were most probably the primary reasons for termination, but they defy categorization.

"There were 'busy bodies'."

"They were too mean there."

"I wanted to go to camp."

"It was only 'day work' at a time."

"I didn't want to go over my social security quota."

"I was supposed to be a substitute, but they didn't call me back."

"I immigrated over here."

Since many social and psychological considerations are at play and bear influence during questioning and interviewing, we would qualify some statements by what letters of reference or inability to obtain letters of references supplied. However, that is not the point in question in the survey. Real reasons versus given reasons is the individual's own concern when participating in any survey. The interviewer felt that the reasons given are fairly typical, honest, comprehensive and delightfully feminine in expression. A few examples preceding the general listing will bear out the facts on which
such conclusions were made.

A practical nurse related this:

"My first job was terminated in Annapolis to join my husband here at this navy base. My second job was terminated because my baby was born with an intestinal disturbance. After working three months I decided she needed me to care for her more than the mental patients did. She is now a very healthy and strong little girl."

An evening cashier had taken a second look at the home adjustments and admitted

"I cut out my hours of work because I felt my children needed me at home more in the evening. The little ones want stories read to them and my daughter needs more of my time to listen to her problems. Also we have a large garden and lawns to take care of and last summer I didn't do all the canning and freezing I should have done, because I didn't have enough time."

A health factor had been the reason for termination of another mother who said:

"For past employment it was because of too much strain on my physical well-being after having my two children plus some surgery."

One weary woman commuter said:

"My first was due to distance. I traveled 72 miles a day to work. It was too much strain with changing from day to evening shift. Other changes were due to pregnancy and my husband's naval transfers."

Another woman admitted:

"I quit in a fit of anger at the criticism of my supervisor."

A widow tells us that:

"I was employed previously as a private duty nurse and took cases occasionally. Upon becoming a widow it was necessary to work full time."

An immigrant lady said:

"It was too hard working six days a week in the laundry. The next place not pay enough."

One mother chose the hospital merely because it was a possible place to work:

"I quit for my second child. I didn't give notice then and now they won't take me back. I tried every place else first but I didn't get called."
A Mexican girl said through an interpreter:

"My father came to work in the States and just left me here. Anyway I like to sew better than to be waitress."

One woman realized herself that she needed more personal satisfaction:

"In the mills it was not the kind of work I cared for. I left the other hospital to make a change when I remarried."

This young negro mother of many children said:

"I stopped working there because they say they needed a full-time maid to stay on and I had to be home sometimes."

A young clerical worker listed these reasons:

"Marriage terminated the job as file clerk. I was laid off of the figure clerk job. And the work on the addressograph machine was just for a short time."

A cook in a private academy found it hard to be always working on Sundays:

"Some old bat wouldn't let me go to church."

A kitchen helper told why she terminated. She had troubles.

"They changed my job and I often missed the bus. I was supposed to fix a special tray and they didn't learn me the job in the first place and I had to look it up and I just got nervous."

An older part-time worker related:

"The retired restaurant owner was seventy years and we shut down so I left. I went for a checkup and doctor told me I needed an operation."

This mother said:

"I could not find the right sort of person to stay at home with the children."

One woman terminated a job twenty years before. To her the reason was so obvious that the interview question surprised her.

"The reason why? Well, I married Mr. and he wanted me to stay home. Then we had the two girls which was a full time job."
A detailed tabulation of the variety of reasons given for termination of past employment by these married women is given in Table X.

**TABLE X**
REASONS GIVEN FOR TERMINATION OF PAST EMPLOYMENT

<table>
<thead>
<tr>
<th>Reason</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moved</td>
<td>55</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>40</td>
</tr>
<tr>
<td>Family obligations</td>
<td>17</td>
</tr>
<tr>
<td>Marriage</td>
<td>16</td>
</tr>
<tr>
<td>Layoff</td>
<td>14</td>
</tr>
<tr>
<td>Not enough wages (money)</td>
<td>12</td>
</tr>
<tr>
<td>Health</td>
<td>11</td>
</tr>
<tr>
<td>Work too hard</td>
<td>8</td>
</tr>
<tr>
<td>Another job</td>
<td>7</td>
</tr>
<tr>
<td>Got hurt</td>
<td>6</td>
</tr>
<tr>
<td>Wanted a change</td>
<td>5</td>
</tr>
<tr>
<td>To go to school</td>
<td>5</td>
</tr>
<tr>
<td>Transportation</td>
<td>5</td>
</tr>
<tr>
<td>Hours too long</td>
<td>3</td>
</tr>
<tr>
<td>Clash with supervisor</td>
<td>3</td>
</tr>
<tr>
<td>Husband died</td>
<td>3</td>
</tr>
<tr>
<td>Did not need to work</td>
<td>2</td>
</tr>
<tr>
<td>Bad working conditions</td>
<td>1</td>
</tr>
<tr>
<td>Could not work nights</td>
<td>1</td>
</tr>
<tr>
<td>Temporary position</td>
<td>1</td>
</tr>
<tr>
<td>Help husband</td>
<td>1</td>
</tr>
<tr>
<td>Not enough experience</td>
<td>1</td>
</tr>
<tr>
<td>Work too dirty</td>
<td>1</td>
</tr>
<tr>
<td>Business closed</td>
<td>1</td>
</tr>
</tbody>
</table>

**E. Shift, Time and Length of Employment Data**

1. **Shift:** Because a hospital gives service on a twenty-four hour basis, it operates on a three eight-hour shift cycle. The day, evening and night shifts are usually 7-3 pm., 3-11 pm., 11-7 am. and are often designated as the first, second and third shifts just as they are in industrial plants. Table XI shows the distribution among those participating in the survey.

In the survey group, as Table XI indicates, there is almost a 1:1 ratio of married women in Groups B and C working the first and second shifts. (The hospital employs many more persons on the first shift than on the other two.) That the proportion in these age groups is relatively high, points to a practice working mothers seem to have adopted. If these women are mothers of babies, small children and teenagers, it is often, even generally, their practice to entrust them to the care of father and older children home from work
and school when they themselves leave home for paid employment.

TABLE XI
SHIFT SCHEDULE OF 144 MARRIED WOMEN
ACCORDING TO AGE GROUPS

<table>
<thead>
<tr>
<th>Age Group</th>
<th>1st Shift 7-3 pm.</th>
<th>2nd Shift 3-11 pm.</th>
<th>3rd Shift 11-7 am.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A 18-24</td>
<td>11</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Group B 25-34</td>
<td>17</td>
<td>18</td>
<td>2</td>
</tr>
<tr>
<td>Group C 35-44</td>
<td>21</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Group D 45-54</td>
<td>18</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Group E 55-64</td>
<td>13</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td>80</td>
<td>58</td>
<td>6</td>
</tr>
</tbody>
</table>

2. **Time Schedule**: A full-time job is here understood as a 40 hour week. Part-time work would refer to any range of weekly total hours under that. To obtain qualified and competent persons for all shifts, the hospital has many part-time workers though the administration of such a practice is a personnel headache. Many hospitals have abandoned the practice altogether of part-shift assignments. It must be a complete 8 hour schedule even though the individual worker that scheduled shift only once or twice a week. Work schedules and delegation of responsibility can then be operated with greater uniformity and effectiveness of patient care. In certain institutions the practice has not been adopted since there is a scarcity of applicants and a positive understanding that mothers cannot leave their homes until their husbands or older children
return to it. This seems to warrant that the practice continue, the practice
of incomplete shift schedules. Strange as it may seem, factory whistles re-
gulate more time schedules than their own. So the part-time, part-shift prac-
tice exists. In some way it is beneficial insofar as more competent workers
are available and it is possible for the married woman to provide adequately
or at least be personally satisfied that her family had been provided for by
such an arrangement. But on duty the phone calls come in from home asking
what to do about the sick children especially when a fever is noticed. A
mother is never far from her home responsibilities even when she is not work-
ing in it.

Table XII shows the time schedule practices of our survey group and pin-
points the generalizations made about the child-bearing age groups of married
women workers.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Full-Time</th>
<th>Part-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group A 18-24</td>
<td>13</td>
<td>6</td>
</tr>
<tr>
<td>Group B 25-34</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Group C 35-44</td>
<td>24</td>
<td>19</td>
</tr>
<tr>
<td>Group D 45-54</td>
<td>22</td>
<td>7</td>
</tr>
<tr>
<td>Group E 55-64</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Totals</td>
<td>89</td>
<td>55</td>
</tr>
</tbody>
</table>
Again we see a larger proportion—an equal number in each Group B and C of part-time workers in contrast to the other age groups. In Group C they are the mothers of older children; these two groups bear evidence that they are conspicuously part-time, part-shift workers as well as second shift (evening) employees. We can see this better from Table XIII which outlines and combines shift and time schedules.

TABLE XIII

SHIFT AND TIME SCHEDULE OF 144 MARRIED WOMEN ACCORDING TO AGE GROUP

<table>
<thead>
<tr>
<th>Age Group</th>
<th>7-3 pm. 1st shift</th>
<th>3-11 pm. 2nd shift</th>
<th>11-7 am. 3rd shift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>part time</td>
<td>full time</td>
<td>part time</td>
</tr>
<tr>
<td>Group A 18-24</td>
<td>2</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Group B 25-34</td>
<td>5</td>
<td>12</td>
<td>13</td>
</tr>
<tr>
<td>Group C 35-44</td>
<td>4</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Group D 45-54</td>
<td>4</td>
<td>14</td>
<td>3</td>
</tr>
<tr>
<td>Group E 55-64</td>
<td>4</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Totals: part-time</td>
<td>19</td>
<td>61</td>
<td>36</td>
</tr>
<tr>
<td>Totals: full-time</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

In Table XIII we see no part-time, third shift workers were present in any age group. In general the night shift is accepted more as a preference than as a necessity. That 40% of the married women in the survey were part-time workers and that almost 50% of these part-time workers served on a part of an
evening shift acknowledges the existence of multiple problems, adjustments, and accommodations the hospital, as an employing and responsible service agency, has to meet.

