The Experience of Women Returning to Work After the Birth of Their First Child

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B.N. The University of Manitoba, 1974

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

in

THE FACULTY OF GRADUATE STUDIES
(School of Nursing)

We accept this thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

September 1986

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Abstract

The Experience of Women Returning to Work Following the Birth of Their First Child

This study explores the experience of women returning to work following the birth of their first child. Grounded theory methodology was used to collect, code, categorize, compare, and contrast data gathered in interviews with eight women. The substantive theory generated from this approach indicated first-time mothers viewed their resumption of the work role as a process of role redefinition. Role redefinition consisted of three stages: taking on multiple roles, experiencing role strain, and reducing role strain. Each stage evolved from a central concept and was characterized by specific behaviours. The conceptual framework provides direction for nursing implications. These are discussed for various phases of the childbearing period. The process of role redefinition directs nurses to provide first-time mothers with anticipatory and concurrent guidance as they take on and manage multiple roles.
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Acknowledgements

I wish to thank my committee members, Elaine Carty and Connie Canam, for assisting me through the qualitative research process, providing me with critical and invaluable advice, supporting me when my spirits were low, and laughing with me when I needed it most. To the eight women who shared their experiences, I extend my gratitude and my admiration for finding the time to fit me into their demanding and tiring schedules. Finally, I would like to thank my husband, David, who always believed that I would succeed in this endeavour, and who supported me in so many ways.
CHAPTER 1

INTRODUCTION

Background to the Problem

Between 1976 and 1981 the number of women in Canada participating in the labour force rose from 45% to 52% and the greatest proportion of this group were married women (Statistics Canada, 1984). Statistical trends indicate that the numbers of women in the labour force who have children under six years of age are increasing. In 1981, 47.2% of Canadian women with pre-school children worked as compared to 34.7% of these women in 1975 (Eichler, 1983). Myami (1980) suggests, that by the year 1990, two-thirds of all mothers with children under six years of age will be in the work force (p. 188).

Our society encourages women to seek education and training to be productive and to achieve fulfillment through paid employment. In addition, married women with children are encouraged by economic necessity and a need for status to participate in paid employment following the arrival of their children. Women, however, are also socialized to be full-time mothers. Consequently, many women in our society face a double bind which becomes apparent following the birth of their first child.

In clinical experience as an obstetrical nurse, the author has encountered many first-time mothers concerned
about returning to work. Some of these mothers expressed concerns related to their ability to combine the work role and the maternal role. Some of these anticipated concerns included: uncertainty about the best type of infant care, guilt about leaving their infant, difficulties with breast feeding, and lack of available time to manage work and mothering.

Theoretical Perspective of the Study

Becoming a mother is an important event for many women. First-time motherhood introduces women to a new role. One of the most significant times for a woman is the transition period immediately following the birth of her infant (Bebbington, 1973; Mercer, 1981; Rossi, 1968). Adding a work role to the strain inherent in the transitional period creates a challenging and complex situation for these women. Therefore, to develop an understanding of the experience of first-time mothers returning to work following the birth of their infants, the psychosocial influences were examined from the perspective of role theory.

Role Theory

Contemporary theorists define roles as the rights and duties assigned to a status by society as well as the behavioural interaction that individuals bring to prescribed rights and duties (Nye, 1976). Biddle (1979) defines an expected role as the set of expectations for behaviours of a person that are held consensually by one or more other
persons. In part, roles are determined by an individual's culture and cultural sanctions for enforcing role behaviour (Nye, 1976). Role transition is the process of moving in and out of roles in a social system (Burr, 1972). Role transitions are particularly evident within the confines of the nuclear family, and one of the most significant transitions is the transition to the parenting role (Dyer, 1963; Hobbs, 1968; LeMaster, 1957; Rossi, 1968).

These theorists describe the transition period following the birth of a woman's first child as a critical period in a woman's life span. Lederman (1984) characterizes the development of the maternal role as a test that requires growth, and as a challenge. The maternal role is a complex entity that subsumes many complex cultural expectations.

Traditionally, motherhood has initiated changes in women's lives including the withdrawal of women from the work force. Cultural pressures for women to take on the maternal role remain strong (Devore, 1983; Nye, 1976). Although normative values are changing, women still retain the major responsibility for the socialization and care of children (Nye, 1976; Rapoport & Rapoport, 1976). Indeed, at no time is a mother's role considered more important than in infancy (Maynard, 1985). Women conforming to normative values have been expected to integrate the maternal role and forfeit previous roles considered conflictual (Rubin, 1967). Increasingly following childbirth, however, women are
remaining in the work force (Skinner, 1982). A situation exists at present, where society has expectations that women will be productive, gainfully employed members of society while maintaining the expectation that women will forfeit roles which interfere with their performance of the maternal role. Therefore, at the time women return to work following the birth of their first child, their perception of the societal expectations engendered by these roles places them in a double bind.

Contemporary theorists define a double bind as a meaningful message received by an individual which is paradoxical. It is important for an individual to comply with the message, but it is structured so that the assertions it contains are mutually exclusive. In addition, the recipient can neither ignore the message nor react appropriately to it (Bateson, Jackson, Haley, & Weakland, 1956; Watzalwick, Beavin, & Jackson, 1967).

In the case of women embarking on motherhood, society has given them two conflicting messages. Mothers cannot be fulfilled and productive members of society without paid employment, however, mothers cannot be effective mothers unless they remain at home with their children full-time. Working first-time mothers cannot conform to societal work-motherhood expectations. In addition, adding the work role to the maternal role following maternity leave can create a role set that is complex, time consuming, and
conflicting. These facts have prompted many theorists to hypothesize that role conflict, role strain, and role overload follow from combining first-time motherhood and work (Bebbington, 1973; Biddle, 1979; Goode, 1960; Hood, 1983; Poloma & Garland, 1971; Rapoport & Rapoport, 1971).

Conclusions

First-time motherhood represents an important transition period in relation to role attainment. Women's perceptions of first-time motherhood and working as two roles subsuming conflicting societal expectations place them in a double bind. Theorists hypothesize that role conflict, role strain, and role overload accompany the combination of the maternal role and the work role. An increasing number of first-time mothers are returning to work following the birth of their first child. This recent phenomenon is resulting in a unique experience for women.

The Problem

There is a large body of professional literature on working women with children. Most studies, however, do not differentiate first-time mothers from mothers with more than one child. In addition, most studies are oriented to women with school-age children rather than infants (Bohen & Viveros-Long, 1981; Michelson, 1983). There is a paucity of information on first-time mothers returning to work after the birth of their first infant.
In the lay literature, however, there are many books written to assist first-time mothers in combining their maternal role with paid employment. Authors such as Richardson (1980), Eheart and Martin (1983), and Isbister (1978) have addressed the needs of women returning to work after the birth of their first infant. These authors suggest that working first-time mothers need to make changes in their marital relationships, standards for household tasks, and standards for work. In addition, the authors indicate that these women need to find a reliable and safe form of child care, and they imply this is not an easy task. Finally, first-time working mothers are advised to change their friends and find others who are able to understand their life style. These needs have not been addressed by the professional literature. Therefore, the question addressed by this study is: What is the experience of women returning to work following the birth of their first infant?

The Purpose

As a result of this increasingly common, but ignored phenomenon, the purpose of this study is to describe the experience of first-time mothers returning to work following the birth of their infant. The study will identify common concepts and core variables from data provided by the women themselves.

Definition of Terms
First-time mothers—women who have given birth to their
first infant. Work—paid full time employment outside of the home. Full time employment is defined as a thirty to forty hour week. Infant— a male or female child between one month and one year of age.

Assumptions

The author undertakes this study on the assumption that a return to work by first-time mothers is a significant and unique event in a woman's life. In addition, it is assumed that these women are the most accurate and legitimate source of information about their experience.

Limitations

The population of first-time mothers returning to work is limited to women who have attended the postpartum reunion classes at lower mainland health units and under the auspices of the Vancouver Childbirth Association. In addition, the study population is limited to those meeting the criteria delineated in chapter two, and consenting to be interviewed. As a result, this study population consists to a large extent of middle class women from a limited ethnic population.

Chapter two outlines an inductive research methodology, grounded theory and describes details in relation to participant selection, data collection, data analysis, and ethical considerations.
CHAPTER 2

METHODOLOGY

An Inductive Methodology

As previously stated in chapter one, there is a paucity of professional literature on first-time mothers returning to work. Therefore, an inductive methodology was required to explore the experience of these women and to generate substantive theory from the descriptive data collected. Grounded theory, as described by Glaser and Strauss (1967), permits the successive raising of descriptive data, through constant comparative analysis, to yield a conceptual framework of theoretical constructs. This approach is particularly important in societal groups where no adequate theory exists to explain their psychosocial processes and their behaviour within their social action scene. By means of constant comparative analysis, qualitative data are collected, coded, and assigned to categories. Conceptual categories are then compared and contrasted. Data analysis and data collection progress simultaneously. Categories are related, integrated, and reduced to generate concepts (Stern & Pyles, 1985). Concepts are integrated and developed to increasing levels of abstraction until the evolution of substantive theory, grounded in and illustrated by the data,
is complete. Grounded theory is aimed at the conceptual analysis of social reality.

This chapter presents an overview of the research methodology which includes the selection of participants, data collection, data analysis, and ethical considerations.

Criteria for Selection

The ensuing criteria directed the selection of possible suitable candidates for admission to the study. In addition, the rationale underlying the criteria are included.

Participants suitable were:
1) women who have returned to full time employment following the birth of their first child,
   Rationale: target population,
2) women married or living with a partner,
   Rationale: the concerns of single mothers might complicate the experience,
3) women with spouses working full time,
   Rationale: a spouse serving as an infant caregiver and homemaker would alter the experience,
4) women that had an infant not under hospital care or medical care for any illness,
   Rationale: an ill infant might complicate the experience,
5) women at work for at least two months at the time of the first interview,
   Rationale: this provided the women with an opportunity to experience work and mothering while ensuring that they
were still adjusting to the experience,

6) English speaking women.

Rationale: this facilitated communication.

Selection Procedure

The Vancouver Health Units and the Vancouver Childbirth Association provide prenatal classes and postpartum reunion classes for the majority of women in the lower mainland. Therefore, these two organizations were contacted, and information was provided to them as to the nature of the study. Women, who met the criteria, were contacted by the Vancouver Health Department and provided with the contents of the introductory letter outlining the study (Appendix A). Women, who met the criteria, were contacted by the Vancouver Childbirth Association and provided information about the study through telephone conversations or at postpartum reunion classes.

Seventeen women were identified by the Vancouver Health Department and the Vancouver Childbirth Association. The women were provided with the researcher's phone number. Three women contacted the researcher by telephone. All of these women were included in the study; however, one subsequently refused to participate and gave no reason. Six women were included in the study by means of a subsequent phone call by the researcher. Six women were precluded from participation as they were working less than three days a week or had not returned to work at the time of contact. One
woman was excluded because her child had been born with congenital anomalies and was undergoing continuing hospital care. In total, eight women were interviewed for the study with seven of these women interviewed a second time. This sample size is consistent with Grounded Theory methodology. With this methodology, population criteria for data collection are based on theoretical relevance to a general area related to substantive theory. In addition, theoretical sampling uses advancement of emerging theory, as criteria for data collection, rather than preplanned inclusion and exclusion for verification (Glaser & Strauss, 1967).

Some of the women were concerned about being audio tape recorded; however, after being reassured about confidentiality and their right to request tape erasure, the women were very comfortable with the entire process.

Characteristics of the Participants

Demographic data were collected from participants at the end of the first interview. The women ranged in age from 25 to 33 years. All participants were married and had worked from 4 to 14 years. The women worked from 35 to 45 hours per week. All of the women were Caucasian. Combined incomes for the women and their husbands ranged from $30,000 per year to over $60,000 per year. The infants ranged in age from 5 months to 11 months at the time of initial contact. There were two nurses, one lawyer, two teachers, one sales supervisor, one manager, and one computer operator.
Data Collection

The researcher conducted a series of semi-structured interviews. The interviews took place in the participants' homes with one woman interviewed at the researcher's home. The interviews occurred over a sixteen week period. Each interview lasted 60 to 90 minutes. Eight women were interviewed once, and seven women were reinterviewed to further explore concepts and to validate the emerging core variable.

The researcher provided participants with information about the nature of the study and the researcher's motives for doing the study at the initial contact. Open-ended questions were asked and acceptance of subjects' replies and statements was shown. Reflection and silence were used to encourage participants to elaborate on their thoughts, feelings, and remarks. Participants' equivocal or obscure remarks were clarified.