3. Length of Employment: Very well understood is the need for a married woman to take a leave of absence or to terminate employment. If such a need does not arise, it is equally understandable that years of service may be given in the hospital environment. The survey shows that approximately 30% of the married women in the sample group had terminated employment in the past and then applied for re-employment. There is no definite clue as to the particular reasons for so many returning to a former place of employment. It is only indicative of many generalizations already made after exhaustive surveys on working married women. Individual preferences, friendships, proximity of place of work, security in returning to former environment, a sense of dedication, lack of training in any other field, deep personal satisfaction, may all have been contributing or interfactors in determining where these married women returned to work. Some of them have been re-employed four and five times though this is not indicated in Table XIV which summarizes only the total length of service for the members of the group since last employment in the hospital.

F. Handicaps

One section of the questionnaire was labeled handicaps. An overwhelming majority of women answered "none" or left this point unanswered. It may be that the word itself may have presented a psychological barrier or at least conveyed a connotation of a possible disqualification for some employment. A few women did admit that they had some limitations that constituted a "handi-
cap" reason for employment in the work in which they were engaged and prevented them from seeking other employment. The listing is interesting rather than informative. An objective answer would have included many more limiting factors if "handicap" is to be understood in the sense of physical, intellectual, and educational barriers.

### TABLE XIV

**LENGTH OF SERVICE OF 144 MARRIED WOMEN SINCE LAST EMPLOYMENT IN HOSPITAL**

<table>
<thead>
<tr>
<th>Type of Employee</th>
<th>Length of Service since last employment date</th>
<th>Number of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Employees (up to one year)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short-term Employees (one to three years)</td>
<td>1 year . . . . . . 12</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>2 years . . . . . . 14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 years . . . . . . 9</td>
<td></td>
</tr>
<tr>
<td><strong>Old Employees (over three years)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 years . . . . . . 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 years . . . . . . 7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 years . . . . . . 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7 years . . . . . . 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>8-9 years . . . . . . 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>over 10 years . . . . . 5</td>
<td>26</td>
</tr>
<tr>
<td><strong>Re-employees</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>less than 1 year . . . . . 18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1-5 years . . . . . . 4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 years . . . . . . 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6 years . . . . . . 18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>over 10 years . . . . . 2</td>
<td>44</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td>144</td>
</tr>
</tbody>
</table>

Almost all of the physical disabilities listed in Table XV, as well as the
other factors mentioned, e.g., language barrier, were mentioned by the two oldest age groups.

TABLE XV

TYPES OF HANDICAPS MENTIONED BY THE WOMEN IN THE SURVEY GROUPS

<table>
<thead>
<tr>
<th>Type of Handicap</th>
<th>No. of times mentioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand allergy</td>
<td>1</td>
</tr>
<tr>
<td>Right thumb, cut tendon</td>
<td>1</td>
</tr>
<tr>
<td>Lack of experience</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
</tr>
<tr>
<td>Language barrier</td>
<td>6</td>
</tr>
<tr>
<td>Overweight</td>
<td>2</td>
</tr>
<tr>
<td>Speech defect</td>
<td>2</td>
</tr>
<tr>
<td>Defective hearing</td>
<td>2</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>1</td>
</tr>
<tr>
<td>Cannot read or write</td>
<td>1</td>
</tr>
<tr>
<td>Slow in comprehension</td>
<td>1</td>
</tr>
<tr>
<td>Eyeglasses</td>
<td>1</td>
</tr>
</tbody>
</table>

Concessions Made by Hospital

Rarely do employees consider the adjustments an employer agency makes at times to meet their individual needs. That many concessions are made to older, loyal, valuable employees is known. But that this may be the practice in many instances for newer employees is not at all known or understood and simply taken for granted. In human relations and in communications between someone who represents the employer and the individual employee there is nothing really self-understood. Each sees his own problems and hopes to gain as much as
possible from the other.

In employing many women, married women and mothers, the hospital has an asset and a liability. In so many ways these are the very persons who would give the best care to any patient assignment generally. But the family at home takes precedence and so the hospital knows that it must be prepared for changes regardless of any schedules made. A modern employee may even demand concessions at the beginning, during and at the end of employment, because the labor market is taut and there is greater demand than supply in the health services.

When the married women of the survey were asked what adjustments, concessions, benefits, and individual considerations the hospital might have given them, the question actually startled many into a new realization.

One long term employee said:

"The hospital has been very understanding in that I have been able to have my children and then continue my employment within a few weeks. They have never questioned my return. . . It's just an understanding that I'll always be back."

A mother of a large family conceded that:

"The hospital has had to adjust to my being late sometimes because of my children. I have had to take a lot of absences and decrease my working hours at almost a moment's notice at times."

Another told:

"Due to my back injury I was absent eleven months but was rehired as soon as I was able to work. Often I missed a few hours due to sick children."

One kitchen helper had a special problem and explained:

"When I work Sunday morning I has to go and get the children off to church and I got a son in St. Charles and I visit the boy on Sunday and I got to go at a certain time and they say all right."
Few had ever thought of adjustments in any terms other than their own.

Some gratefully realized for the first time that an individual need had been met.

A medical secretary said:

"Sometimes I have a last-minute emergency with one of the children which causes me to be a few minutes late here and there. Or I need to go shopping for I actually have very little time to shop, so our supervisor has been very lenient and I do not get all tense in trying to meet a deadline. For instance, if I arrive at 6:20 instead of 6:00, I just work till 11:20 instead of 11:00.

A night nurse needed earlier relief from her shift because:

"I have to leave duty at 6:30 in the morning to bring the car home in time for my husband to go to work."

An older nurse returning to hospital service after years of absence says:

"The supervisor on the ward gave me a refresher course in all phases of nursing which will be very difficult to repay."

A new employee found her pre-employment plans had to be changed. She said:

"The hospital changed the time from 7:00 to 7:30 to suit me. All were patient with my becoming adjusted to the job. They also will give me a week off when my son gets back from Korea and let me work four days now instead of five."

An older aide appreciated the in-service training she had received.

"First I was a maid and then they let me become an aide and work with the babies."

Others could think of no adjustments. Still others began to realize that co-workers had had to change plans and schedules to meet the married woman's needs, assume the extra work due to their possible inadequacies at work after long absences from their profession, besides their decided preferences for certain days off and the usual personality differences.

A worker in the laboratory said:

"I changed from days to afternoon when the grade school children needed
care at lunch-time cause they changed schedule. I transferred from maid in the lab to aide on pm's. When the time got irregular I wanted to transfer back to the lab on pm's. The evening maid agreed to go on days. She was gaming for that shift anyway."

This navy wife admitted:

"I have to have my husband's duty nights off. I work only three evenings a week. Therefore someone else must supplement. I begin my shift at 5:00 on week days therefore someone must stay till I come in."

A young aide realized:

"They trained me for this job."

A part-time dietician said:

"They haven't scheduled me to any hours. I work when and if I am able during the time I feel I am needed. This arrangement has worked well through the years. I work about 24-28 hours every two week period. I would work more if I could make better arrangements for my young children."

An older woman wanted to give direct nursing care of the sick after she had started to work in the hospital:

"I came to work as a housekeeper and then took the course for nurses aides and passed. Have been working ever since as an aide and like it every day very much."

Another older worker told how a personal wish and need had been secured for her:

"If there is ever a time I wanted a day off like last year when I wanted to go up back home, she was glad to let me go. My father founded a church and they had to build a new one and invited me up for three days for the cornerstone and the gold memorial cross they put up for him. I have to take a taxi when one of the other ladies has off. I hope to get my vacation at her same time or it'll be a problem since the buses don't run that early."

Thus it can be seen through personal comments made by the married women, that over and over again individual needs, especially those of the wife and mother, are met in their work situations. An attempt to categorize the comments of those within the survey group is shown in table XVI.
TABLE XVI

SOME CONCESSIONS MADE BY HOSPITAL FOR THE 144 MARRIED WOMEN WORKERS

<table>
<thead>
<tr>
<th>Type of Change</th>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concessions:</td>
<td></td>
</tr>
<tr>
<td>Basic Training</td>
<td>41</td>
</tr>
<tr>
<td>Changes in hours or days worked</td>
<td>32</td>
</tr>
<tr>
<td>Leaves of absence</td>
<td>18</td>
</tr>
<tr>
<td>Days off when needed</td>
<td>17</td>
</tr>
<tr>
<td>Part-time work only</td>
<td>15</td>
</tr>
<tr>
<td>Only days or only nights</td>
<td>3</td>
</tr>
<tr>
<td>Help with language barrier</td>
<td>3</td>
</tr>
<tr>
<td>Changed departments</td>
<td>3</td>
</tr>
<tr>
<td>Changed type of work</td>
<td>2</td>
</tr>
<tr>
<td>Vacation when needed</td>
<td>2</td>
</tr>
<tr>
<td>Odd hours because of transportation</td>
<td>5</td>
</tr>
<tr>
<td>Given department and shift preferred</td>
<td>1</td>
</tr>
<tr>
<td>Special responsibility and consideration:</td>
<td></td>
</tr>
<tr>
<td>Assumed responsibility for lawsuit because of action of employee</td>
<td>1</td>
</tr>
<tr>
<td>Acceded to request for wage change to hold qualified employee</td>
<td>1</td>
</tr>
<tr>
<td>Consideration of ailments, e.g., back trouble, hand allergy</td>
<td>3</td>
</tr>
<tr>
<td>Compensating for lack of experience and inadequacy</td>
<td>3</td>
</tr>
<tr>
<td>Adjustments made by other personnel:</td>
<td></td>
</tr>
<tr>
<td>Changes in hours, days off etc., because of husband's work, children's illness, etc.</td>
<td>8</td>
</tr>
</tbody>
</table>

H. Turnover

This survey was begun in July of 1959. A check in the personnel office files was possible both in July of 1960 and 1961 and January of 1962. From records the researcher was able to estimate an approximate number and percentage of turnover, length of service at the time of termination, reasons for termination and other data for the survey group over a full two year period.
By July of 1960 investigation showed that 93 of the 144 married women remained in employment. This means that 51 women terminated and that there was a 35.4% turnover for the one year period. Reasons for termination are shown in Table XVII.

The largest factor is that of mobility of the husband—navy transfer and moving combined. It actually totals 18 in number which is slightly over 35% of all the reasons for termination. Mobility was also the chief reason given for termination of previous positions held by these women.

Seven women terminated to take other positions. Most of them went to work at the VA hospital in the area. The records of six married women who terminated within the year show that they had been previously employed at the hospital. Three nurses among that group had been graduates of the hospital's School of Nursing.

Two women in the group of 144 (these are not included among these terminees) had taken leaves of absence, one for illness and the other for pregnancy.

It is to be noted that very few took leaves of absence the first year and terminations were very high. Possibly the plans for future employment were too indefinite among those who might have taken WPA's instead. Fear of layoff, layoff of the husband in the steel strike, which made itself felt during part of this period, had been among the factors which made some of the women look for a place in the labor market. When such situations were relieved and the men were back at work, it was necessary that the women terminate again. Of the 51 women who terminated, 28 of them (55%) were part-time workers and 25 (50%) were on the evening shift. It might have been guessed at the time they were employed that their length of service would be only temporary.
Others terminated because of unsatisfactory work, their own personal dissatisfaction or inability to adjust to the job.

TABLE XVII

REASONS FOR TERMINATION OF 51 WOMEN FROM JULY 1959-1960

<table>
<thead>
<tr>
<th>Reasons for Termination</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Navy transfers</td>
<td>13</td>
</tr>
<tr>
<td>Moving</td>
<td>5</td>
</tr>
<tr>
<td>Family obligations</td>
<td>7</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>6</td>
</tr>
<tr>
<td>Health</td>
<td>5</td>
</tr>
<tr>
<td>Another position</td>
<td>7</td>
</tr>
<tr>
<td>Work unsatisfactory to employer</td>
<td>3</td>
</tr>
<tr>
<td>Dissatisfaction of employee</td>
<td>3</td>
</tr>
<tr>
<td>Personality clashes</td>
<td>3</td>
</tr>
<tr>
<td>Transportation problem</td>
<td>2</td>
</tr>
<tr>
<td>Death*</td>
<td>1</td>
</tr>
</tbody>
</table>

Total 51

*As far as is known only one member of the survey group is deceased. The one death listed was caused by an accident in front of the hospital. A widow in the oldest age group who worked in the diet kitchen was struck by a car when she alighted from the bus which had brought her to work.

In the period of the second year, 1960-1961, twenty-two more women terminated. By July of 1961, seventy-one of the married women remained in employment. Thus the turnover for the two year period, July 1959 to July 1961, is just about 50%, for only 71 married women out of 144 wives, widows and mothers in the survey group, were still working then. The 22 women who did terminate
the second year were equally divided as to part-time and full-time workers. Their length of employment ranged from 10 months to 7 years. This time "pregnancy" caused more terminations than any other reasons as is shown in Table XVIII.

### TABLE XVIII

**REASONS FOR TERMINATION OF EMPLOYMENT OF 22 MARRIED WOMEN FROM JULY 1960–JULY 1961**

<table>
<thead>
<tr>
<th>Reasons for Termination</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving</td>
<td></td>
</tr>
<tr>
<td>Family obligations</td>
<td>3</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>6</td>
</tr>
<tr>
<td>Health</td>
<td>2</td>
</tr>
<tr>
<td>Another position</td>
<td>3</td>
</tr>
<tr>
<td>Work unsatisfactory</td>
<td>2</td>
</tr>
<tr>
<td>Personality clash</td>
<td>1</td>
</tr>
<tr>
<td>Retired</td>
<td>1</td>
</tr>
<tr>
<td>Reason not indicated on record</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>22</strong></td>
</tr>
</tbody>
</table>

This second year, ten other women took leaves of absence for pregnancy, illness, or family obligations. This is an indication of their intention to work in the future if at all possible.

The two women who had taken LOA's the previous year, plus four of that period's termainees, returned to work and were currently on the hospital payroll. The hospital policy of permitting LOA's more freely, a wage scale which raised salaries by seniority if merit ratings corresponded and a pension plan,
actually may have influenced the change in pattern during the second year. Probably a certain percentage of the second year group who terminated will also have returned to work by July of 1962. That was already true by January 1962, for three women who had terminated in 1961 because of pregnancy.

Three of the part-time workers who terminated had been carrying full daytime clerical positions elsewhere besides their evening hours or weekend duty at the hospital. Two of these were divorcees and one was a widow. One Mexican woman who had worked in the laundry for seven years terminated for "family obligations." She was going to stay home now and take care of the grandchildren so that her daughter could go out to work.
CHAPTER V

SOME SOCIAL AND ECONOMIC AND PSYCHOLOGICAL ASPECTS

In the survey group of 144 married working women some social, economic and psychological factors influencing their employment were in evidence during the interviews. We will see that some seem to predominate over others because the work was done within a hospital environment, and some factors are reiterated over and over. They bear great influence upon human behavior within work environment. This work situation must have policies that coordinate its goals through practices that are meaningful and consistent.

A. Introduction

The purpose of the hospital is the care of the sick. Every hospital employee must in some degree adjust himself to this goal. He often adopts it as his own, more so than he would if he worked somewhere else. Because of its size and scope the hospital places workers in social groups. It tries by human relations to adjust to an individual worker and his needs at the same time as it fulfills, with her contribution, the purpose for its existence.

Human relations has been defined as the "integration of people into a work situation in a way that motivates them to work together productively, cooperatively, and with social satisfaction. The definition makes it evident that motivation of people on the basis of their separate wants is an important
part of human relation."\(^1\)

As individuals we are different from one another mentally, physically, spiritually and emotionally. These very differences may change with time and place and persons. In understanding this reality, we are aware, too, of our limitations in adjusting and satisfying our needs and the needs of others in a given situation.

Each person has his own self-image. "Each individual is what he is and sees himself in relation to the experience he has had, joy he has known, sorrow he has suffered, disappointment he has faced, cultural and environmental influences impinging upon his life. Each individual accepts himself and must be accepted in light of these influences and experiences."\(^2\)

This personal self concept, then, explains the diversities of human behavior for activities, external ones at least, are influenced by it. As a hospital employee, a person wants to satisfy her needs as she sees them, increase personal gains or avoid their decrease. This same person has certain attitudes towards the hospital itself—the hospital image, so to speak. This image includes staff and management, work opportunities, paycheck and individuals she will meet there, to mention only a few. They are to fill in part her monetary needs, her security. But they also bring her more or less other tangible satisfying things—prestige, friendships, status, sense of achievement, feeling dedication to a cause, belonging, and self-realization. This is truly necessary for as a person and a worker she has human dignity.


"All studies of personal wants show that people desire to be treated with respect and dignity—to be treated as human beings. This recognizes that each person is a separate personality, free to pursue happiness within the bounds of responsibility."

The moral basis of human dignity comes from a religious concept, and it is the philosophy of human relations which recognizes all the while that a whole person comes to work and not just her physical being, her skill or her inadequacies. Human dignity is to be recognized by others at work, fostered by management and maintained by the worker herself through personal growth in what she considers a suitable environment. If she did not believe this to be so, she voluntarily seeks another situation which may direct her to this goal—a goal which encompasses, in part, her economic and social and psychological needs.

B. Married Women Working in Hospitals

In many general aspects married women working in a hospital are no different from wives and mothers working any place else. For some the difference is one of personal identification with the work. Among those trained in professional nursing, there is often a longing to return to or remain in the care of the sick if proper arrangements can be made for those at home and an adequate compensation is forthcoming. Even among the nurses' aides and others

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4See Chapter II, pp. 14-19 of this thesis for a more general discussion of socio-economic and psychological factors involved in a work situation for women.
employed at the hospital, sometimes even those not directly employed in the care of the sick; there is some realization that their work and effort is an actual personalized benefit to patients. This makes them happy to work there, gives them personal satisfaction and a sense of accomplishment. For the dedicated among them it may even bring some degree of self-realization, one of the higher forms of basic needs, besides greater security for themselves and their families.

In the interviews four aspects were brought out that concerned themselves with possible economic, social and psychological factors. It is an interesting study to note how different persons express themselves, for the unique variety in the comments centered around personal needs.

We do not believe that all which was expressed by the women of the survey group during these interviews is exactly true. Consciously or unconsciously, reality may have evaded both speaker or listener during the interviews. We can only let the very words the women used to express their views, reasons, hopes, needs, adjustments and their attitudes speak out to us. It is highly probable, though, that from such a large group as this many spontaneous responses permit an objective appraisal.

No attempt has been made to change the comments in any way or to isolate the factors except when tabulating them. A careful study of the quotations concerning each aspect, sometimes for each age group and sometimes for the total sample, will bring out many things. In most of the quotations, one, two, or even several factors will be expressed in such a way as to truly relate a realistic situation and not a fictional one created for the interview.

The women were asked:
1) Why they had sought employment in a hospital?

2) What was their attitude toward a hospital job?

3) What adjustment had to be made because wife and mother went out to work?

4) What was the attitude of husband and family toward her work?