An underlying principle of grounded theory is to discover what is happening in a social situation rather than to assume what is happening (Glaser, 1978). It is, however, neither possible to eliminate all preconceptions nor is it desirable, since preconceptions may be used to sensitize the researcher to possible theory (Glaser, 1978). Therefore, each initial interview opened with the question: "How has it been for you since your return to work." The researcher pursued and clarified participants' observations and
feelings pertaining to the experience. At each subsequent interview, direction was received from previous sensitization to existing theory to explore initial concepts that had begun to emerge from the data.

Data were analyzed and synthesized from the initial three interviews, and conceptual categories began to emerge. Participants were encouraged to explore their experience freely at the beginning of the fourth and subsequent interviews, but as the interviews progressed the researcher responded to participants' statements with questions designed to clarify, deepen, and broaden participants' remarks. Questions were structured to explore concepts identified by participants in preceding interviews. As the conceptual framework emerged, subsequent interviews were used to develop the framework.

Theoretical sampling enabled the researcher to verify the emerging conceptual framework by questioning participants as to its fit, relevance, and utility (Glaser, 1978). In the concluding second interviews, the women were provided with the concepts developed from preceding interviews and questioned as to the validity and utility of the concepts in order to advance the emerging substantive theory.

**Data Analysis**

The researcher transcribed the audio taped interviews on a word processor. Analysis of the data followed using
Maxwell's and Maxwell's (1980) methodological template of continuous comparative analysis derived from Glazer and Strauss's (1967) Grounded Theory. The five stages outlined below maintain a balance between induction and deduction and operate to discover and explicate basic social processes.

**Stage 1: Creating Analytic Units**

Data are collected and initially all data are considered relevant in continuous comparative analysis. Data are examined line by line and coded. Codes symbolize events, processes, and actions and are often drawn from participants' remarks.

**Stage 2: Concept Formation**

Coded data are compared and contrasted. Coded data cluster in conceptual categories. Conceptual categories are tentative and undergo alteration during continuous comparative analysis.

**Stage 3: Concept Development**

Conceptual categories are compared and contrasted in order to generate new properties and account for variations. Higher level concepts subsume lesser conceptual categories in order to increase the denseness and the integration of the concepts. Conceptual categories are compared and contrasted to concepts from the literature to advance the emerging theory. Theoretical sampling of empirical data substantiates and develops emerging concepts. When no new
information related to the hypotheses can be elicited, the
categories are saturated and data collection ceases.

**Stage 4: Concept Integration**

Developed concepts are compared. The concept with the
greatest explanatory power is identified as the core
variable. The core variable is examined in relation to other
concepts. Examples from the data support the relationship
between the core variable and other concepts, and ongoing
data collection validates them.

**Stage 5: Production of the Research Monograph**

The research report presents substantive theory. The
relationship between the core variable and relevant concepts
is explicated. The core variable and relevant concepts are
interwoven with references from the literature. Examples
from the descriptive data support the analysis.

**Ethical Considerations**

The study consent form (Appendix B) pertained to
participant ethical concerns and was reviewed with each
participant at the beginning of the first interview. In
addition, the researcher provided participants with
information pertaining to the storage and ultimate
disposition of the data in the form of audio tapes, computer
software, and transcripts. Participants were reassured by
the researcher that all personally identifiable information
would be excluded from the transcripts and the final report.
It was not anticipated that the study would be harmful to the participants. It was anticipated that participants would benefit from describing their experience of combining work and motherhood to the researcher.

Approval of the research proposal was obtained from the UBC Behavioural Sciences Screening Committee for Research and Other Studies Involving Human Subjects, the Vancouver Health Department Research Project Committee, and a teacher with the Vancouver Childbirth Association before the study was initiated.

Chapter three develops a detailed description of constant comparative data analysis with examples from the researcher's data. In addition, an outline of the emergent conceptual framework is presented.
CHAPTER 3
APPLICATION OF GROUNDED THEORY

The Process of Analyzing the Data

Qualitative research is an important research strategy in nursing. Nursing is a practice profession with a rapidly developing theory base. Nursing research "requires new ways of generating information so it will be truly useful in enhancing clinical judgement" (Diers, 1979, p. 32).

Qualitative research enables nurse researchers to ask different kinds of questions and, using the appropriate methodology, to find answers required to improve the quality of nursing care. Grounded theory seeks explanations for evolving social phenomena. It is a qualitative research methodology that permits nurse researchers to extend nursing theory to new social realities.

Although there are increasing numbers of first-time mothers returning to work following the birth of their first child, little is known about this phenomenon. Lofland and Lofland (1984) suggest that "you must participate in the mind of another human being to acquire social knowledge" (p. 13). Grounded theory requires intensive interviewing of research participants to gather descriptive data. Through constant comparative analysis, substantive theory evolves from participants' descriptive data.
This chapter outlines a process for comparing, contrasting, abstracting, and conceptualizing participants' perceptions and conceptions of reality. Constant comparative analysis transforms descriptive data into substantive theory which is representative of the participants' views of their social reality.

Stage 1—Creating Analytic Units

As data were collected they were examined line by line and sorted into categories called conceptual codes. Conceptual codes symbolize events, processes, and actions. Glazer (1978) describes the essential relationship between data and theory as a conceptual code, and he states "conceptual codes transcend the empirical nature of the data while conceptually accounting for the processes within the data" (p. 55).

In this study there were 54 conceptual codes that varied in levels of abstraction. Each piece of datum often was placed in more than one conceptual code, since the codes were tentative and amenable to change. Some codes common to all of the participants included transition, loss, guilt, taking control, adequate child care, responsibility, expectations, choice, finances, work (need to work, like to work, have always worked), can't win, do what is right for you, loss of self, not enough hours in the day, prioritizing, planning, organizing, letting go, tired, ignoring husbands,
resenting husbands, negotiating for husband's help, no time to meet own needs, support systems, nothing out there, and hard.

In each of the interviews strong themes emerged. Each of the women stressed a different aspect of her experience although the women shared similar experiences. For example, one woman stressed the difficulties encountered with demands at work from an unsympathetic boss and a group of severely handicapped children. This woman experienced exhaustion and loss of control related in large measure to her difficulties at work as well as at home. These themes were also expressed by other women in their interviews, but were shaped by their varying circumstances.

Stage 2—Concept Formation

Following the creation of analytic units, constant comparative analysis was initiated. Early efforts at analysis permitted categories to be collapsed into higher level concepts. Higher level concepts prompted questions in subsequent interviews designed to broaden, deepen, and clarify participants' remarks. For example, hard, not enough hours in the day, no time to meet own needs, tired, and resenting husbands became exhaustion. This concept prompted the question: "How would you describe your specific concerns about returning to work?" Letting go, prioritizing, organizing, planning, negotiating, establishing new
expectations, and delegating responsibilities became getting it under control, and the question became: "What do you do to manage work, mothering, and being a wife?" Categories initially identified, such as social life and support systems, were dropped when subsequent questioning evoked indifferent participant responses.

Stage 3—Concept Development

Conceptual categories were compared and contrasted to generate new properties and account for variation in the data. In addition, as conceptual categories were being compared among themselves, they were being compared with concepts in the literature. The concepts became denser and more integrated as a result of this treatment. Three higher level concepts evolved from these comparisons. The higher level concepts included: doing what is right for me, feeling overwhelmed, and getting it under control. Rereading original interviews confirmed that the concepts were substantiated by the data. In addition, the concepts incorporated most of the analytic units from stage one of the process. Ongoing theoretical sampling developed the evolving concepts' characteristics until the concepts approached saturation. No new concepts were identified during this process. Concurrently, relevant literature was investigated to provide concepts for comparison and to advance the emerging theory.
Stage 4—Concept Integration

As a result of concept comparison, first-time working mothers' role redefinition was identified as the concept with the greatest explanatory power and emerged as the core variable. Maxwell and Maxwell (1980) designate the core variable as that which accounts for the most variation in the data (p. 236). The participants described themselves as trying to combine new roles with no previous role models to serve as a template for their new image of themselves. The participants validated role redefinition as the core variable. Role redefinition accounted for the greatest variation in the behavioural patterns of the women's experiences, and it enhanced the integration of most of the data collected.

Stage 5—Production of the Research Monograph

The research report is the final stage of constant comparative analysis and requires the explication of the relationship between the core variable and the developed concepts. Ongoing data analysis revealed three stages in the process of role redefinition. Each of the three stages evolved around a central concept which was inherent to the process of role redefinition (see figure 1). The stages of the process were sequential and were directed to a specific goal: the management of multiple roles. The process concluded at the final stage, however; a change in
circumstances resulted in the women reentering the process. Although core concepts were identifiable to some extent in all stages of the process, a specific aspect of the experience characterized by a major concept, dominated each stage of the process. This thesis is a written report describing the relationship between the core variable and the developed concepts.

The application of continuous comparative analysis to eight first-time mothers' experience of returning to work following the birth of their first infant yielded a theory of social processes termed working first-time mothers' role redefinition.
Figure 1

The Process of Role Redefinition—A Theoretical Framework

**Taking on Multiple Roles**

"What is Right for Me"

Factors in Decision-Making
1. Societal expectations
2. Expectations of work role
3. Husband's response
4. Adequate child care
5. Finances

**Experiencing Role Strain**

"Overwhelmed"

1. Meeting expectations
2. Carrying out responsibilities
3. Resultant feelings
   a) guilt
   b) loss
   c) exhaustion
   d) ambivalence
   e) resentment
   f) anger

**Reducing Role Strain**

"Getting It Under Control"

1. Letting go
   a) Myths
   b) Expectations
   c) Feelings
2. Setting Priorities
3. Organizing and Planning
4. Negotiating
5. Establishing New Expectations and Delegating Responsibilities
Chapter four describes eight first-time mothers' experience of returning to work after the birth of their first infant and relates the women's experience to comparable concepts found in the literature.
Chapter 4

A DESCRIPTIVE ANALYSIS

The Women's Experience of Returning to Work Following the Birth of their First Child

We have both changed. We are both redefining our roles and redefining our expectations about ourselves and each other.

Using grounded theory to explore what it is like to return to work following the birth of a first child resulted in the discovery of a core variable which explained the participants' common experience. Constant comparative analysis of the data revealed the study participants were involved in a process that changed their definition of their roles as mothers, wives, and workers. The process moved the women from one set of role expectations to a new set. Role redefinition, as the core variable, transcends the data and explains the variations in the data but remains grounded in the data (Maxwell & Maxwell, 1980). Role redefinition was initiated by the birth of the women's infants and the women's assumption of the maternal role. The first stage involved the women sorting through a variety of factors resulting in their decision to return to work; a decision that was "right for them." Once the women had returned to work and were involved in the multiple roles of wife,
mother, and worker, they realized their lives were "overwhelming." The women were suffering from role strain and described their attempts to "get it under control" or reduce their role strain. Not only were the women involved in the process of role redefinition for themselves; their husband's roles had to change as a consequence.

This chapter presents the process of role redefinition as experienced by the participants in the study. The stages of role redefinition identify the conditions under which the process occurred. Each stage of the process evolved around a central concept. The participants' descriptions substantiate the stages of the process. Relevant literature is used to challenge, confirm, or expand the concepts presented herein.

**Taking on Multiple Roles**

I think that collectively women have been told to do certain things at certain times, and you have to just say what is right for me, and what is right for my family and to hell with everyone else.

Taking on multiple roles evolved around the concept of doing what is right for me. The birth of their infants initiated a major change in the women's lives. The women described their assumption of the maternal role as a major transition in their lives largely because of the responsibility they had taken on.

I'm not saying it is not worth it because it is.
It is just that it changes your whole life. It's harder when you get older, like I am twenty-nine. I was on my own for a number of years, and I didn't get married until I was twenty-seven. It was a very, very, very hard adjustment for me to make. You've always got someone to answer to, you've got this little person who only depends on you. Sometimes, its I don't know how to explain the feeling, you wish it wasn't always so demanding.

Both Hobbs (1968) and Rossi (1968) view the assumption of the maternal role as a transition. These theorists indicate the assumption of the maternal role requires a change in roles and family relationships. In addition, women are poorly prepared for this demanding task and the expectations for the maternal role are high (Gecas, 1976; Hobbs, 1968; Rossi, 1968).

These theorists indicate that the transition to the maternal role is difficult. In addition, the women in the study had to decide whether or not to return to work which many of them did during their maternity leave. Pickens' (1982) study of primiparas' identity reformulation during decision-making to return to work yielded a number of stages in decision-making. The women planned in relation to combining career and motherhood roles, determined the costs and rewards of the maternal role, and considered priorities in relation to the right decision (Pickens, 1982).
Pickens' findings are congruent with the study findings since the women considered many factors while on their maternity leave before deciding that it was right for them to resume the role of worker.