C. Reasons for Seeking Employment in Hospitals

1. Economic Reasons: Spontaneously and almost invariably the response to a reason for seeking employment was an economic one. And that is true insofar as the monetary reason was the one that actually made them decide to seek employment if they had been considering it for other reasons before. Often the economic compensation was going to be divided among several immediate or future needs. Each age group has its own pattern, but between the age groups one can see some similarities and differences. Table XIX shows which reasons predominate in each group, which are isolated incentives, and which were not even identified within a particular group as a conscious motivation for economic compensation. If it was an economic need that brought them all to seek employment, we can say that in many instances it was not a factor that kept them there.

Within the age group of older women there are many different reasons why they sought work. In some cases, the hospital was considered as a place of employment only because it was situated close to their homes; for others it provides a means of social contact, or a place so as to pay off a hospital bill. In general, the spirit of independence, the desire among the widows to continue to support themselves is noticeable and shows self-respect together with a realistic facing of their own problems.
### TABLE XIX
ECONOMIC REASONS FOR SEEKING EMPLOYMENT

<table>
<thead>
<tr>
<th>Reason</th>
<th>Group A 18-24</th>
<th>Group B 25-34</th>
<th>Group C 35-44</th>
<th>Group D 45-54</th>
<th>Group E 55-64</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay off bills</td>
<td>5</td>
<td>14</td>
<td>13</td>
<td>7</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Extra money</td>
<td>3</td>
<td>8</td>
<td>11</td>
<td>7</td>
<td>3</td>
<td>32</td>
</tr>
<tr>
<td>Pay for home</td>
<td>4</td>
<td>6</td>
<td>11</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support myself</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Husband laid-off</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Support others</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>To buy a home</td>
<td>3</td>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Provide savings</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Provide higher education for children</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>To buy a car</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Permanent job</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>To obtain social security</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>To obtain group hospitalization insurance</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

One widow said she had applied all over before she was hired as a housemother in the nursing home. She had been so disappointed because:

"I just had to show my family I could earn and turn my own dollars."
One woman had several reasons for working, though she chose the hospital only because it was close to home.

"I live three blocks away and needed a change in environment. It was hard being confined so long with an ill mother. I wanted to help buy a home and to obtain social security benefits."

Paying off a bill was another woman's initial reason, but she had stayed on working for a year because she liked the type of work.

"I started to work to help my husband pay off a bill. I liked the work. I went to school as a nurses' aide and have been working since as an aide and like it very much."

Two women wanted to continue supporting themselves and needed more than pensions gave them. One had still to pay off a bill when she started to work and the other woman was going to use some of the extra money for her grandchildren. They said it this way:

"Well, see, I had had an operation and was a patient here. At first I wanted only part-time, but I needed to work to support myself."

"I get $50.00 from widows pension and $12.00 a month from the high school because my husband was retired and disabled. So I needed more money. I want to take care of myself. Hospitals hire older persons and factories don't. I would like to buy things necessary for my grandchildren."

The middle aged women working in the hospital spoke of their reasons for seeking employment in some other ways. The main economic pattern in this age group (45-54 years) seemed to be a need to pay off mortgages and bills, have extra money for the children and the home. Again some had to support themselves.

One woman said:

"I owed money for an operation. Now I work to pay for the house. We're behind on the mortgage, but my husband will go back to work next week."

Another said:

"To get food, to help make payments on the home. We had to dig a well two years ago and I had to pay for that. My husband was out of work all
summer and he just works a little now."

This mother found her husband's salary inadequate for she said:

"He just doesn't earn enough so I can do enough for the children."

Another mother planned to benefit the children, too, by her extra income. She told that:

"This is the closest to home. I do not want to be far away from the children. I want to give the children an education and to get another home so they can bring their friends home."

Some of the women had to support themselves. One had tried other ways first. She told the interviewer:

"I have to support myself. I wouldn't think of living with my children. I wouldn't bother them. I worked for my sister first and it was too much cleaning. Then I took in group washing. It was just too much. I thought maybe I could get a job that I would just work eight hours a day and have the rest for myself. I came to this hospital because my daughter is a nurse."

Another recent widow found many aspects about a hospital job agreeable besides being close to her daughter who was a student nurse.

"I do have to support myself and I do like the atmosphere. I could get benefits like being in group Blue Cross and I could just about walk to work or take the bus. We still have a mortgage on the home and I have to get everything straightened out."

The age group C (35-44 years) includes many mothers of teenage and grade school children. The economic incentives which seem to predominate for them were their husbands' layoffs, bills to pay, need for extra money, support others, and pay for the home.

One nurse said:

"I'm an R.N. My husband was laid off. Part-time work is available and also hours to suit me."

A laundry worker whose children were all in school told that she worked:

"To help my husband out. We have much children and everything needs
clothes and school things and all that."

After bills were paid there was an old father to support. A nurse's aide related the financial needs that she had had through the years that had made her seek employment.

"His mother was sick and died of cancer and we were kind of pushed down then. My father down home gets no pension and I could help him out. But I am working now too because I want to."

Extra money for her home was one of the reasons that sent this wife and mother to work daily.

"To add to the family income and also to have something extra to do. It's convenient 'cause I could just walk here from home. I started to work for my washer and drier. I got that. Now I want an organ for all of us—just a little one that plays chords on the left hand and melody with the other."

Besides the payments for mortgaged homes there were other reasons. One night nurse expressed her needs by saying:

"Money always helps. We have the house to pay for and have three children in parochial school. I like being a nurse and do not want to lose contact with it."

The women in the younger age groups are faced with bills, car and home payments, and other things needed. Some in Group B (25-34) had to support themselves and others and worked temporarily while their husbands were laid off. Other reasons are included in their comments and no effort has been made to isolate only statements that refer to economic needs. These families had bills. Finance and loan companies called up for references and to assure themselves of the current employment of their customers. And then there would come, sometimes, the inevitable letters claiming garnishment of wages. But a lot of bills were paid. The working mother and wife paid them with her salary.

One nurse, a navy wife who worked part-time on the evening shift, had
come to pay off such a bill.

"To keep up nursing two to three months a year. First I bought a washing machine. Now the bills are taken care of and it's to supplement income for extra things. My two little girls are taking dancing lessons, and I couldn't have afforded it otherwise."

An evening receptionist wants to help pay off a large mortgage.

"I live a block away. We bought a new home, and I want to help pay for it. Sometimes I think we shouldn't have gone into that much debt, but I love my home. The kids are so little, and I hate to leave them so many evenings, but the extra money sure helps out."

Another nurse with many children came from a rural area because:

"My husband has been laid off during this steel strike. If he gets called back, we'll still try to manage somehow so I can keep on working though I might have to come in later."

This young aide worked for a while to support the family until her husband obtained work in the same hospital.

"I started to work because my husband was out of a job for four months and we needed the money. It was the only place we found where you could work the shift and have the days off you needed. I am still working now because I have found that I enjoy this type of work and the money does come in handy. The children can have little things they want now so they are satisfied too."

The youngest women in the survey group, those from 18-24 years, had similar economic needs too. However, we shall see later in statements made so frequently by the women in both younger groups that there was an awareness that work in the hospital brought other than monetary compensation. That was part of the motivation which had brought them there. These young wives and mothers seemed to take it for granted that they were to work if at all possible. They had some bills to pay off, wanted extra money to spend, longed to buy a home of their own and still thought of saving for the future.

One ward clerk said:

"We need more money to pay bills and to rent our home. I thought I would
enjoy working in a hospital because of the atmosphere and variety of the work."

A young mother with three small children desired so much to leave the home of her in-laws for one of their own.

"I want to work to help my husband so we can get our own home. We want to get away by ourselves so bad. And I like to work with people and help the sick."

A newly married nurse whose husband was in the navy had come to join him. She came to work at the hospital

"To supplement my husband's salary and to provide savings for future use such as a car, a home, and children."

So we see that in all age groups the basic pattern is that of a need to pay off bills and obtain extra money. The three middle age groups were anxious to help pay off a mortgage. In all five groups some women were working to support themselves and others and their salaries went for food, shelter, and clothing and not for extras.

Several women worked to obtain social security and a few others wanted to earn enough to send their children to college or keep them there. Only a very few said they needed to buy or pay for a car. Of course, this item was probably included in the "bills" so many of them had made and had to pay.

The extra money so many said they wanted was channeled down so many different ways yet directed to benefit their homes or their children. One woman said:

"I want extra money. I'm a navy wife, you know. I prefer hospital work and like the people I meet and work with in the evenings."

A temporary worker said simply that she looked for a job

"To earn extra money for Christmas, and I prefer patient care."

A young mother liked to loosen the strings that held her within a strict
family budget plan. She said in all honesty that she worked

"To earn some spending money. I am a nurse and wanted to get back any­way."

For many women the expressions "extra money", "to provide for this or that, "to pay off bills we've made", "to obtain items for the home or the children" point out something significant. In reality it constitutes an attempt on their part to raise the standard of living for the family. This they could only do by supplementing their husbands' salaries. One mother realized that she was personally and economically trying to obtain a better standard of living now and in the future for her children. Many circumstances just then made it poss­ible for her to do so. This is how she summarized it.

"Because now that my children are all in school, I feel I have idle time that I can put to good use to help toward the future education and a bet­ter standard of living for my family. I like the atmosphere of the hos­pital. I feel a switchboard position in a hospital is very interesting and soul-satisfying."

We have seen from the total numbers of Table XIX and direct quotations of the women in this survey group how economic needs were expressed. The table shows that most supplemented a husband's income, especially during a layoff period. It is however, to be noted that a goodly number supported themselves and it was for this reason that they had entered or remained in the labor mar­ket. Now let us look for other motivations, social and psychological ones, that influenced them to work in the hospital.