Factors in Decision-making

The women's decision was made after considerable energy and time was devoted to introspection. The study women's introspective and methodical approach is referred to by Janis and Mann (1982) as "vigilance." Vigilance requires the decision maker to collect relevant information, objectively assimilate the information, and evaluate alternatives before making a choice (Janis & Mann, 1982).

The women unanimously identified five factors that influenced whether or not their decision to return to work was right for them: 1. societal expectations, 2. expectations in relation to the work role, 3. their perceptions of their husbands' responses to their work role, 4. their ability to make adequate child care arrangements, and 5. finances.

1. Societal Expectations. The women had received two messages as to societal expectations. The first was that "good" mothers stayed home, because it was wrong to leave your infant in the care of another and return to work. Brown (1984) quotes a number of fundamentalist "new right" print and media sources that espouse this viewpoint. The second was that women were inferior if they stayed at home all day
and looked after their children. Connover and Gray (1983) describe numerous sources of women's equal rights views such as journals, newsletters, labour unions, and media events.

Of course it doesn't matter that for years dad has gone off to work every morning, and it was just fine because he had mom there. But if you go off to work every morning and just come home and pat the kid on the head at night you are awful, you are terrible. This is the thing that dad has done for years, and it is totally accepted, but if mom does it it is sacrilege. On the other hand I have a sister-in-law, they have five little girls, and she gets pressure from her sisters for sitting at home.

Dally (1982) discusses the societal expectation that to leave your child and go to work is considered a form of sacrilege. Dally attributes societal expectations to the idealization of motherhood arising from societal economic and political motives. She also indicates that mothering as a skill is undervalued, and that women who are only mothers are disparaged by others in society (Dally, 1982).

The women, faced with conflicting messages from society, reached the conclusion that as far as society was concerned they could not win. Therefore, the women decided to ignore society's messages and do what seemed right for them and their families.

People sometimes say the cruelest things like "how
can you come back to work. How can you leave him, or how can you stay at home." I think that you have to find out what is right for you and know you can't win, you can't please everyone else. You have to really decide what you want, what you need, and what your baby needs, and that is not going to be the same for everybody.

Double bind theory suggests individuals can neither ignore paradoxical messages they are receiving nor react appropriately to them (Bateson, Jackson, Haley & Weakland, 1956). The women in this study could and did ignore the paradoxical messages they received from others regarding societal expectations. Therefore, the women were not experiencing a double bind in relation to societal expectations. Goode's (1960) theory applies to the study women's experience, since he believes the family's solutions and not society's general solutions for role decisions are meaningful to individuals and, therefore, are guides for individual action.

2. Expectations in relation to the Work Role. The women had worked from 4 to 14 years and had the expectation that they would continue to be workers.

I just have never been home. I just don't know what it is like not to work. Working after I got out of university, I have always worked. That is what I do with my life. I have a career. That is what you do
when you grow up, you have a job.
The women in this study did not want to restrict themselves to the traditional roles of full time wives and mothers. The literature suggests that currently there is a revival of women's interest in maintaining their traditional roles: remaining in the home, having children, and being supported by their husbands (Conover & Gray, 1983). Brown's (1984) study indicates many of the women opting for traditional roles believe that they have adopted a position that will save the family structure. The study women make no claims for the morality of their position. They are pursuing a different course because it is right for their situation.

I have no problem with mothers who want to stay at home, but don't give me this holy martyr routine.

The women did not want to be totally dependent on their husbands for support and, therefore, would work at least part time.

My money is important to me. Maybe it would be different if I had been eighteen when I got married, like my sister, and wasn't used to making my own money. I have no trouble with women who are dependent on their husbands for money. It is just that I have worked for years. I put off having my child until later in life, and I wouldn't feel right not having my own money, being dependent on my husband.
Part of the women's independence included contributing to the goals that they shared with their spouses.

It is a modest little house but we hardly had any down payment, so our mortgage payments are high and it would be impossible for my husband to do it on his own and I wouldn't want him to because that would be too much responsibility on him.

Smith and Reid's (1986) study findings suggest that traditional gender definitions of women as dependent individuals are inadequate, and that women, establishing role sharing relationships, have a new notion of sex equality which includes their choosing whether or not to depend on men for economic support. The study women are representative of role sharing women's expectations of sexual equality through economic independence.

Some of the women equated earning their own money with power in their relationship with their husbands.

My own money is really important to me. Just in terms of who controls the money, and the power involved in all that. Money is power even in relationships. It is very important to me that I deal with my own finances. Make my own decisions separate from my husband's.

Smith and Reid (1986) found role-sharing couples identified more egalitarian power relationships than couples where the wife was not working. Although only women were interviewed
in this study, they believed their power relationships were more egalitarian as a result of their work role. Scanzoni (1978) found the more resources wives possess, the more likely they are to bargain on the basis of self interest, and to be effective in getting what they want.

However, money was not the only reason for these women choosing to work. They expected that staying at home full time was not enough for them, that they needed an outlet, and that the work role provided that outlet.

I feel that I don't see everything she does. But on the other hand, I know that I would turn into a flying fruit loop if I was at home and had spent my whole day picking up blocks. I would just die. Ideally I think that even if I were to stay home on a more full-time basis, I would still have to do something one or two days a week, work or do something. Be with adults, because that is what I feel. If I didn't have some adults around me sometimes, that would drive me crazy.

Raphael-Leff's (1985) findings suggest independent role-sharing women experience erosion of identity, loss of competence, and social isolation when only involved in the domestic job of motherhood. Some of the comments from the women in this study support Bernard's (1974) argument that full time motherhood isolates women, and creates mental and physical stress. One woman eloquently describes her sense of
isolation on maternity leave: "lots of times I was sitting here with no one to talk to, I could have been in a cabin in the Nass Valley in the wilderness." Work also met needs for socialization and accomplishment.

I think that it is good to work. It provides you with an outlet. It gives you an excuse to be away. Plus it provides you with your own friends. Even if I only see these people at work, they are mine and mine alone.

Fiske (1980) suggests that deep and long-lasting dyadic relationships develop in the work arena, and this suggestion is congruent with the women's perceptions.

In addition to work providing an outlet, the women expected that their work role would provide the rationale for a lower standard for household tasks. Otherwise, if they stayed at home, the women believed that others' expectations for household tasks would be extreme and unattainable.

If I am tired I have a reason to be tired. It was not just because I was playing all day. I have justification for everything I do. The house is a mess because I worked, the baby is cranky because I was at work, and he didn't see me all day. We are having macaroni and cheese because I was at work.

Most of the women enjoyed their work and expected their enjoyment of their work would continue; "I like to work. I hope that I will always be able to work."
3. The Women's Perceptions of their Husband's Responses to their Work Role. The women's expectations of themselves as workers were linked to their perceptions of their husband's responses to their work role. Even though the women had their own reasons for working, their final decisions were influenced by their husbands' feelings about their return to work. Moore, Spain, and Bianchi (1984) reported that marital quality was affected if spouses disagreed about whether the wife should work.

I think that in our generation, women plan to work now more than they ever did before. Men expect their wives to work more than they ever did before and you are still going to want kids.

The women expected their resumption of the role of worker to be consistent with expectations that their husbands had of them as mothers and wives. Otherwise, the women believed their husbands would not be supportive of their return to work and would make them feel guilty. Indeed, some of the women had an expectation that their husbands would respond negatively if they did not make a financial contribution to their mortgages.

With my husband and I, it was financial. He always said to me "look if it gets to be too much or you feel like you can't stand it, we can always sell the house, or do something, you don't have to do it."

That was understood after I went back to work and
was finding it really hard. Before that and before we had the baby, his attitude was always that if two people are going to have a home, they are going to have to work and so we never discussed it, it was always just that I would go back to work.

Hood's (1980) study confirms the women's concern with their husband's expectations, since Hood found that a wife's motivation to return to work is only one component of her decision to return to work, and that if a husband is not in favour of his wife working, she will either not return to work or not stay at work unless there is economic need.

One woman had difficulties when her husband expressed no opinion on her decision to return to work. Due to her husband's lack of response, this woman deferred to her mother-in-law's opinion. The women's desire for support from some significant other person in decision-making is affirmed by Saulnier's (1984) contention, taken from her longitudinal study, that perceived attitudes of individuals in social networks toward maternal employment are important to first time mothers, and shape their expectations and actions, in relation to assuming the work role.

4. Their Ability to Make Adequate Child Care Arrangements. Adequate day care arrangements were a major influencing factor in the women's decisions to return to work, since their decisions to return to work were contingent on the adequacy of their child care arrangements.
Most of the women perceived adequate child care as having a caretaker in their homes to care for their infants, since they felt their infants needed a familiar environment.

The whole issue for me was I will go back to work but I want the best for him. Like he has got to be taken care of really well. So I really did my homework and got what I think is the best person to come in and look after him here. He is too little to be taken out. So I worked a few weeks at getting that right and only then would I do it or I would have resigned otherwise. I don't care about the money. You can't go and work and have a sense of oh my god what is happening at home.

The women had the financial security to consider their expectation of adequate child care in decision-making, since the combined incomes of the households ranged from $30,000 to $60,000 per year. Choice is a luxury not enjoyed by many lower income families. Lillydahl (1981) states about two-thirds of employed women work out of necessity, since they are unpartnered or their partners earn less than $7000 per year. Nevertheless, Maynard (1985) indicates working women in general worry about obtaining adequate child care. The study women defined adequate child care rigorously, since they expected adequate child care to consist of one to one care with a caretaker whom they could trust, and one who shared their philosophy on child rearing.
I never put my daughter into a routine because I don't like that sort of structured environment. I think that when children get older they are put into that sort of a structured environment soon enough going to school and things like that. My sitter likes it that way too. I mean we've talked about it and she is very much that way, unstructured.

The study women's expectations of child care were very high, and most of them believed that they had high quality child care organized for their infants. Schiller's (1980) study findings are congruent with the women's views that for very young children sitters in the child's home or family day care centres with minimal caregiver turnover are the best care environments. In addition, Schiller (1981) found that parents are able to choose appropriate caregivers for their children when the option of private arrangements is available. The literature is replete in the area of available child care, and Maynard's (1985) book, although not a study, describes a lack of available quality child care in the face of high Canadian consumer demand.

The women were fully cognizant of the amount of time and energy required to find adequate child care. They approached this task in the same way they approached the whole decision-making process. The women were careful, methodical, and thorough.

I contacted all the nanny agencies, and I got their
packages. I contacted public health. I really did a thorough research job. I got a lot of phone calls to my ads. More phone calls in response to the local papers as opposed to the larger papers...Then I interviewed a number of people, I and my husband both. During the first time I interviewed I asked for references...

One of the women was able to pay her mother to care for her infant. This woman escaped the difficult search for adequate child care and expected that her infant would receive the best possible care in her absence. She recognized the benefits she enjoyed in this situation.

I am absolutely not concerned about my daughter's care during the day. I don't have to worry if she has a sniffle, or that the babysitter is going to be sick, or that the other kids that are there are going to be sick, because not one of those things affects my life. So I am absolutely a lot luckier than a lot of people who go back to work, because they are concerned about the care of their children.

The rest of the women shared this woman's recognition of the benefits of having family available to care for an infant and expressed the wish that this option had been available to them. Provence (1982) indicates that extended families have had historical significance in infant care and
that the extended family's role has diminished due to their
distance or their participation in the work force.

5. Finances. Financial expectations were the final
factor operating in the decision-making process. Half of the
women indicated, while finances did not play a major role in
their decision-making, they expected their lifestyles would
have changed had they decided not to return to work.

There are women that feel that they are really
forced. That they don't have a decision. Well that
didn't happen to us. But of course the lifestyle, my
lifestyle, would have been affected. I was out with
some of my friends last week and one of my friends
hasn't been working for about five years, and she
misses it, and the reason she misses it is that she
doesn't have the money to buy the clothes that she
used to.

Although the other half indicated that finances were
their major reason for returning to work, it was clear that
money was required for specific financial goals they
considered desirable.

We could probably afford for me not to work, but I
mean we would have to live in an apartment forever.
Yes, I mean I am absolutely not prepared to do that
and if I have to work....I mean.....I am making a
choice. I am making a choice that we want to buy a
house, and we are going on a trip at Christmas, and
these are the things that I am prepared to work for. Pifer (1979) includes the effects of inflation and changing notions of what constitutes a reasonable standard of living in his discussion of financial considerations contributing to the decision to resume the work role. Tizard, Moss, and Perry (1976) indicate that non-essential financial needs heavily outnumber the essential ones as reasons to return to work for the majority of women. One of the women in this study maintained that her decision was made on purely financial grounds: "I have to work...I don't know why anyone would go to work full time by choice, because I certainly wouldn't." This woman related her financial necessity to a bad investment in a second home that required high mortgage payments.

On the basis of a variety of expectations, the women decided that resuming the role of full time paid worker was right for them. These women were interviewed about their decision-making retrospectively. The women's comments suggest that on an intuitive level the decision-making process was initiated for some of them early in their pregnancy. In discussion, however, many of the women indicated that their search for adequate child care and their acknowledgement of their decision was left until their maternity leave. An examination of the decision-making process while in progress would provide better insight into
the part played by the factors the women identified as affecting their decision-making.

On resuming the role of worker, the women had assumed all of their roles and were wives, mothers, and workers. In the next stage of the process, the women experienced role strain which they described as feeling totally overwhelmed.

**Experiencing Role Strain**

I have less time, and more things to do, I am suddenly...I have all of it. Yes, I have this wonderful career and this wonderful baby, but I also have role strain. You do get dragged down in the beginning. I was overwhelmed. It was all the things...I remember one day my daughter was crying in her high chair, and I had a load of laundry going. I was making dinner and had the vacuum cleaner out... My husband was sitting down balancing the checkbook, and he said to me: "Why are you doing five things at once?" and I just went bananas. Experiencing role strain evolved around the concept feeling overwhelmed, which the women found was a new experience for them.

**Meeting Expectations and Carrying Out Responsibilities**

Initially on their return to work, some of the women felt they were doing their best in all of their roles. One
woman describes meeting all of her role expectations more effectively than she did on maternity leave.

When I first went back to work, it was very good. The first month back to work I felt really good. I was a better mom at home, I was a better wife and I was real good at work. Now I have been back for four and a half or five months and I am tired all the time.

Sleightholm (1985) supports this study finding of an initial "rosey" stage where individuals assuming new roles encounter many role expectations and attempt to meet them all. In addition, one of the women indicated she had shown herself that she could do it all.

I am a bit better than the average woman that I can work full time and have a baby.

However, other women found their experience with multiple roles overwhelming from the very beginning. It was basically miserable. My first month was just going through the motions and hating every minute of it. Well that is not true. Not being very happy in my work or my home life which is rough.

The women maintained their previous sets of role expectations; consequently, these expectations dictated the situation for them. The women were overwhelmed and experienced role strain, since they did not have enough
energy and resources to meet the demands placed on them. Johnson and Johnson (1980) conclude women experience high normative expectations to continue performing domestic functions in addition to their work roles. This conclusion is congruent with the women's description of role strain. All of the study women but one had a similar experience.

One woman had a different set of maternal role expectations from the outset and, as a result, was not totally overwhelmed. She did not maintain total responsibility for child care and expected her husband would accept the majority of her daughter's care. Her expectations of her role as a wife and a worker did not differ from the other women. However, maintaining those expectations did not pose the same level of difficulty for her as for the other women. This woman's process of role redefinition started with expectations that were more realistic than those of the other study women.

I am happy about it. I can't say I have any complaints. Basically what we were talking about previously, about my husband and do I have to get him to do things. It is not with our daughter. It has not got anything to do with her. Basically it is just me around the house. She is fine. My husband is good with her. As I said any problem is just about the housework, which is like I said I will do it all, and then I will get mad at him for not doing anything.
That has nothing to do with our daughter.
The rest of the women recognized feeling overwhelmed resulted from their unrealistic expectations.
You can't do everything, and I end up doing everything half-assed so what is the point. I feel like I am trying to juggle it all. I am trying to be a wife, and I am trying to be a teacher and I am trying to be a mother and I don't feel like I am doing a good job at any of them.

Burr (1972) suggests the amount of activity that is normatively prescribed in a person's life, positively influences their role strain (p. 412). Scarato and Sigall (1979) characterize women's attempts to manage competing expectations as being "superwomen", i.e. trying to do it all and do it all perfectly.

The Women's Resultant Feelings

With the recognition of the women that they were overwhelmed and, therefore, unable to meet all the expectations and carry all the responsibilities came feelings of (a) guilt, (b) loss, (c) exhaustion, (d) ambivalence, (e) resentment, and (f) anger. Several theorists describe what the women said of their negative feelings, such as guilt, anxiety, and ambivalence, associated with role strain, and relate those feelings to sex role stereotypes and women's expectations of themselves for nurturant behaviours (Shaevitz, 1984; Rapoport and
Rapoport, 1971). Loss, exhaustion, resentment, and anger are not well represented in the literature. Those feelings, however, were central to the study women's experience of role strain.

**Guilt.** The primary area of guilt for the women was in relation to their roles as mothers. The women had difficulties leaving their infants, because most of them had the expectation that they alone were totally responsible for their infants.

For the first few weeks, maybe even months, I certainly had the feeling that this baby was mine and I had to care for him. Nobody could do as good a job. It was tied into feeding and just learning and being a mom. Those new feelings, a tremendous responsibility, and dad sure came close but no...

Chodorow (1978) suggests a mother must make total environmental provision for her infant and that her care involves more than meeting physical needs and satisfying drives, since it includes fostering the infant's ability to deal with anxiety. LeMasters (1977) compares maternal responsibility with paternal responsibility at about 70-30 or 80-20. The women were reflecting on their social reality when they identified their overwhelming sense of responsibility.

The working mother, everything is stressed toward mothers, it is only lately that there has been
anything that the fathers have a responsibility too. I think that a lot of women when they read these things, you think I should be this super mom, my kids have to turn out right. I think that it places a lot of stigma, causes a lot of pressure.

Bernard (1974), Dally (1982), and LeMasters (1977) indicate mothers have assumed almost total responsibility for parenting their children and experience feelings of guilt when they do not fulfill that responsibility.

The women's guilt resulted in them spending almost all of their time away from work with their children. I think I have also become very clingy to my daughter. There are times when she is just exhausted, she is falling asleep in my arms, and I won't put her down because I feel that I haven't been with her enough.

The women's guilt was fostered by others: friends, coworkers, and family. The women felt guilty about leaving their child in another's care, because other members of society supported the women's expectations that mothering meant twenty-four hours a day responsibility. Bernard (1974) suggests society's impossibly high demands of mothers breed guilt, and thereby, supports the study women's perceptions. Johnson and Johnson (1980) suggest working mothers appear more afflicted by self-imposed guilt than by objective evidence from empirical research (p. 153). The study women
recognized some subjective self-imposed guilt as well as guilt imposed by other societal members.

Three of the women had not accepted the expectation that they were responsible for their infants' twenty-four hours a day. These women recognized from the outset that they could share their responsibility for their infants with their husbands and their caretakers, and the women felt neither the same levels of guilt as the other women nor the compulsion to spend all of their time at home with their children.

I don't feel guilty. When I get home I want to pick her up and hug her and play with her but I don't do it all night. I put her down. My husband loves to play with her. He would play with her all the time. I go and fix dinner, and then I will go and see what she is doing. I don't feel like I have to spend every minute of my time when I am home from work with her.

Bardwick's (1979) work supports these study women by focusing on the needs of the mother and the young child to develop relationships beyond the exclusive bond to each other in order to maintain their health.

The women also experienced guilt in relation to their roles as wives. Some women felt they were neglecting their husbands as a result of the amount of time spent with their infants.
It is very hard on marriages... because I always have something to do...I say to my husband, I never have a minute I can call my own when I come home because I have to pick up my daughter and play with her ...

Hoffman's (1963) study findings suggested that working women's guilt creates a need for them to overcompensate in the time spent in the care of younger children and, thereby, neglect other activities.

The women who did not spend all of their time at home with their children did not feel they were neglecting their husbands.

So far there have been no problems so I have nothing to deal with. My husband is happy. Our relationship is good. My daughter has not caused us any problems. I don't feel like I am spending every second standing by the crib and taking care of her and my husband is lacking, because it is just not like that.

Nye (1974) proposes that full-time employment does not contribute to marital tensions and a reduction in marital happiness. In addition, he suggests a positive effect on marital happiness for women who enjoy their work and whose husbands have a positive attitude toward their work (Nye, 1974).
The women recognized that their guilt was neither a healthy nor desirable way of experiencing their return to work, and that they would be better off without it.

You can't hold on to the guilt, you have to move on and let it go.

Loss. "For me there was a sense of loss. Not so much a mourning type of loss...because there is a physical separation and probably for the first time because I don't think I was separated from him for twelve hours before."

Initially, the women experienced a loss of their primary relationship with their infant. Mercer (1977) relates loss to aspects of the assumption of the maternal role. The study women experienced a variation of this, since they had assumed the traditional maternal role, and, as a result of the resumption of the work role, they were faced with competing expectations and, therefore, the loss of total intimacy with their infants.

The women's loss was associated with their expectation, that without exclusive intimate contact with their infants, their infants would not remember them.

In a way I felt some loss. I was saying she is not going to remember who her mom is after she has been with a sitter all day.

Hoffman (1983) links the diminution of women's emotional ties with their children to a sense of loss for mothers.
involved in shared parenting. Hoffman (1983) hypothesizes about the loss of maternal-child intimacy that occurs when women share childrearing activities with their husbands. The women in the study did not experience loss in sharing childrearing activities with their husbands but did experience loss when sharing childrearing with their sitters.

The feelings of loss were most pronounced for the women who had the expectation that no one could meet their child's needs the way they could; however, some of the women did not share that expectation. Consequently, these women expected a good caretaker could meet their infants' needs as effectively as themselves and experienced less pronounced feelings of loss.

If you want to be at work someone else is going to take care of your child. They are not going to do things exactly the way that you would, but as long as they are nice, and they are loving, and you know that they are doing a good job, then the minor little things that come up, you will work those things out as they come along.

Skard (1968) believes young infants are particularly well suited to short periods of maternal absence due to their acceptance of mothering from any constant adequate caretaker. Belsky and Steinberg (1978) indicate available day care research suggests little is known about the
consequences of various kinds of day care on child outcomes. In addition, Anderson (1980) stresses the importance of the quality and stability of alternative care giving arrangements. These theorists do not support the position that no one but a mother can meet an infants' needs; however, the research findings also raise questions about the adequacy of alternate caregiver relationships.

Exhaustion. "There are not enough hours in the day. Somebody really screwed up as far as time and things like that, whoever made this world. Life is too short and working five days a week there is never enough time. Everybody is striving for more, and everyone is putting so much stress on themselves. It is like you are never satisfied, and you just drive yourself into the ground."

The women described exhaustion as the feeling there were not enough hours in the day and always feeling tired. The women did not have enough energy to meet all of the expectations and responsibilities their roles entailed and; consequently, they were exhausted by their responsibilities for child care, housework, shopping, and cooking. Model (1978) found women's labour force activity creates substantial overload with strain connected to domestic work. In addition, women perform five times as much domestic work as their husbands and must reduce working hours, commuting distance, and overtime demands (Model, 1978).
Feelings of exhaustion were linked to responsibilities at work. These women recognized their work roles demanded a great deal of their mental and physical energy.

I went back to class, and I knew that I couldn't stay in that class. I was already burned out. I had a class of severely handicapped children between eight and twelve. The choice had been mine to take the class, but there was nothing else at that point. I knew that I couldn't do it. Physically it was exhausting. I have worked with kids like that for years and I was fine, but this year I knew in my guts and my heart that if I stayed there I was going to have a breakdown.

Kantrowitz et al (1986), in a recent article in Newsweek, cite exhaustion as one of the major difficulties of working women. Goode's (1960) concept of role strain suggests a finite amount of time, energy, and resources are available to individuals attempting to meet role obligations. Marks (1977), on the other hand, proposes that human energies are infinitely expandable given a high level of role commitment.

Two of the women had never taken on all of the familial responsibilities before they returned to work. These women had differing expectations of their responsibilities as wives and mothers. They never described themselves as exhausted.

I certainly wasn't prepared to do it all by myself
and I didn't have that feeling ever. So it wasn't really just my responsibility. My husband was involved in all that stuff, the laundry, the cooking, everything. So I felt like it wasn't really a big issue for me. Sometimes it drives me nuts I admit, you feel God, but it really wasn't a big issue for me. Hood (1983) found that generally husbands take on added responsibility in the home; however, there is no norm that household responsibilities be equally shared. Hood (1983) relates these findings to a double standard which includes both partner's expectations of higher contributions by wives to housework. While experiencing role strain, even those women whose husbands had taken on added responsibility were not sharing housework equally with their husbands.

Most of the women described not meeting their own needs, because they had no energy or time left to do so. Everyone else and everything else came first.

The thing that I miss most about going to work is time for yourself. Because you never get a spare moment. I love to read and I don't read anymore, except on the bus going to work or coming back from work. You never have a minute that you can call your own.

...my mother had five, and we always came first, and I watched her deny her own feelings and her
own needs. So of course I did it too.