2. Social and Psychological Reasons: A simple distinction has been made by including all statements which did not express a desire for a material bene­fit in a table entitled social and psychological reasons for seeking employ­ment. Table XX brings out the information obtained from each age group. Again it is a very interesting table to study. Comparing it with Table XIX
we notice that the two younger groups, especially, gave many more social and psychological reasons than economic ones for seeking employment. Though de-centralization and specialization of patient care has resulted in a depersonalization of patient care as well, the researcher finds it highly significant that a desire to work for and help the sick received the highest total. Truly it can be said, the hospital environment is a socio-economic one in the present day. And it is not only the marginal worker, of which there are many, who find the atmosphere and variety of work in a hospital satisfying many of their basic, primary and secondary needs which we have grouped under economic and social and psychological needs merely as a general grouping for simplicity sake. The highly trained nurses and technicians expressed themselves in identical terms. Apparently many women needed to be needed by others, a feminine trait. The hospital patients needed them, and they need the patients too.

A quotation for each socio-psychological factor mentioned by someone in the random sample seems ample evidence that these factors were present.

a) Like to work for and help the sick:

"I was just plain bored at home. This was something different and seemed to be very interesting. Then, too, the satisfaction of being able to help the sick. I have always wanted to work in a hospital. I applied once in New York and they wouldn't take me."

"It's a wonderful job being a nurse's aide and being able to help so many people. It has excitement and a certain holy feeling hard to explain. But I feel richer in heart since working here."

b) Enjoy atmosphere and variety of work in hospital:

"I have enjoyed working at the hospital more than any job I've ever had before; the work is very interesting and the time goes fast. However, for a while after becoming a cashier, I lost my respect for the human race as people showed such indifference and negative attitudes to their just bills."

c) Make use of education and experience:
"I am an R.N. and feel right at home here. I enjoy caring for hospital patients. I like working with other more experienced nurses; the knowledge I gained has been very helpful."

d) To work with other people:

"I love my work because it is so interesting and takes my mind from the daily routine of the home and children. I find it very relaxing. The people with whom I deal here in the office are very nice."

e) Always wanted to be a nurse:

"I like hospital work very much. I have all my life wanted to become a nurse. Three years ago I changed my mind. I really don't know why but I do love to work with people so I decided to still work in a hospital."

f) Personal satisfaction:

"I enjoy working because I gain personal satisfaction by giving to others as well as earn a salary. These are the two reasons why I chose a nursing career."

g) Learn to care for the family when ill:

"A job in a hospital helps me to get to know different people. It also helps my home life. For example, if the children get sick, I would know what to do."

h) Chance for advancement:

"More variety in the field and a better chance to keep up to date on new techniques and a better chance for advancement. I could get more pay in a factory if I just wanted money."

i) Not enough to do at home:

"I am sick of house work and like the extra money for things I haven't been able to get before. I just could not vacuum clean anymore when it weren't dirty."

j) Work not too hard:

"I like it very much and do think it is a job that is not very hard, and I like to help with sick and disabled people. I have several reasons for disliking jobs I held. The work was too hard and the hours were too long."

k) Needed change of environment:
"I needed to work outside of my home; to be able to get away for a while. When I was home I was helping my husband on the farm. Now he knows he has to be able to do things by himself."

In summarizing the motivation of the whole group of married women working at the hospital, it seems apparent that many factors come into play and exact tabulation of them would be difficult. A summary of the reasons which brought these women to work in a hospital can be stated this way: among the younger women personal satisfaction in atmosphere, variety and type of work offered by a hospital work environment influenced them to apply there. An economic need was the occasion for seeking employment but socio-psychological needs caused them to apply for work in a hospital. Among the older age groups economic reasons may have made them seek any possible employment, but socio-psychological reasons had kept them working in the hospital. They remained in a hospital environment because of the satisfaction obtained from either direct or indirect care of the sick and had helped their families at the same time.

D. Personal Attitude Toward Hospital Work

In discussing the socio-psychological reasons for seeking employment we can readily see that, generally, a very favorable attitude toward hospital work was disclosed during the interviews. This is understandable since a higher personal need is not being met if the attitude of the individual involved is simultaneously indifferent or even antagonistic. If such attitudes were present, they were not discernible to the interviewer from what was discussed. That she was known to be the Director of Nursing Service constitutes a limitation to the research in discovering such attitudes. Instinctively even unconsciously, employees would conceal them or place some barrier in truly expressing them. On the other hand it must be remembered that all in the random
sample of married women who joined in the survey did so freely and so there is less reason to believe they did not express their true attitudes freely as well. Many other employees did not care to participate in the survey. Those among the latter may well have had some unfavorable attitudes, but since they did not join in the survey group, we have no expression of them in personal comments. But we do have comments from the interviews that could be considered non-committal in nature or suggestive of an indifferent attitude toward hospital work. A few examples of favorable and some indifferent statements should suffice for this study. By far the majority of women said they were interested, enthusiastic, happy. They clearly said so. This the researcher has interpreted as a favorable attitude.

1. **Favorable Attitude:**

   "I wanted to do something helpful for other people. I tried my best and was happy. I wanted to do something I liked doing for a change."

   "I enjoy doing the work I do. I enjoy talking with other people and discussing different views."

   "It is a job that at the end of a work day one can say 'I have done something to ease the pain and loneliness of someone else.' In the mills it was not like that."

   "The job is very nice; there is a lot to learn, but it is very interesting and hardly ever boring."

   "I am most satisfied with my current position because it fulfills all I have always wanted—variety and meeting the public."

   "I look forward to coming here. Excellent working conditions, congenial people, good pay and very interesting work."

2. **Indifferent Attitude:**

   "I tried everyplace else first. This was the only place I could get in."

   "Oh, it's a job like any other."

   "I needed work. I looked in a telephone book and picked out this place
and here I am."

"We needed the money so bad I decided I wouldn't be choosy but would go wherever they called me first that I had applied at."

"Well, it's all right, I guess."

**TABLE XX**

**SOCIAL AND PSYCHOLOGICAL REASONS FOR SEEKING EMPLOYMENT**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Group A 18-24</th>
<th>Group B 25-34</th>
<th>Group C 35-44</th>
<th>Group D 45-54</th>
<th>Group E 55-64</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Like to work for and help the sick</td>
<td>7</td>
<td>9</td>
<td>15</td>
<td>5</td>
<td>4</td>
<td>40</td>
</tr>
<tr>
<td>Enjoy atmosphere and variety of work in hospital</td>
<td>12</td>
<td>13</td>
<td>11</td>
<td>3</td>
<td>40</td>
<td></td>
</tr>
<tr>
<td>Prefer to work with other people</td>
<td>8</td>
<td>5</td>
<td>12</td>
<td>4</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Make use of education and past experience</td>
<td>3</td>
<td>13</td>
<td>12</td>
<td>4</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Personal satisfaction obtained in this type of work</td>
<td>10</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Always wanted to be nurse</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Not enough work at home</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>Needed change of environment</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Would learn how to care for family when ill</td>
<td>3</td>
<td>2</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Work not too hard</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Chance for advancement and experience</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
By way of analyzing and reporting briefly on attitudes toward work within the survey group, we have this to say. During the interviews from such attitudes could be detected, favorable ones were commonly expressed by the married women about their work in the hospital. This was the general attitude for the survey group. Personal attitudes in particular situations were often actually unfavorable, however, in day-to-day contacts and experience with some of the same women who expressed themselves as being very satisfied within their work environment. This resulted in the typical personnel problems and human relations difficulties of any work environment where women employees are in a majority; e.g., friction among co-workers, prolonged coffee breaks, absenteeisms, theft, complaints, inefficient work when not closely supervised and others. But it is not an exaggeration to point out that the atmosphere of the hospital work environment was good because so many women did hold a personal favorable attitude toward the patients and the work they did for them.

E. Adjustments Required by Husbands and Families Because of the Women Working

When a married woman goes out to employment there is need of some adjustments at home which is traditionally a place and a duty of work for her regardless of others she may assume. When a wife and mother goes to work some arrangements will have to be made concerning meals, care of small children, housework and other family schedules. Even when a widow takes on outside work new arrangements are necessary.

We found a great variety of arrangements and family adjustments had been made within the family circles of the 144 married women in the survey group. This is understandable because they worked within a three-shift, part-or-full-time basis, and seven-day-week schedule that are necessary to a hospital service.
An attempt to categorize them was possible from the statements given during the interviews. They reveal a realistic situational profile.

1. Care of the children by relatives:

One young mother who lived in a trailer told of arrangements she had made:

"First we had an apartment on Avenue and the landlady took care of the baby. Then I had a baby sitter, but she didn't play with him. My sister-in-law takes in a couple of children whose mothers work. She has a trailer too, and our baby seems to like it there. My husband works this same shift and we pick up the baby at midnight. I wouldn't sleep without my baby, and he don't wake up."

A young negro mother who was separated from her husband had to depend on several relatives to help while she went to work. She said:

"My father drives me to work. We take the three children over to their great grandmother's house. She brings them home at 7:00 pm. when my mother is back from her job. She puts them to bed."

Another mother had to take her child to a relative's house.

"My mother-in-law takes care of my child and enjoys it. We live a short distance from her and in the morning I take the baby to her and then come to work."

In this case a mother-in-law must have lived in the same house for the mother said:

"My mother-in-law takes care of the baby for one hour until my husband comes home. He has to wash dishes and finish supper. I prepare them casseroles or set the oven before I go."

A widow told:

"My sickly mother takes care of the children while I work. I take care of all my household duties when I get home."

An evening nurse spoke of an arrangement that suited the relative in question.

"My children have to be taken care of by their father and grandmother. My working was the only answer to a family problem. My mother-in-law had to live with us—she was unable to work out anywhere—so she takes care of my children. I work and earn an income and pay her a small salary for her care of the children so that she does not feel that she is completely dependent on us."
2. Care of the children by the father: When the children were taken care of by relatives it was necessary that they be taken to their homes sometimes. At other times several relatives shared the responsibility for a few hours care. The children remained at home if a relative lived with them or at least in the same house. Some of the arrangements must have been hard on the children, the relatives and the parents since sickness, new plans, time schedules, changes at home or work must constantly call for new adjustments to fit the working hours of the mother or cause her to be absent or take leave of absence temporarily.

When home and children are taken care of by the father, at least everyone remained at home. The father and older children took on those household duties that needed to be attended to while the mothers were away.

One mother who had worked for a year could see all that had changed for her family when she left them in the care of their father.

"My husband has to finish supper every night that I work and the two oldest children have to do the dishes. We haven't seen most of our friends for a year because I am gone every night. Weekends we were busy for we had to go to my folks or to his folks. We both missed some of the children's school programs and church affairs that we ordinarily would attend."

This mother of five children had worked for many years to help pay for a home. She felt her husband took good care of the children for she said:

"Since my stay here has been such a long one, I feel mine has not been an adjustment, but one of very helpful cooperation by my husband. Directly after dinner in the evening, I get ready for work, while my husband washes the dishes and attends to the children. I wouldn't trade him for a hundred Rock Hudson's of Hollywood."

Two young nurses told how their husbands learned to care for the children so that they could return to nursing for a few hours several times a week.

One said:
"My husband had to learn responsibility of the family because he had never been handed the job of taking care of all before."

The other one told the interviewer:

"My husband had to learn to care for a young child by himself and he had to assume some of the household tasks too."

This evening typist apparently handed over her apron when she went to work.

She related that:

"No real adjustments are needed at home except perhaps that Daddy has to don an apron a couple of nights a week. The hours are such that the children are never without one parent."

Because this mother of six children worked till midnight her husband assumed responsibility for the family washing so she could take a rest period in the afternoon. She told about it.

"My husband washes all the clothes which I would do otherwise, dries them and supervises the children in putting them away. He sees that the children wash the dinner dishes, take their baths and get to bed."

Some of the women gave their husbands a lot of credit for managing so well. In such cases it seems that the arrangements had proven satisfactory over a period of time and the mothers could go off freely to work when they were able to leave the children to the care of their father. With others it did not prove satisfactory for we saw that many terminations had been due to "family obligations." If the father did not mind assuming care of the children it possibly was the very best arrangement for all concerned.

In some families a baby-sitter was hired for the whole period or part of the period during which the mother worked. Neighbor ladies, landladies, girl friends, high school girls were the usual baby-sitters available. Sometimes the child or children were taken to the baby-sitter's home just as others were taken to homes of relatives.
3. Care of children by a baby sitter:

This ward clerk worked full time. She took her son to a friend's house five days a week. She spoke of the family changes her job had necessitated.

"My husband gets up half an hour earlier. He sometimes cooks dinner for me and cleans. The baby gets us earlier and goes to a baby-sitter. My little boy loves his baby-sitter, especially her two children. My husband says I'm easier to live with now."

This young nurse had a high school girl come in daily to care for the children until their Daddy came home.

"A baby sitter is needed every day for a few hours and my husband has to do the dishes and put the children to bed. Both parents are not home for evening meal times and this causes, I think, some problems concerning the children's behavior."

This divorcee was a nurse and had to take her turn working weekends.

"I have to employ a baby sitter when the children are not in school and also pay someone to bring them safely home from school."

This family arrangement seems a very poor one and only real economic need for the mother to go out and work should warrant it.

"The lady we live with watches for the children when they come home from school. I fix dinner the night before and my daughter warms it up. She is in sixth grade and can do lots of things like that."

Another poor baby-sitting arrangement for two grade school youngsters was this one. The mother worked so as to make the house payments regularly.

"The children are alone after school playing, but the neighbor lady sees to it that they go in and eat. Saturday my husband comes out from his job in the city and lives with us over the weekend."

We have already heard how in some families who arranged with baby-sitters and relatives for the care of the children, some household duties were taken on by the husband when he was home from work. In other families teenage sons and daughters shared in this responsibility and apparently the combined efforts
of husband and older children did make things at home run smoothly while mother was gone.

4. Housework shared by husband and children, especially teenagers:

Here is a case where both children were teenagers. Their mother was a head nurse in the hospital.

"My family needed very little adjustment. The homework became more of a group endeavor and so did the shopping. They became much more self-reliant during my working hours."

This aide left for duty before her husband returned from the night shift at a local factory.

"My husband works nights. He makes his own breakfast and I make a good supper. He can cook and fix things at home. The girl is in high school and eats at the school cafeteria."

This Mexican lady had many children, but they were all in school. She needed to work several evenings a week in her department, but it worked out all right at home because

"My fourteen year old girl takes care of a lot of things at home. They all help some because now that I work I can get them everything they need; television and clothes. They got everything they wanted this way."

Here is a situation in which a teenage boy took over. His father could not leave his place of work at regular hours and his mother felt she just had to work to pay off the loans made for the cars and the home.

"My thirteen year old boy does most of the daily cleaning, makes lunches for himself and his brother. They seem to stay home and out of mischief. During the summer they go together to the park or swimming. I hope it keeps on turning out as good as this so I can get some of the loans taken care of."

This woman told that she supported the family because her husband had become an arthritic and could not work outside the home.

"I buy ahead and put it in the freezer. My husband helps more with the
dishes. The kids do more but I think it's because they are older and not because I'm working now."

The evenings this admitting clerk came to work necessitated family cooperation.

It was accomplished this way.

"My husband has to oversee the entire family and help the older children take care of the younger ones. The time for supper hour has to be changed because I have to get ready to come to work. Then because of the time element again my husband eats later than the rest of the family because he drives me out here."

So many of the women had interesting comments to make when they looked back in retrospect as to general personal and family adjustments that had been made in their particular situations. A few are added here for their human interest factor.

5. General personal and family adjustments:

A mother summed up the adjustments of many years by saying:

"They're all so used to it because I have always worked. Instead of mother doing most of the household duties, the other members have all pitched in together."

A widow found a sister willing to help her in her need.

"My children eat lunch at school. My sister changed shifts so that she could be home and help me with the children after my husband died. We live in her house."

An older worker thought she was asked less to take care of the grandchildren.

"The family don't ask me to baby-sit when I work the next morning."

A full-time worker changed work schedules at home. It had to be planned so that she wouldn't get overtired.

"The majority of housework has to be done on Saturday. I send the laundry out to be done. We just go out and eat in a restaurant whenever I'm tired. We limit having company during the week so that I can get to bed."

Considering the many adjustments that had been made in so many ways by the families of these working women through the years, it will be interesting...
to discover their attitude toward wife and mother working in the hospital.

Their attitude toward her employment outside the home might be favorable, unfavorable or indifferent. Some of these husbands expected their wives to work; some wished they would stay at home. Some approved to a point; some disapproved but wanted their wives to be happy. Some families gave general approval because wife and mother was working in a hospital. For those who had been working many years the attitude of their families may have changed through the years too.

D. Attitude of Husband and families toward married women's work in the hospital

1. Favorable Attitudes:

The trained nurses seemed to have received approval from their families when they returned to work. One older nurse, a navy wife, said:

"My husband would not care to have me work in other occupations except nursing. I've always worked a little so he is adjusted to it all these years"

Another one told that

"He thinks it is good for me to get out again, but I think he would resent it if it were not nursing."

This nurse felt her family were proud of the job she had taken, for she admitted

"My husband is very tolerant of my work and the inconvenience of my working different hours. I believe they are proud of my position and the fact that I am an important part of the hospital more than makes up for the responsibilities left them."

This dietician also found understanding on the part of her family. She had several young children. Her husband was a nursing assistant at the VA hospital.

"The children know I am helping sick people and are proud of my work. My husband also works in a hospital and with dieticians and appreciates their need and knowledge and the time demanded."

An older aide with teenage children and a husband who was often ill said:
"Well, they were very proud to think I was working in a hospital and doing this kind of work."

Some husbands expected their wives to work and actually said so. One Mexican lady said:

"It was his idea. He said we went through one strike and one layoff, and we weren't going to do it again. There's the rent and you have to pay it and we don't know if the furnace in this house will work and the kids are in high school and want so many things. The older girl would rather work and me stay home, but nobody would hire her so young."

An immigrant lady who did not have children told the interviewer.

"My husband expects me to work so that we get something together in time. We have to send money over to Europe to help the old parents out and we have to save so that we can go back for a visit. We did once already."

When a mother-in-law moved into this home there must have been friction. This nurse was unhappy but she only said:

"My husband wants me to work. The children don't need me in the daytime but they would prefer to have me home. I cannot work in the daytime because my little girl wears leg braces and I have to take her to school and call for her, and so I'm gone when they are all home."

Some of the comments which the interviewer thought were indifferent attitudes were "Oh, they don't care at all," or "they don't say anything." However, the married women frequently admitted that the attitudes of husband and family were actually unfavorable. Yet these women kept on working.

2. Unfavorable Attitudes:

This mother heard her children ask her to stay home.

"My little ones sometimes say, 'Oh, Mommy, I wish you'd stay home.' Then I read to them or cook what they want."

Another mother had started to work thirteen years before to pay for the home.

"When I started my husband did not want me to work, but I had to if we wanted the house. The girl always wanted me to stay home and in my heart I do too."

Here again both children and husband were unwilling to see her leave. This
mother said:

"They all want me to quit and stay home. My husband is in politics which requires him to attend meetings and causes a baby-sitting problem."

Another said simply:

"He and the children would prefer that I did not work."

And still another woman expressed her family's views when she told:

"They don't like it at all because I work weekends."