Bardwick (1979) analyzes women's past socialization as dependent, reactive, selfless, and stereotypic of the helpmate. This theorist supports the women's perceptions of their needs as being totally subjugated due to the demands of others. Rapoport and Rapoport (1971) found working mothers had a lack of available time for themselves, and that lack contributed to exhaustion. The women in the study recognized that they were starting to resent their husbands and their children as a result of ignoring their own needs. Bardwick (1979) analyzed the requirements of women for self-respect and identified a healthy level of egocentricity as a basic requirement. Bardwick concurs that women need to recognize that their needs are important.

In comparing themselves with their husbands, most of the women felt they were doing double the work their husbands were doing, although the women felt their husbands were helpful compared with other men they knew.

I have a husband who really, as men go, is good in the sense that he will do a lot of things. But still I work thirty-seven hours a week at work and thirty hours a week at home, so close to seventy hours a week. My husband works thirty-five hours a week at work and maybe ten hours a week at home. So I am working close to double what he is.
Pifer (1979) describes immense physical and emotional burdens placed on women combining their home and work responsibilities. He refers to sixty-six hour weeks with little time for simple relaxation (Pifer, 1979, p.20).

The women felt the reasons that this inequity existed were their husband's differing expectations and responsibilities resulting from their differing socialization. In addition, the women believed their husbands had changed neither their behaviours nor their expectations when the women had returned to work. The women described themselves as having radar and their husbands as lacking radar.

The terrible thing is that there is not a woman I know that doesn't have exactly the same problem. Women have radar that is on all the time. They are always thinking of is there enough bread; should I buy milk; should that floor be washed; did I mend that; have I set that out for supper; did I get the reservations for that; did I buy the part for the thing that is broken. Men don't have radar. They never developed it. Their mother didn't let them develop it because she did all those things and they go into adult life having clerical people that do all those things or wives.

Pifer (1979) relates husbands' maintenance of prior behaviours to persisting traditional ideas about sex roles.
and women's responsibilities. Carter (1981) summarized research literature on men's socialization and identified strong parental sanctions applied to boys who participated in "feminine" activities. These theorists confirm persisting differences in men's responsibilities and socialization.

The study women had the underlying expectation that household maintenance was their responsibility. The women had to acknowledge that expectation.

You are responsible for everything at the beginning, all of the housework, everything.

Rapoport and Rapoport (1980) linked the alteration of a sense of responsibility to sex role change and thereby support the association between women's sense of responsibility and exhaustion from "women's work."

Ambivalence. The women had feelings of ambivalence as a result of their role strain. The women related their ambivalence to being overwhelmed, contrasting with their desire to be financial contributors, and to have an outlet through work.

It kind of flip flops... you go to work the first day, and you can say the baby was crying and my husband was mad, and it was great to get out of there. By the fourth day you are knowing that you are coming off, and you have to do this, and you have to do that. You really wish that you didn't have to work because you are tired and the baby is going to be grumpy.
You feel almost like you are having bad hormone swings all of the time.

Feeling that I should be with him when I wasn't and when I was that I should be out making the bucks. Rapoport and Rapoport (1971) characterize ambivalence resulting from past experiences with socialization and sex-role stereotyping as part of the role strain experienced by working women. The women did not identify sex-role stereotyping as contributory to their ambivalence, but they did identify their socialization as a factor.

To a certain degree women have demanded all they have done instead of lightening the other expectations, to put more on top of themselves, and I don't think that it is until our children are older that things will change a little bit. It is a real difficult situation that people have put themselves into. Hopefully social standards will change, but I don't think that it will be a fast change, and I don't think that it is going to be an easy one.

The women, who felt their decision to resume their work role was unrestricted, had less ambivalence about returning to work than the women who felt their finances restricted their decision-making process.

This is your situation. You are working. Deal with
your anxieties, accept it, and get on with your life.
The women who returned to work seeking accomplishment, independence, and companionship were more satisfied and, therefore, less ambivalent than the women who identified primarily financial considerations as their motivation for returning to work. Meissner (1977) links ambivalence about work to women's anticipation of social worth and work satisfaction and, in contrast, their experience of a life of wage and labour. Burr (1972) proposes the degree that roles facilitate goal attainment positively influences the ease of transition into those roles.

The women expected to maintain control over their lives, and when they were unable to meet their expectation, felt ambivalent about themselves.

I felt like I needed to go through this by myself and come out sort of stronger and feeling like I can do both. I can work and be a mom because you are taking on more roles. I found it really painful at times.

Arakelian describes Rotter's (1975) theory of locus of control, wherein, individuals believe what happens to them is primarily due to their actions or attributes (1980, p.26). The women in the study attributed their situations to their abilities and had difficulties when they were unable
to get their situations under control. These women appeared to have an internal locus of control.

Resentment. The women found themselves resenting their husbands because their husbands were less aware of what needed to be done, (no radar), and; consequently, they took on less responsibility than their wives.

I spend more time doing things. I feel some days like I have two jobs, and sometimes you feel resentment because he goes out to the garage and does his own thing, and I feel like why can't I just walk out and go to my room and do my own thing and not have anyone bother me. Men don't seem to understand. I don't know why.

Schlossberg (1980) hypothesizes, that role changes with gains and losses place couples in transition, and that situations where the women retain major responsibilities, engender the women's resentment of their husbands. In resuming the working role, the women were experiencing a role change with gains and losses. This hypothesis supports the study findings in relation to the women's feelings of resentment. The women's feelings of resentment and anger were very closely linked.

Anger. "I do make an attempt at being a very good mom and we do eat well on the days that I am off, but I find that there isn't much time for me and it gets really aggravating."
The women in the study were feeling guilt, loss, exhaustion, and ambivalence and these feelings made the women angry. In addition, demands on their time resulted in their inability to meet their own needs and left the women angry. However, the study women were aware anger from women in general is not well accepted. Sex-role stereotypes do not include anger or aggression in a checklist of female characteristics (Bardwick, 1979). A lack of recognition of anger from women is reflected in the literature. Despite the lack of acceptance of anger from women, the women believed their recognition of their anger was a step forward and a requirement for their health.

I guess what I really needed from the group that I joined was to be told that I was O.K. to feel that way. That it was O.K. to feel very angry that my whole life was upside down, and I had to make all these decisions, and I really wanted to know that that anger, loss, a sense of despair, just really overwhelmed was normal.

Some of the women felt angry because of their perception of their lack of choice to return to work due to financial need. These same women indicated, however, that they had made a choice about the way they wanted to live their lives, i.e. as financially independent individuals.

I am not saying for my girlfriend that is at home full time, and her husband is supporting her, and
she is raising a kid, and that is very valuable, and you can't take that away from her... I am just saying that for me that would not be o.k., I don't feel comfortable with that.

However, these same women were angry, although they had made a choice to be financially independent, because they felt they had no choice but to return to work. Those women's financial situations appeared to overwhelm their perceptions of their decisions to return to work.

I had those feelings. That I had to do this and that just made me angry. Feeling like I was boxed in and didn't have any choices.

Whether all of the women actually had a choice is not the issue. The issue is some of them felt they did not have a choice. Schlossberg (1980) suggests individuals adapt more easily to transitions when the source of the change is internal rather than external. The study women, who did not perceive the source of change as internal, experienced more anger than the other women and that anger retarded their movement through the process of role redefinition.

The women recognized their need to deal with their feelings of anger.

That is really what happens when you let it slide and it builds up, and it comes flying out one day and gets overblown.
The women's experience of role strain was characterized by feelings of guilt, loss, exhaustion, ambivalence, resentment, and anger. The women recognized that they had to deal with their feelings to stop being overwhelmed. To stop being overwhelmed, they had to take control of the situation, and move on in the process. The women believed only their efforts and attributes would enable them to solve their difficulties. They felt the need to examine and to change their expectations so that they could deal with their feelings, and the need to examine and change their responsibilities. The women's efforts were, therefore, directed at getting their lives under control again.

**Reducing Role Strain**

The women had exerted control over their lives by making methodical, informed decisions to return to work. The women recognized, to reduce their role strain, they had to get their lives under control once again.

I guess that you just have to find a happy medium in your life and try to be realistic about it. How you do that I am not sure. I guess I feel that it is my problem, and so it is my responsibility to get it under control.

The women identified a number of sequential steps that were necessary to gain control of their lives. The women were 1. letting go of the myths, expectations, and feelings
that were counterproductive in their situation. The women identified myths and expectations in relation to (a) guilt, (b) loss, (c) exhaustion, (d) ambivalence, (e) resentment, and (f) anger.

I don't think anyone out there makes me think that I have to do it all. If anything, I think that it is me that puts those pressures or expectations on myself. I think o.k. you have to do things differently, or you have to change things. I haven't been a wife or a mother for that long so now is the time to change things, because you can't keep up such a frenzied pace for very long.

The next steps the women identified were: 2. setting priorities, 3. organizing and planning, 4. negotiating, and 5. establishing new expectations and delegating responsibilities. The women had to move through these steps sequentially: they had to establish what was important before they could organize and plan; they had to negotiate with their husbands for delegated responsibilities. Before they could establish new expectations; and they had to establish new expectations for themselves and husbands, mothers, and babysitters before they could delegate responsibilities to others.

I had to say what are the options here? Then I had to set priorities...what is really important here... I had to get more organized and I had to do
more planning and then I seemed to have more time, because I plan it. You have to discuss, so we discussed who is going to do what... I had decided to take control of my life.

1. Letting go of the myths, expectations, and feelings

The study women started to get their lives under control by letting go of their counterproductive myths, expectations, and feelings relating to being overwhelmed. Rapoport and Rapoport (1980), in reexamining their research, linked a sense of responsibility to sex role change. These theorists suggested not only behaviours require alteration but also maps of responsibility in people's heads. The maps are not merely cognitive but are complicated by layers of feeling. The women were preparing themselves to change the maps of responsibility in their heads. They had to relinquish their old expectations and the myths underlying those expectations before they could establish new expectations. Gould (1980) suggests mythic ideas are major obstacles to transformations (growth and change).

I think that women are really hard on themselves, and that this generation has really been screwed and have screwed ourselves up. There is one part of us that wants to be Suzy Homemaker and do all these things for our man. We want to go to exercise class. We want to stay in shape. We want to have our careers. We worked hard for them. The other side of
us, we want to have our babies. We want to have the house all nice. We are idiots. We want to do everything.

(a) Guilt. The women in this study had acknowledged their expectations that a mother, and no one else was responsible for her child. Now, in order to feel less guilty, the women had to let go of those expectations.

There was a certain amount of guilt involved in me going back to work because I felt, well my role is here. You can't hold on to the guilt. You have to let go of it and move on in order to be a productive person.

Bernard (1974) acknowledges women's need to give up their guilt feelings. Bernard (1974), a well known theorist, differentiated between professional career women and working women in relation to their guilt. She suggests working women have an easier time integrating their roles, since meeting children's needs through financial support is considered an extension of the maternal role, which makes working easier (Bernard, 1974). This concept is probably outdated, since many women are choosing to work to meet their needs for independence rather than to meet their infant's needs for financial support. This study does not support that hypothesis, since the women who felt they had a lack of choice due to finances had more difficulty with guilt feelings not less as suggested.
Feelings of guilt resulted in the women spending all of their free time with their infants, and, as a result, they experienced guilt about their lack of available time for their husbands. Once the women could free themselves of their maternal feelings of guilt, they were able to change their behaviour toward their children, to stop being compulsive about spending time with their children, to spend more time with their husbands, and to stop feeling guilty in relation to their role as a wife.

I don't feel like I am purposefully hoarding time with him now, because I generally feel that he gets enough of me, and that there is lots of me around.

We are going out tonight and the babysitter is coming at six.

(b) Loss. The women had to work through the loss they were experiencing by letting go of their expectations that no one could meet their infants' needs the way that they could. The women recognized the myth related to their expectations; infants suffer if their mothers are absent.

There is a myth out there, that no one can take care of your baby the way that you can, and your baby will suffer if you are not there.

Bowlby (1966) suggests even partial maternal deprivation can result in infants experiencing acute anxiety, excessive needs for love, and feelings of revenge, guilt, and
depression. This theorist supports the women's acceptance of the myth that without a mother's care her baby will suffer.

The study women had to reject the myth to surrender their expectations.

I had to leave, and I had to miss him. I had to go through all of the tears and really missing him at work and phoning the babysitter a lot. I had to go through letting go of my son a little bit and trusting that someone else could take care of him and meet his needs. I had to let go of the myth that gets foisted on us. How can you leave your baby because only a mother can take care of her baby.

Rutter (1981) indicates maternal separation cannot be equated with maternal-infant bond disruption, and the sequelae of bond disruption. In addition, Rutter (1981) refutes Bowlby's claim that the maternal-child bond is unique and, therefore, the strongest bond the infant will form. Rutter (1981) agrees we should reject the myth that a mother's care is unique.