In some instances either children were agreeable to the arrangement, but the husband objected or vice versa. One can imagine that the question of quitting often comes up for family discussion. But some women have definitely set goals for themselves, their children and the whole family and are most unwilling to terminate employment.

Here is a family where attitudes are at variance.

"My husband's attitude is good and he doesn't mind caring for the children. The children's attitude is poor. My three year old doesn't like the idea of a working mother and would rather I stayed at home."

Another family had the same attitudes. The wife and mother admitted:

"My husband does not mind my working when it helps out like it does. The children would rather have me stay home, but I could not afford to. I want my children to have what I did not have."

Through all the economic and socio-psychological factors revealed in the quotations and multiple others that are not used here as examples, we can only conclude that isolation and evaluation of single factors concerned with the employment of married women is really a difficult one. Most categorization falls short because so many factors are interrelated and interdependent. Especially does this seem so in the case of working mothers where so much adjustment, arrangement and ordinary family relationship is involved.

The reasons that bring a wife and mother have some short range benefits
always. However, the effects upon her personally and upon the family's future leave shadows of doubt as to long range benefits if some of the present day's arrangements, and adjustments, and attitudes remain as they are. In other cases it will work out to the benefit of all concerned. There are those women in the survey group who have worked many years through many changes both in family situations and hospital work environment. They feel it has been worthwhile and that they have accomplished something better for themselves and others because they have gone out to work.
CHAPTER VI

SUMMARY AND CONCLUSION

Married women are working. Studies by the U.S. Department of Labor predict that in the coming years more married women will seek employment outside the home for economic reasons. They point out that by 1975 more than one-half of the labor force will be women because more and more older women will enter employment. Sociologists and psychologists have interested themselves in the motivations for married women working.

In the hospital work environment some economic, social and psychological reasons predominate because direct or indirect care of the sick is a goal as well as the service involved. Accordingly some factors draw and hold, lose and re-employ married women workers through the years. The reasons may be multiple; they vary from specific ones to general adaptation. Hardly ever does one factor or reason stand alone.

With a random sample of 167 married women the author has explored a real work-situation. By means of a questionnaire much statistical data were obtained from women aged 18-64 years. They held and represented many positions and occupations found in the hospital. Volunteer workers, applicants, and private duty nurses are included in the study because such married women have sought employment within the hospital field and were willing to join the survey conducted while they were there.

By means of an interview with 144 of the married women who were paid em-
ployees of the hospital, the author sought to learn whether generalizations made about woman power in other work environments, particularly other hospital work environments, applied to them. Much more, it was hoped to define them statistically and interestingly as a working group and then to outline, from their own statements, the economic and socio-psychological factors which had led them as married women to work in the hospital.

A. The Married Women as a Group

As a group the majority of the women in the sample were those within the lower level income group of a middle class society. An interest in raising the living standards of their family units is ever present. Car ownership and home ownership is a common goal. Very few women were fully responsible for supporting dependents with the income received from their work at the hospital. The desire to supplement a husband's income, to pay for a car, or a home, or to give growing children material benefits, and other goals encouraged the women to work outside the home.

The age range was from 18 to 64 years. More than 50% were in the age groups of 25-44 years. In the oldest age group were quite a few widows who were actually working to support themselves in toto or in part by their work. The possibilities of part-time work drew many to the hospital as a place of work. Most of the women were mothers of two or three children and full-time work was not possible for them. The hospital seemed a sheltered and convenient and not too physically difficult work environment in contrast to factories or other service industries, e.g., restaurants. It also was a status symbol for them and their friends as an acceptable place to work. Many, except the trained nurses and technicians, did not realize that so many of the occupations
they had applied for required careful training and specialization because it is a health field. They felt their willingness to learn and to be trained even when they were part-time and part-shift and seasonal workers entitled them to special in-service courses and constant supervision. Full-time workers did not hesitate to apply for higher paying positions elsewhere when they had received this training.

Among the goals which these women sought for their families were more and more material benefits; educational, esthetical and cultural advantages; and future security. Above all they wanted their children to have what they had not had and to have what other children seemed to receive from their parents.

As wives and mothers they seemed to have provided adequately and satisfactorily for the care of the home and the children. Most frequently young children were cared for by the other parent or relatives and the housework was shared with other members of the family. If this situation changed or the hospital administration could not concede to their personal preferences, employment was terminated for family obligations. The family came first. If there was an unfavorable attitude on the part of the family toward the mother working, the married woman often continued anyway because she received some valuable socio-psychological benefits personally while providing economic benefits for her home and children.

The turnover rate was high for the two year period of the survey. Change of residence and pregnancy were the main reasons given for terminations and leaves of absence. These were also the chief reasons of termination of past employment within the group. Quite a few women had a long employment history with the hospital or had been re-employed by it several times after periods of
absences. Those who had been once employed in a hospital had a tendency to seek employment in one at a later date.

There was an understanding on the part of the women of the contribution their service made to the direct or indirect care given to the sick and evidence of the self-respect achieved, happiness in their work with and for others, and the sense of dedication they felt. These were noteworthy for women in all of the positions and occupations.

Educationally, the group were predominantly high school graduates. Since most were employed in nursing service, they had also added a hospital skill by professional or technical education or on-the-job training. The majority of the women had been born in the Midwest, though 29 states and seven other countries are indicated as places of birth by some women. None of the women of Mexican birth had become naturalized citizens. Four fifths of the group were Caucasian. The one fifth (Negroes and Indians) who were non-white were represented in all departments.

Religiously almost all the women claimed to be of Christian belief and held some church affiliation. No Jewish woman is represented in the survey; application for employment is seldom made by one, though the Jewish community is considerable, and quite a few Jewish doctors are serving on the medical staff.

B. Social and economic and psychological findings

There is a definite tendency for a nurse to return to her field of training, partially because of the social contacts it gives her outside the home and partially for the psychic compensation of working for patients again.

Economic compensation, though frequently voiced as the particular reason
for employment, was not solely, or even the predominant reason if comments about personal satisfaction and a sense of worthwhileness are considered relevant. Younger married women are more aware of their longing to obtain the benefits of contacts outside the home that the work offers them, though they want adequate monetary compensation for their work. An economic reason caused them to seek or justify employment outside the home. The volunteer workers would not have entered another work environment because they seemed financially secure or were content with their status. For most of the applicants, a newly arising and pressing monetary need was the actual occasion why employment was sought. Employment would not have continued indefinitely if other factors were not present: favorable adjustment and attitudes on the part of the family at home, congenial working companions, a satisfactory work schedule, adequate income in a not too strenuous work situation, transportation facilities, and a growing sense of self-realization, achievement and belonging.

The incomes of most of the husbands was an adequate and living wage, even for the lower level of a predominantly middle class group. The wives' incomes were "needed" to provide extras the family wished to have or pay bills incurred so as to maintain and raise the family's standard of living.

The families of the women workers generally favored employment at a hospital. Some were actually proud of it. Usually it was the younger children who wished their mothers to remain at home. Several husbands told their wives to work. Others agreed with certain reservations. Sometimes, just because the wife was employed in a hospital was the husband willing to approve outside employment. The family shared in the satisfaction of the mother in serving the sick and working with others who did, and also shared in home responsibilities
as well as the benefits of increased income.

The hospital, accepting women as its main employees, has constantly to adjust itself to personnel problems and provide adequate service to the patients in spite of a high turnover, leaves-of-absence, absenteeisms, on-the-job and continuous in-service training, part-time and part-year workers, and varying hours.

C. Conclusion

This group of married women working in a hospital fit into many of the generalizations made for womanpower and particularly married women workers throughout the United States. They have contributed to general national production and consumption. In participation in service industries, this contribution must be considered an asset since without the married woman's work in the hospital, the hospitals could not have given adequate service to the community; it would be forced into giving only a limited service. Technology has not entered the hospital to the point of replacing personnel except insofar as disposable supplies are concerned.

Married women have worked, are working and will work. Our survey group has shown one typical pattern of women's work history in a specific environment. The author has presented detailed information, and has enough in the interview reports for several case studies to be made. It is valuable information; interesting, enlightening, encouraging, predictive, relevant, concise and connected. It is also conclusive to say of this group that these wives and mothers are still working, or feel that they are so doing, for their homes and families while they are satisfying personal, basic needs. Any employer must understand this and supply some of these sought for goals since they are pre-
valent even among the youngest groups of wives and mothers.

This has been essentially a human relations story showing that motivations and goals of an employer and employee can be compatible, similar and even identical. These women working in the hospital showed a favorable attitude toward their hospital work environment. Such a prevailing attitude allows for an effective working relationship if economic, socio-psychological factors on both sides remain in proper balance.

Some of the work habits of these married women do not contribute to a satisfactory service all day and night and all year round to the sick of the community.

Some of the short-range benefits for the home and family do not seem to justify the mothers' absence since the long-range effects and adjustments required of small children seems open to problems created for the future. This applies particularly to mothers of small children. Mothers of teenagers seem to feel that a share in home responsibilities has profited their children. Fathers, too, are staying within the home circle of evenings, instead of joining to a greater extent in outside activities of their own sex and age group.

The older women will work and continue to work because their household duties do not occupy them sufficiently and because they must often contribute to their own support.

Many married women feel a responsibility to pay the bills the family has incurred regardless of their nature or amount.

The three-year-trained-nurse-graduate feels at home in a hospital even after years of absence and longs to return to it whenever possible. She knows she is always needed and that her services are preferred to that of auxiliary
workers. But she does not understand the personnel problems her hospital, as
an employing agency, must face in hiring her on this part-time, part-year basis.