The women's expectations, that their infants would not remember them after being with a sitter all day, contributed to their loss. Their expectations were based on the myth that infants are indiscriminate due to their lack of neurological maturity. They realized that this was untrue and were able to change their expectations.

My mom's generation thought that babies were just
little blobs, and one of the most amazing things for me is how this nine month old baby is so smart and I never had any thought of that.

The women watched their infants for cues and realized that their infants did know them.

No and she knows my husband and I as her mother and father as opposed to her sitter who is just her sitter. My daughter hasn't any problem with that at all. She knows exactly who we are and is glad to see us when we come home and enjoys the time that she spends with us.

The study women's perceptions of their infants as responsive, discriminating individuals as early as one month of age fits with Brazelton's (1985) work.

As a result of letting go of the myths and their expectations, the women were able to work through their loss.

The more I left him on a regular kind of basis, the easier it got. It was o.k., he was happy when I phoned. He was eating well, he was clean and dry and presented well when I came home. The more trust you put in your sitter and the more information that she gives you, it is a process. I said finally, o.k. this lady is a good care giver for my kid. Yes, it was really painful, the whole issue of leaving him. I know that it is good, and everything will be great as long
as I just do it.

(c) Exhaustion. The women had to reduce the exhaustion they were experiencing. Three expectations contributed to the women's exhaustion: 1) They were responsible for all of the household tasks, 2) Their needs were last after those of all the other members of the family, and 3) They had to be totally involved in their work.

The women recognized the myth underlying their expectations of taking responsibility for all of the household tasks, i.e. men's primary roles are as breadwinners.

My dad had to have his dinner at five fifteen every day regardless if the moon fell out of the sky. Even when she went to work full time, when I was eleven, the responsibility was passed on to us. The rooms had to be cleaned, and the dinner had to be ready when my dad got home and if it wasn't we all got it. I can remember thinking that those things were so unfair and yet I would expect the same thing for myself.

Pleck (1981) indicates a husband's job makes direct and indirect demands on their wives and, as a result, it is difficult to distinguish whether a wife is more dominated by her husband or his job. The women's acceptance of the myth that their husbands' had primary roles as breadwinners, are confirmed by this theorist.
The women had to discard the myth to relinquish their expectations.

The poor men have always worked in the salt mines and have come home at night and said no noise, dinner, a clean house, and what have you been doing all day, this place is a mess. That is the kind of crappola that women—do—constantly see in their lives and hear in their lives.

Once the women had discarded the myth, they were able to let go of their expectations of responsibility for all of the household tasks. Part of surrendering their responsibility, was refusing to excuse their husbands' lack of socialization for doing "women's work."

Yes, I got that way too and I felt like why the hell am I the only one who ever sees this or who ever does it. But I had to specifically tell my husband to do it. Bell (1981) suggests the movement of women into the work force will make it possible for men to define themselves in less job oriented and instrumental ways and to increase their range of nurturant behaviours (p. 321). Giele (1980) believes crossover in sex roles increases the domain of shared consciousness between men and women. The women in the study felt they positively influenced this shared consciousness.

Chafe (1972) relates the women's lack of pursuit of careers to the maintenance of an expectation that women's
primary roles are in the home. Chafe adds, that if women are to sustain a commitment to a career, demand full equality in the home, and ensure that their children do not inherit invidious sexual stereotypes, they must be guided by a high degree of ideological energy and awareness (1972, p. 252). The study women were struggling to fulfill themselves through careers in society. In addition as a result of their multiple roles, the women were attempting to redefine their sex roles within their nuclear families. However, the women would not characterize themselves as having a high degree of ideological energy and awareness.

It is hard when you want to broaden your interests and get involved because there are some real feminist radicals out there, that just want to alienate themselves from men and everything, and that only makes the gap deeper because they give it a bad name in a sense. They make feminism frightening.

The women had to come to terms with the myth underlying their expectations that their needs should come last after all the other members of the family; that women, and particularly mothers, should be self-sacrificing. Then the women had to reject the myth and to renounce their expectations that their needs came last.

I think we have been able to do... and give to us ... right...and I think that we get into problems when we deny our feelings. We say no I can't have a
break, no I can't go shopping, I can't have a shower right now, because he comes first always. I think that it is important to recognize that we have needs and try not to deny our needs so much. My husband, he takes care of himself, and he always managed to get his run in and do what he needed for himself.

The women recognized the myth underlying their expectations that they could remain totally involved in their work. The myth was that women had to give it all to their jobs to feel fulfilled.

Come to work and don't think about your kid. Be prepared to be totally dedicated to your work at all times...that is what you need for your career. The women had to abandon that conception of a career and of total work involvement.

If you only work, you become insensitive. I know people that say life as a corporate executive is incompatible with family life, which is just bull shit. Because it is not that it is incompatible it is that you have sold yourself. You have sold your soul and don't have any family life.

Fiske (1980) suggests part of adulthood includes changing hierarchies of commitment and relates increasing commitments in intrapersonal relationships to a lessening commitment in occupations.
The women had let go of the myths and expectations that were contributing to their feelings of exhaustion. The women also had to let go of their feelings of ambivalence so that they could reduce their role strain.

(d) Ambivalence. The women were overwhelmed, in part, by their ambivalence. Letting go of their feelings of guilt and loss enabled the women to relinquish some of their ambivalence. Piotrkowski's and Crits-Christoph's (1982) study findings supported their hypothesis that satisfaction with work influences family adjustment through the women's job related mood. These theorists question whether a similar influence flows from family to work (Piotrkowski & Crits-Christoph, 1982). The study women's reduction in ambivalence, following their reduction in feelings of guilt and loss, suggest for this group their greater happiness at home contributed to their greater happiness with work.

Brazelton (1985) refers to first-time mothers returning to work as women without a culture. Brazelton (1985) implies these women have no role models to imitate on returning to work, because women returning to work with infants is such a new phenomenon. This view is supportive of the study findings. The women had no previous experience with this situation and had not encountered others with previous experience. Therefore, the women had to trust their own interpretation and management of their experiences.

It is hard. I just wish there was more out there
for the type of person, you know the working person that is going back.

The women's abilities to dismiss counterproductive myths and discard unrealistic expectations decreased their ambivalence.

(e) Anger. Once the women had relinquished some of their guilt, loss, and ambivalence, they were able to surrender some of their anger. In addition, by recognizing they were exercising some control in their decisions to return to work, in spite of their finances, the women reduced their anger.

But they know what the situation is. Mind you, they would probably tend to think that it was strictly financial. But I don't think that my parents would be surprised if I said I just don't want to stay home full time even if I had the chance. I would like to work three days a week or something.

Schlossberg (1980) suggests adaptation to transitions occurs more easily when the source of a decision to change is internal. The women were moving from a view of their decisions as entirely externally induced to partially internally induced. Consequently, the women felt an increasing sense of control over their lives and could let go of some of their anger. Although the women had recognized myths and expectations underlying their exhaustion, they
were still experiencing some anger and resentment linked to their exhaustion.

(f) Resentment. The women were unable to reduce their resentment and their anger stemming from their exhaustion until they completed the process of reducing their role strain by moving through the other steps of role strain reduction. Exhaustion was not merely an internal state. It was a reflection of the reality of the women's responsibilities.

It is scary to go back. You are going as a different person, as a mother. I think that that is exactly what happens, there has been a lot of anger and a lot of mixed feelings, you get to the point where you have to say, I have to delegate this and that or I am only going to do this every two weeks instead of every one week and you have to do that and if you don't it is your fault.

The women had completed the first step, 1. letting go of the myths, expectations, and feelings. Thereafter, 2. Setting priorities, 3. planning and organizing, 4. negotiating, and 5. establishing new expectations and delegating responsibilities allowed the women to regain a sense of control over their lives.

2. Setting Priorities. Before the women could establish new expectations, they had to examine what was important in their lives and set priorities to regain a sense of control.
The last time you were here, I felt hysterical about things that I had to get done. I had to do this. I had to do that. There were not enough hours in the day. But as time goes on, you think what is really important, and what has to be done. I think that I am getting less hysterical. I was putting all the things in one basket and it was overflowing. Now I just put the things in there that are really important, like spending time with my daughter, spending time with my husband, and doing the things that we enjoy.

Setting priorities helped the women reduce their feelings of exhaustion. The women felt their family life came first and chose to hierarchize their time accordingly. Placing their family life first meant if their careers were not working out with their family lives, the women's careers would be placed on hold.

It takes a lot off your shoulders when you prioritize. I think that you can relax a lot more. If it doesn't get done, it will get done some day.

For me right now, we come first over my career, which is really different for me, because I am working and I really like nursing. What I do has always been very important. I got my degree and that is very important, but that is secondary now.
Hunt and Hunt (1982) suggest, for many women in the 1980's, all-consuming careers are undesirable and the family remains the primary source of life satisfaction. The study findings would appear to support Hunt and Hunt's findings since at this point in time the women were placing their families first and their careers second. In addition, the women's statements indicate their nuclear families provided them with social and emotional support. Bott (1971) links lack of extended family support networks to onerous domestic and child care responsibilities, which require consideration of mutual responsibilities within the nuclear family. Bott's (1971) statements support the study women's perceptions of the importance of their nuclear family.

In setting priorities, the women put their needs first. As a result, the women were able to deal with their anger and resentment relating to their lack of need satisfaction.

I am putting my needs first, and I think that I am a little happier for it, and I think that makes me a better person, and it is really important.

Bernard (1974) and Dally (1982) stress the importance of women recognizing boundaries between their needs and those of their infant and meeting their own needs in a mothering situation. Bardwick (1979) indicates resentment leads to martyred mothers. These authors confirm the women's link
between the importance of meeting their needs and their ability to participate fully in familial relationships.

Role strain was reduced through setting priorities and further reduced through organization and planning.

3. Organizing and Planning. Through organizing and planning the women reduced their exhaustion and, consequently, their role strain. The women identified what they could manage and what they could not. The activities that the women could not manage were open to negotiation and delegation. The women organized and planned their lives so that not a minute was wasted and, they ensured that everything that could be done while they were away at work was done during that time.

I mean I take over a box of clothes on Monday, and my daughter has a dresser. My mother throws her things in there, and if they are dirty they go in a laundry basket. I do the laundry on Thursday before I go to work. Friday, I bring the diapers over, and the diaper service picks them up. I have had to get more organized. I have dinner always on the timer or in the slow cooker. I find that I have to do more planning, and I seem to have more time. I find I have to do more things simultaneously and more things while I am gone.

Holmstrom (1972) found the women in her study responded to the pressure of time by carefully organizing and budgeting
time the way they would budget money. Holmstrom's (1972) findings are congruent with the study findings of the women's management of exhaustion through organizing and planning. Negotiating unmanageable expectations and responsibilities was another strategy required to reduce their role strain.

4. Negotiating. Before the women could establish new expectations and delegate responsibilities to reduce their role strain, the women had to negotiate with their husbands for what responsibilities they were willing to take on. Negotiating is called bargaining by Hood (1983) and Goode (1960). These theorists imply there is some sort of exchange occurring.

The women did not view negotiating as an exchange. They saw negotiating for shared responsibilities as a way of maintaining their marital relationships.

I think that my husband and I will work things out. We will have to. But I think that we will work out jobs and routines and giving and taking and that sort of stuff. We will either work it out or we won't stay together.

Simpson and England's (1982) findings are congruent with the women's efforts at negotiation. They associated marital solidarity in dual earner couples with similar home and socioeconomic roles for each spouse (1982).
Before the women could begin to negotiate with their husbands, they had to get over their feelings that they managed familial responsibilities better, and therefore, that those responsibilities had to be theirs.

One of the things that used to get to me was that I used to do things because I felt that my husband could not do it. I also felt that I could do things better, and I had to get over that.

Bardwick (1979) describes sex roles as existential anchors and adds that women's identities have been anchored in the stereotyped ideal of their family roles. The study women had linked their identities to the work role in addition to family roles.

The women's broader sense of identity assisted them to differentiate themselves from their traditional tasks and to negotiate with their husbands to share household responsibilities.

That made the difference. I sat down with my husband and said I have a full time job, you have a full time job, and he said what would you like me to do and I thought go for broke here, so I asked him to do the housework. He went for it, the bathroom is still a scunge dump. I said vacuum, dishes, laundry, and bathroom.

Many of the professional couples in Holmstrom's (1972) study negotiated to have a high percentage of household tasks
performed by paid employees. Only one of the women in this study negotiated for paid employees. The rest of the women negotiated only with their husbands.

Also negotiated were child care responsibilities.

This is our child. I got a lot of negative flack. I got you are leaving your child with your husband for a month in Germany, and I said yes. I am the mother, and he is the father. He has responsibility too. People will say do you think he can manage. Well I think that it is ridiculous to assume that my husband cannot look after her or doesn't want to look after her.

Brazelton (1985) links the additive nature of women's maternal and work roles to the need for their husbands to take over more nurturing of their infants. In addition, Brazelton (1985) links father involvement with infants to a better self-image for infants. These associations support the study women's attempts to reduce role strain by negotiating with their husbands to assume more child care responsibilities.

Following negotiation with their husbands to establish what was to be shared, the women examined whether or not they were satisfied with their role strain reduction.

I went back and I could see it escalating and then it stopped and I thought I am not getting back on this treadmill. Because I felt that my husband and
I hadn't really worked out our roles. Yes, if you didn't let go you would die. I was overwhelmed. So yes, you have to get your husband to do some of it and it improved the quality of my life immensely.

The women recognized their need to establish new expectations and delegate responsibilities to complete their role strain reduction.

5. Establishing New Expectations and Delegating Responsibilities. Establishing new expectations and delegating responsibilities allowed the women to regain a sense of control over their lives. The women had to redefine their expectations of themselves and, as a result, their expectations of their husbands and of both of their responsibilities had to change.

I am changing his expectations as much as changing his lifestyle, what he sees his role as, and what he does as part of his role, and what he sees as my role. I am trying to do it in my own way.

The literature defines establishing new expectations in a variety of ways. Goode (1960) defines it as changing role performance and suggests a continuing process of selection among alternate role behaviours is part of the process of role strain reduction. Hood (1983) refers to the outcome of role bargaining as establishing new expectations and suggests that families are bargaining about ground rules governing their relationships to each other. Biddle (1979)
refers to restructuring expectations for roles. All of these definitions relate to the study findings, since the women were changing the ground rules and establishing different kinds of role performances in establishing new expectations. Establishing new expectations, as defined in the literature, leads inexorably to delegation of responsibilities, since new role performance behaviours require delegation of responsibilities and without delegation new ground rules could not be made operational.

In relation to their roles as mothers, the women decided they were equally responsible for child care with their husbands and their sitters. The women came to feel that their sharing of responsibility led to a better psychological environment for their infants' development and a better father-infant relationship, which improved their family situations.

He is growing and needs other stimulation in his life. He needs other people and that is part of his developmental process... My husband's father was not involved with my husband's parenting the way that my husband is involved with my son's parenting... Now the roles aren't as defined. There is more overlap, and this is seen as men's work, and it certainly is o.k. for a man to change a diaper, and it won't emasculate him. I think that it would be sad otherwise. You can't just look at a kid from across a room and
smile and think that you have a relationship with him. Dally (1982) suggests past generations ensured the healthy development of mother and child by sharing the responsibility for child care among a variety of people. She relates the recent trend for mothers to spend all day, every day, with their infants to increasing psychological and psychiatric illness for mothers and infants (Dally, 1982). This author supports the women's perceptions that their infants were healthier due to their absences. Daloz (1981) suggests many men are ready, willing, and able to take over some of the nurturing of the family. Giele (1980) indicates that the ideal adult blends masculine and feminine traits of nurturance and independence. These theorists are in agreement with the women's perspectives that delegating parental responsibility added a new dimension to their family's relationships.

In relation to their roles as wives, the women established an expectation that they were not responsible for all of the household tasks and, consequently, delegated some of the responsibility for household tasks to their husbands.

My husband can't cook. He can't cook a scrambled egg. But that is fine. He does the vacuuming, and the laundry and cleans the bathroom and hey you don't ever have to cook anything around here.
Hood (1983) found very few couples shared household tasks equally. The study findings do not support Hood’s findings, since following delegation, the women felt they and their husbands were sharing household tasks equally. Johnson and Johnson (1980) suggest most two career families are competent in working out methodical arrangements for domestic work (p. 147). They suggest, however, backup resources are minimal, and the family can easily become overextended by their responsibilities (Johnson & Johnson, 1980). The women in the study recognized the potential for all family members’ relationships to suffer as a result of daily demands.

The women identified a need for their families to have leisure time together. All but one of the women were uncomfortable with hiring someone to do the housework to ensure leisure time, since they had been socialized to believe those tasks should be managed by those in the home. Goode (1960) suggests that persons’ abilities to bargain for different role obligations depend on their previous normative commitment. The women in the study are congruent with Goode’s suggestion, since those women who were more committed to their sex role behaviours, had a more difficult time shifting the obligation to perform those behaviours to others outside of their nuclear family. The women’s inability to delegate responsibilities to paid employees resulted in more pressure for them to change their husband’s
expectations. Hunt and Hunt (1982) support this hypothesis, since they suggest that in the past dual-career couples have used the labour of other women to reduce the women's load and that strategy required little modification of the male role.

The women felt delegating household responsibilities had improved the quality of their lives and made them feel less overwhelmed.

Oh definitely I felt like that before, I would come home and have to do all these things and never have any time to relax. Now it is so much nicer because I come home and dinner is ready and I just have to sit down and eat and he has done the laundry and the cleaning. He is really something because he tries so hard and he says he just can't get things the way that I do. But he isn't used to it and he is learning the hard way.

Johnson and Johnson (1980) indicate no study evidence exists to substantiate a symmetrical relationship where both partners alternately perform roles and share them on an equal basis. The study findings, as indicated in the preceding quote, refute the suggestion that there are no symmetrical relationships in existence. Pearlin (1980) suggests, during life strains, behaviours that change circumstances can help people manage distress and not be overwhelmed by it.
The women established another new expectation; that of confining their work to a small part of their lives. I don't volunteer for anything. I will do lunch hour supervision. I will do the things that fit into my day. I try to do some marking before school, after school, at lunch time, and I will take some home. I think I am redefining my role. I am not that different in the classroom, but I am not spending that much extra time around school. I don't volunteer to drive the kids around. I am treating it more as a nine to five job. I don't bring my work home with me which you do as teachers, you bring all of your job home and that does not come home with me.

Goode (1960) refers to compartmentalization in relation to situation and context. Majewski (1986) found that first-time mothers with careers experienced significantly more conflict than first-time mothers with jobs. She relates this finding to the women's career commitment (Majewski, 1986). An alternative explanation is that those women were unable to compartmentalize their careers because of inherent demands. The study women were able to compartmentalize their work roles so that they were working 100% at work, but they did not allow their work to intrude on their time at home.
The women were delegating their work responsibilities to others in their work settings. The women expected younger, single individuals should assume their duties.

I would never consider doing a lot that was over and above my job now, let the teachers that were like me, let the young single teacher do that. Gould (1980) indicates, with accelerated transformational processes, individuals engineer better fits between their requirements and current job activities.

Some of the women derived comfort from the expectation that work was not inevitably a permanent state of affairs. I realize that I am working, that we have particular goals in life and in order to meet them, both of us are going to have to work for a few more years...So it is not a big disappointment or a major crisis that I am working. It is a fact of life.

Schlossberg (1980) indicates, a change viewed as temporary, may be easier to tolerate when it is associated with increased stress and strain. Most of the study women were working for specific goals, i.e. paid mortgages, at this point in time and viewed their work as a temporary state of affairs that was dependent on their future life circumstances. All of the women found it difficult to project to their futures. Although the women imagined changes would occur when their children were in school; they
tended to focus on the change that would occur with their next pregnancy. The women, working for specific goals, expected they would not work full time with two children, since they believed it would be more difficult than with one child. Hall (1975) is congruent with the women's concerns, since he found with rising numbers of children home pressures increase.

Two women, that returned to work by choice, did not view their full time employment as a temporary state of affairs. "I really want to be at work, sometimes that is hard to admit too, I think oh maybe that is not very nice and maybe I should be guilty but I am not..." Although they found it difficult, these women admitted their desire to remain in full time employment. Chessler and Goodman (1976) suggest women are supposed to be at home, and if they are not must act as if they want to be or at least regret not being there. This suggestion implies that the remaining study women may have suffered from an inability to articulate freely their desire to return to work full time. The women, returning to work by choice, expected they would be able to work full time with two children.

I would like to work with two children. I don't know. I don't know. I think that if they were in the home with a sitter that I could manage it with help.
The process of role redefinition entailed the women redefining themselves as mothers, wives, and workers. All of the women, even the women originally returning to work for financial reasons, participated in this process. The women had assumed multiple roles because it was right for them. The women had experienced role strain and had been overwhelmed by their expectations, responsibilities, and feelings. The women had reduced their role strain by letting go of the myths, expectations and feelings, setting priorities, organizing and planning, negotiating, establishing new expectations, and delegating responsibilities.

The women, by changing their set of role expectations and behaviours, had in large part changed their identities as women. One of the women sums up the process of role redefinition.

You have to keep yourself happy. You are still an individual. You can't allow your baby to take over your life and make you unhappy. If you don't keep your individuality it will come through somehow. You will resent your child a little bit. You have to meet your own needs first. You have to live your own life. You can't just be someone else's mother and someone else's wife. You have to keep your own individuality. I think that I have done that by going to work.

It is evident, for these women, the process of role redefinition did not terminate at reducing role strain. The women's lives were in a delicate balance and any major factor introduced into their situations could put them back into role strain. This was a reality the women dealt with on a daily basis.

I have had a terrible time these two weeks before Christmas, because I was feeling ill at work, and my work was terrible, and things were horrible at home, because I was bringing things here. I just felt exhausted and terrible, and like I couldn't handle anything. But by the time I go back to work, and I am rested again, I will be fine. Sometimes you feel like you have lost control of what is going on and totally overwhelmed.

Johnson and Johnson (1980) found role strain could be situationally induced when additional demands are suddenly placed on the family. These theorists support the study findings by implying an ongoing movement in and out of role strain and in and out of the process of role redefinition. The women's potential movement in and out of role
redefinition, with changing circumstances, caused them to identify some societal responsibilities.

**Societal Responsibilities**

The study women felt that society had some responsibility to assist them to restructure their social environments to deal with the process of role redefinition. Pearlin (1980) suggests life changes, with their accompanying psychological distress, are rooted in the organization of the larger society. Giele (1980) states "changes in the nurturing and instrumental functions of men and women cannot be accomplished on an individual level, rather, social institutions and cultural assumptions are involved and policy changes that affect the way that economic institutions and family interact are called for" (p. 168).

The women were angry with the lack of available resources in the community to help them establish new expectations and delegate responsibilities in relation to their roles as mothers. There was little community support for locating individuals to care for infants.

I phoned human resources to get numbers, and they said you are financially capable of paying for sitters, and so we can't help you. I tried talking to various different organizations and community centres and didn't get anywhere. Normally it is just a matter of tapping those resources, I felt...
very alone, very alienated.

The quality of the private services that were available for infant care and the lack of on-site day care provided by employers outraged the women. They believed society had a responsibility for their children's needs and their needs as mothers and should provide quality on-site day care.

Feinstein (1979) indicates day care consists of fragmented services scattered over the national landscape, and significant populations such as infants and school-age children go largely ignored by national programming. Maynard (1985) suggests, in Canada, the mounting demand for day care coupled with the shortage of quality day care is a child care crisis. These theorists support the study women's disillusionment with community resources and society's response to their needs.

The women identified a lack of societal support structures to help them establish new expectations and delegate responsibilities in relation to their roles as mothers, wives, and workers. The women believed work hours were inflexible and structured to make sharing of responsibilities in family life difficult. The women wanted more flexible work hours for themselves and their husbands through flexible work time, job sharing, or part-time work.

Regular work doesn't make any allowance for being a parent. That is a problem. I don't know what the compromise is if there is one. The way we do
business now, I think it is interesting that the ones that are most successful now are small businesswomen. It is a telling thing that most of the small businesses started in Canada last year were started by women. It is a telling thing that it seems to be the only way that they can get a decent working situation. It means that bureaucracies, the professions, major corporations really haven't been willing to make allowance for them. They are not willing to be flexible. They make no allowance for family life whatsoever.

Hood (1983) insists the expansion of flexible time, personal holidays, and other alternative work scheduling is essential to enable working couples to enjoy more adaptability to each other's needs and schedules. Polit (1979) stresses the importance of the shortened work week, flexible work hours, and job sharing. Polit (1979) relates changing work schedules to sociological and psychological issues implied by a change in distribution of people's activities over time and, therefore, their quality of life. The study findings support these theorists' hypotheses, since the study women believed work scheduling was central to their redefinition of themselves as workers, and the quality of their lives as mothers and wives.

This qualitative study of the experience of eight women returning to work following the birth of their first child
has implications for nursing practice, education, and research. Those implications, as well as the summary and conclusions of the research, are discussed in the final chapter of the study.
Chapter 5
SUMMARY, CONCLUSIONS, AND IMPLICATIONS FOR NURSING

Summary

This study has explored the experience of eight women returning to work after the birth of their first child. An examination of the phenomenon of women's return to work enabled the researcher to reproduce and conceptualize the women's social reality. Using the grounded theory methodology, the researcher focused on common aspects of the women's experiences. Theoretical sampling allowed the researcher to develop and substantiate concepts representing a social process.