Nevertheless, as married women working, these wives and mothers are family
conscious first and foremost. Why they are so concerned with obtaining more
and more material benefits for their children, when they themselves feel the
need for higher socio-psychological needs to be satisfied could be the basis
for another study. A true wife and mother gives more to her family than cus­
todial care and material benefits. To make a family happy and contented, to
train the children and lead them on to natural and Christian maturity and good
citizenship is the basic work of the Mother.
BIBLIOGRAPHY


Masse, Benjamin L., S.J. "Workers and Jobs in the 1960's", America, CIII, (April 9, 1960), 44.


APPENDIX I

STATISTICAL QUESTIONNAIRE

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APPENDIX II

INTERVIEW QUESTIONNAIRE

1. Why seeking employment in hospital?

2. Attitude toward hospital work.

3. Why terminated previous employment?

4. Adjustments needed by family.

5. Attitudes of husband and family.

6. Adjustments made by hospital at beginning, during, or end of employment.
APPENDIX III

APPLICANTS FOR EMPLOYMENT

Like the other two small groups encompassed by the survey, sixteen applicants for employment have their story to tell. Again we find relevant information which will place them into a similar pattern group as working women yet with many individual factors influencing the design.

A. Vital Statistics

Fourteen of the women were in the first age group (18-24 years) and two were in Group E (55-64 years). All were U.S. citizens and nine were of the negro race. Two had completed elementary school and six others had attended high school, but had not graduated. Several attended college and described it as one or two years college, a business course, a beautician school and a three year nurses training course. Quite a few were from the midwestern states. One had been born in New York and several in the deep South. All claimed church affiliation but one; thirteen women were Protestant and two were Catholic. Nine were mothers, eight of them had pre-school children. One young negro woman said that two little sisters were dependent upon her and another young mother of three children had been deserted by her husband.

B. Social and economic data

Only two women said they were home owners and both of these homes were under mortgage. Four families lived with relatives and one rented a room. The addresses in this applicant group placed them in housing districts for those
of very low income. The husbands' occupations are varied in regard to title and some were or may have been significantly low in regard to total annual wage; a construction worker, a butcher, a nursing assistant, a miscellaneous worker, a hose factory worker, a welder, an iron pourer, a warehouse man, a presser in a cleaning place. A plumber foreman and a fitter at the gas company, both with years of seniority, were two occupations that would surely be in the higher wage levels.

C. Employment

The registered nurse had had nursing experience and specified that she wanted to work only in certain services. She wished only part-time work on the first shift and wanted to be off every weekend.

"I do not really need to work, but it is monotonous at home. I remarried, and my husband lets me work, but I have to be home weekends with him. I stopped working because I was going to have company all summer. I drive my own car and no adjustments are necessary if I get the hours I want."

The older widow woman asked for full time in the first shift in the Housekeeping Department. She lived close enough to walk to work.

"My sister-in-law was working here, and she asked if I would like hospital work and I thought 'yes'. I need to support myself. I was housekeeper for a doctor but he died. Then cafeteria work was too hard for me. I think I would like to talk to patients; it would be interesting and satisfying."

Of the ten younger women who applied for nurse's aide work, only two had had any experience or training. Their references proved very unsatisfactory. Upon questioning some had very strange and different ideas as to what aide work entailed. The consensus was that it is unskilled labor which anyone can perform. All were interested in taking the training course prescribed. It seems that their husbands and families and they personally thought the hospital was a good place to work. Anyway it was very much preferred to factory work.
especially if they had had factory experience. Their past work history as a
 group included job titles as kitchen helper, coil solderer, maid, dental assis-
tant, cosmetics girl, stock girl, nursery teacher, waitress and assembly line
workers in factories. The reasons they gave for terminating employment were
marriage, pregnancies, husband got a job, work was too dirty, moving, transpor-
tation, new management, and lay off. Six of them had a family car and the
other four felt they could make arrangements or come by bus. Some asked only
for evening and night shifts so that the children at home could be cared for
by the father. In cases where the economic need was great any shift was ac-
ceptable to them. It is often that way with applicants and it does not take
long before they want changes once they are hired. The arrangements they have
apparently made with landlady, relatives, baby-sitters seems quite complicated
as they outline it.

D. Work data

Again, as in the case of the private duty nurses, an immediate economic
need for seeking employment is in the foreground, but other reasons that are
social and psychological ones came to the fore in most of the interviews.

The desire to buy a home was mentioned several times. Another reason was
that the husband was out of work. But often, too, the desire to work with the
sick, to work in a clean place, to fulfill a wish to become a nurse that marri-
age now makes impossible was in evidence and helped influence their application
at the hospital.

One young applicant put it this way:

"Because my husband and I want to buy a home. He is working almost 24
hours a day just to pay our bills. That is the real reason why I want
to work. We are living with my mother and father and are trying to buy
a home of our own so bad."

Another woman wanted a home too when she said:

"At first he did not want me to work, but since we want our own home we both have to work. This place is nearest our home."

A construction worker's wife said:

"We were hoping to build for ourselves in the Spring."

A young wife without children did not like to stay alone at home all day.

"I want to work. It is so lonesome at home."

This young wife was lonesome too, but family attitudes helped to send her to apply for work in a hospital even though she would have to commute from a rural area. She said:

"I don't like sitting at home. My mother was always trying to talk me into getting a job. I think she would love it if I were working in a hospital. I always wanted to work in one and to be a nurse, but I don't think I have the brains to be one."

With others family attitudes were such that they seemed to prefer the hospital to other work environments if they had to agree to the women working somewhere.

One husband was waiting to be called back to work. Evidently he was not too happy to be entrusted with the children while his wife was working.

"My husband is out of work at present. He prefers that I stay home. He will have to be alone with the children on the evenings I work. I would enjoy working with people and I would feel that I am doing some little bit of good for someone."

One woman who was temporarily laid off from another job was applying at the hospital for several reasons.

"I haven't actually stopped working, but I haven't been called back yet. He told me that he would prefer my working here because it is a nice place for me to work. I want to earn more social security. I want to work around sick people."

The attraction of hospital work because it involved care of the sick was
often mentioned though other factors influenced the decision. One applicant said:

"It was my idea to come here before even the employment agency told me about it. I think I would like it. You take care of helpless people and I have to do that with my son. I wouldn't be finicky about anything."

Another woman had about the same idea when she said:

"I have love and care for the sick and would enjoy helping them."

Though this wife wanted a paying job she still had another reason.

"Well, for one thing we need the money and we would have more money. With both of us working then we would have more. But I always wanted a job as a nurse."

Another husband encouraged his wife who had had factory experience to try this work environment because he preferred it for her.

"He really would like it because he didn't like the idea of my working in a factory, but he would like this much better. My mother wanted to be a nurse once because she said so but changed her mind. I think it was on account of the two little ones. Two little kids bring home a lot of germs."

When this woman applied she said she would not work on Sundays at all.

"My husband wants me to be happy so does not say anything. He wants me to have Sundays off. We go to church together on Sunday. He would never go if I didn't go along."

Some of these women did not apply for work as aides even though they said they would enjoy helping others who were sick. Just working in the hospital would give them this personal satisfaction, it seems. Several of the married women applied for work as maids and diet kitchen helpers, typists and ward clerks. Their interviews, too, showed individual needs and problems, attitudes, and adjustments to be made in the event that they obtained employment.

Nothing seems to bring out these salient points as well as their own quotations. There were many reasons why they were not hired that no personal comments in the interview could reveal. Poor references, a job history of only short
periods of employment, unsuitable appearance, no definite plans and arrangements for very small children which would soon bring about much absenteeism, no training for the work applied for, and a lot of misconceptions of what it meant to work in a hospital, are a few of the reasons why this group remained applicants only.
ABSTRACT

Married Women Working in Hospital Service: Some Economic and Social Aspects is a human relations study done by interviewing 144 wives and mothers working in a general hospital. A random sample was planned by merely posting an invitation to anyone interested in joining the survey group, and a fair representation of women (aged 18-64 years) working in different positions and occupations of the various hospital departments responded. All the women were asked to answer a questionnaire so as to obtain statistical data of basic, social and economic significance. Then by non-directive interview, the women told why they were working, why they had sought employment in hospital service, their attitude toward this type of service, what adjustments had been necessary at home, and the attitudes of husband and children toward the hospital work. It was anticipated that information concerning the generalizations made about womenpower in other work environments might be related to this group. Much more, it was hoped that one could define them statistically as a group and then to outline, from their own statements, the economic and socio-psychological factors which made them married women working in a hospital. Actually only a few were working to support themselves in toto by their jobs.

As a group the majority of women were within the lower-income-group of a middle class society. An interest to raise the standard of living for their families by car and home ownership and to give their children material benefits they themselves had not had, i.e., educational, esthetical, and cultural benefits, were the goals they expressed. Other goals were present but not signifi-
The possibilities of part-time work, social contacts, new friendships, return to former duties, dedication to this type of work, a sense of usefulness to the sick, and self-realization drew many to the hospital environment. Many enjoyed their work because it was a relief from household duties in contrast to other positions and work environments they were qualified to fill. They also did not find it too physically hard in addition to their household tasks. Very, very few realized what their part-time, part-shift, turnover, absenteeism, lack of training and sudden terminations meant to the efficient operation of the hospital and the care of the patients.

It is true to say that some economic need usually caused them to seek or return to employment in the hospital. The salary involved often determined which hospital they applied to for work, for salary is a great status symbol in our day, but social and psychological needs were expressed so frequently in their own quotations that it is probably these higher basic needs which kept them there. Most of the women seemed to have provided adequately for the care of young children and the home by leaving them in the custody of father, older children or a relative. They continued to work even if father or children were opposed to their leaving the home for outside employment and were willing to forego the material benefits so as to have wife and mother with them more often. If it seemed to the married women who were working that their families were not adequately provided for, e.g., if the situation and arrangements made when they began employment changed, they terminated. The family actually came first.