Data collection, with concurrent data analysis, revealed the process of role redefinition, wherein, the women were required to change their expectations and behaviours for each of their multiple roles of wife, mother, and worker. The women moved from their previous set of role expectations and behaviours to a new set of role expectations and behaviours. They had to redefine their roles, and, as a consequence, their husbands' expectations and behaviours had to change. Further data analysis revealed the process of role redefinition was composed of three stages.

In the first stage, taking on multiple roles, the women had assumed the maternal role with the birth of their infants. While on maternity leave, the women contemplated
their decision to return to work and considered a variety of factors including: a) societal expectations, b) their expectations of their work role, c) their husbands' responses to their work role, d) their ability to obtain adequate child care, and e) their finances. Consideration of all of these factors led the women to the decision that to return to work full time was right for them.

The second stage of role redefinition was initiated by the women's return to work and was characterized by the women's experience of role strain or being overwhelmed. The women's role strain was a consequence of their expectations, responsibilities, and feelings. Their expectations of themselves and others and their responsibilities created feelings of a) guilt, b) loss, c) exhaustion, d) ambivalence, e) anger, and f) resentment. The women described themselves as losing control of their lives, because they were attempting to meet all of their role expectations and were failing to fulfill most of them.

In the third and final stage of role redefinition, the women had to get their lives under control or reduce their role strain and described a number of effective strategies that enabled them to do so. Initially, the women let go of the expectations and the myths underlying their feelings of guilt, loss, exhaustion, ambivalence, anger, and resentment, and then relinquished those feelings. Thereafter, in succession, the women set priorities, planned and organized,
negotiated, established new expectations, and delegated responsibilities. The women's husbands were central to their strategies, since they were required to accept most of the responsibilities being delegated by the women. As a result of getting their lives under control, they improved the quality of their lives.

Role redefinition, as described by the study women, was an ongoing process in their lives. Having their lives under control represented a precarious balance that could be disturbed resulting in renewed role strain which required efforts to achieve role strain reduction. The women attempted to project themselves to their futures to predict whether they could manage their multiple roles when they acquired a new set of expectations and behaviours, e.g. with the birth of their second child.

The women did not want to accept total responsibility for their role redefinition. They wanted society to accept some responsibility to restructure their social environments to assist them to deal with the process of role redefinition. Specifically, the women expected society to provide adequate day care and more flexible work hours to help them and their husbands to successfully change their expectations and behaviours.

Conclusions

This study characterizes the experience of working first-time mothers as role redefinition and outlines this
sequential stage by stage process. Several conclusions can be drawn from the discovery of this theoretical perspective.

The women in the study were not suffering from a double bind induced by conflicting messages from their cultural group. Rather, these women were the victims of their own and others' beliefs that they could, independently and effectively, manage marriages, children, and jobs. As a result, the women found their return to work difficult. They were in demanding and time consuming situations and, consequently, experienced changes in their psychological outlooks, social lives, and physical stamina. The women in the study were simply unable to do all of the things they expected of themselves, even when they lowered their standards. In addition, their situations affected their relationships with their husbands and their children.

The women took a great deal of time to work their way through their difficulties and during that time they needed support. Indeed, those women with the highest and most unrealistic expectations of themselves had the greatest difficulty and needed the most support to change their expectations. The women worked at changing their situations, because they believed that their efforts would result in improved quality of life for themselves and their families. Although the responsibility for change rested on the women, they were satisfied with the changes and believed that they had established arrangements where they were sharing
familial responsibilities equally with their husbands. However, the women were unsure how long their new arrangements would work, and how long they would remain relevant to their changing situations.

Despite the women's high level of educational preparation and obvious commitment to their work, they had difficulty articulating and acknowledging that simply being a mother was not sufficient to meet their own needs. The women's difficulty in acknowledging the limitations of motherhood made it hard for them to realistically contemplate their actions when they considered having another child.

**Nursing Implications**

The theoretical perspective of role redefinition and its accompanying conclusions has significant implications for nursing practice, education, and research.

**Implications for nursing practice**

Knowledge of the process of role redefinition, as experienced by working first-time mothers, is fundamental to providing nursing care to a growing number of women. These women have expectations of themselves, society, and their health care providers within a system beset by funding and resource shortages. Providing effective nursing care to women experiencing role redefinition is a creative challenge to maternal-child health nurses working in a variety of settings. This study provides a useful conceptual framework
for directing each phase of the nursing process in various phases of the childbearing cycle; however, the implications of that direction vary with the each phase of that cycle. Those phases of the childbearing cycle relevant to this study are the pre-conceptual phase, the antenatal phase, and the early and late postnatal phases.

The Pre-conceptual and Antenatal Phases

Women, in a variety of circumstances, are making decisions about whether to assume the multiple roles of wife, mother, and worker before they become pregnant. In high schools and universities, many young women are deciding to combine marriage, motherhood, and a career. Waite, Haggstrom, and Kanouse (1985) indicate, that in the high school years and shortly thereafter, young women make key decisions about education, marriage, and parenthood. In addition, early decisions about combining work and childrearing have the greatest impact on later labour force activity (Waite, Haggstrom, & Kanouse, 1985). Young women also attend pre-conceptual counselling sessions or classes and at that time may be deciding to take on multiple roles.

In the antenatal period, women are in contact with health practitioners through antenatal visits and antenatal classes. Antenatal forms could include a section indicating an intent to return to work following the birth of the infant, and women, intending to return to work postnatally, could be identified in antenatal classes. By this means
women planning to assume multiple roles could be referred to nurses.

Decision-making is a pivotal aspect of this first stage of the process. The women in this study used methodical informed decision-making in this stage. The nurse should not anticipate that all women will use a form of planned change to make decisions, since often women make intuitive decisions. Nurses are aware that planned change is more effective than change by drift in achieving better health and quality of life for individuals. Therefore, nurses encountering women in the pre-conceptual and antenatal periods can use the factors from the first stage of the process, taking on multiple roles, to assess the form of decision-making the women are using.

Since a more intuitive form of decision-making has the potential to increase the role strain experienced by women, the nurse could plan her care to introduce factors for consideration which were absent on assessment. In addition, underlying theory could be included to enable the women to understand the importance of considering all relevant factors to decision-making in their situation. The study women identified their lack of knowledge and resources, on types of day care and their effects on infants. Nurses, well informed about available day care and research relating to effects of day care on infants, can help women to consider this factor.
The second stage of the process, experiencing role strain, provides direction for the nurse to give anticipatory guidance to women in the preconceptual and antenatal periods. The expectations, responsibilities, and feelings specified in experiencing role strain are variables that can be assessed by the nurse. Women, at risk for experiencing role strain, would be provided with information regarding their own and their spouse's behaviours that could contribute to role strain. This constitutes a preventative approach that could decrease or eliminate role strain.

The Early Postnatal Phase

Women, in the early postnatal period of the childbearing cycle, are encountered by nurses and other health practitioners through postnatal nursing units, postnatal exercise classes, and postnatal community health visits. In this period, nurses would expect women to be contemplating their decision to return to work. Using the behaviours specified by the theoretical framework, women would be assessed, and those women having difficulty taking on multiple roles would be candidates for planning and intervention.

The researcher has designed a course specifically for those first-time mothers on maternity leave making a decision to return to work. The course includes planned change in the decision-making process. A woman examines the factors influencing her decision to take on multiple roles
and their relationship to her socialization, situation, attitudes, beliefs, and values. As a result, the woman is able to arrive at a methodical informed decision as to whether returning to work is right for her.

A group seminar approach provides a supportive environment for a woman to examine her expectations, and those of society and significant others, and to anticipate the impact those expectations will have on her responsibilities and feelings. This examination permits a woman to anticipate the role strain she may experience and to identify specific aspects of her situation that would contribute to her role strain. Each woman would identify and discuss strategies outlined for role strain reduction. Within the group situation, a woman analyzes her own situation and applies the concepts taught in the course to her own life. In this way, she can identify effective strategies to be used to prevent role strain or, at a future time, to reduce role strain. All aspects of the course would be supported by relevant theory to assist the women to gain the knowledge necessary for managing multiple roles.

The above nursing intervention is directed toward anticipated problems, arising from unplanned decision-making, and unrealistic expectations and responsibilities, contributing to role strain. Essentially, a woman is involved in anticipatory role redefinition. The strategy for this course is supported by the study results,
since the women with more realistic expectations felt less overwhelmed and moved through the role redefinition process more quickly than the other study women. In addition, the women in this study were interested in using a variety of resources to meet their needs more effectively and found that those resources did not exist. The women's changes in knowledge, skills, attitudes, and values would enable them to develop strategies necessary to manage multiple roles.

**The Late Postnatal Phase**

Women in the late postnatal period of the childbearing cycle are encountered by health practitioners at well baby clinics, community health units, physician's offices, and hospital emergency units. In the late postnatal phase, nurses could expect to encounter women who have returned to work, and who are experiencing role strain or attempting to reduce role strain. Many of the study women described a variety of physical and psychological problems resulting from experiencing role strain that led them to seek assistance from health professionals.

The variables, i.e. expectations, responsibilities, and feelings, described in experiencing role strain provide nurses with insight into which aspects of a woman's situation require nursing intervention to assist her to move to role strain reduction. For instance, the women in the study experienced anger which retarded their movement through the process of role redefinition. The women's anger
resulted from their lack of recognition of their expectations, and an inability to meet their own needs. An examination and analysis of their expectations would have reduced the anger experienced by the women and some of their ambivalence, thereby, reducing their role strain and speeding their movement through the process.

The women in the study also commented on their sense of isolation and their need to have something out there to help women like themselves. These comments indicate the need for a group session approach to nursing intervention with the nurse as a resource person. Cronenwett (1980) found that employed women were more likely to continue to meet with postpartum groups for over a year. Group sessions, aimed at the women's recognition of the factors contributing to their role strain, would provide a mutually supportive and warm environment for discussing experiences and group problem solving.

The third stage of the process, reducing role strain, also specifies behaviours and strategies demonstrated by the first-time mother. Letting go of counterproductive myths, expectations, and feelings, setting priorities, organizing and planning, negotiating, establishing new expectations, and delegating responsibilities identify this stage.

For many of the women, months were required before all of these strategies were identified and utilized to achieve role strain reduction. The description of those sequential
steps enables nurses to identify situational constraints that prevent a woman's movement through the process, and to direct nursing interventions to assist a woman to recognize and deal with her specific constraints. In addition, the steps guide nurses to provide a woman with anticipatory counselling for subsequent activities required to complete the process of role redefinition. This stage of the process would also be suitable for nursing intervention utilizing a group strategy, with meetings planned for discussion of the role strain reduction experience, mutual problem solving, and emotional support.

Nurses could assist a woman to transfer the concepts of role redefinition to future situations where the process would be relevant. The study findings support this strategy since, when ill, one of the study women experienced a return to role strain from role strain reduction. In addition, most of the study women were projecting to the birth of their next child and were attempting to predict their approach to role redefinition. If a woman was unable to achieve role strain reduction following nursing intervention, the nurse would need to reassess her using the behaviours specified in the theoretical framework and ascertain whether further nursing intervention could assist her to complete the process. Her inability to achieve role strain reduction could have serious consequences for the mental and physical health of that individual and her family.
The process of role redefinition is a utilitarian approach, not based on ideological hypotheses about what women's roles should be, but based on what worked for the women in the study. Therefore, this approach could be relevant for other first-time mothers struggling to manage the roles of wife, mother, and worker.

Nurses are often working first-time mothers. On a broader scale, nurses could be directing their nursing interventions to making bureaucratic changes in our society, such as adequate day care and flexible work hours, which are more consistent with their own needs and those of their clients. In addition, many practicing nurses have learned traditional values through nursing programs and their own socialization. Nurses who are working first-time mothers can assist their colleagues to meet the challenge to provide effective and sensitive nursing care to women attempting to manage non-traditional roles.

Implications for Nursing Education

Maternal-child health nursing curricula must not only provide nursing students with an opportunity to examine the varying lifestyles of women; they must also provide students with direction to assist those women to maintain their optimal health and quality of life. This study presents a conceptual framework that could provide nursing students with direction, for all of the phases of the nursing
process, to care for first-time mothers intending to resume or resuming their work roles.

The concepts provide an opportunity for nursing students to fit their care to what is right for individual working first-time mothers and not to an ideological image of what the roles of first-time mothers should entail. To ensure better nursing care for working first-time mothers based on an understanding of their experiences, these concepts should be incorporated in the curricula of basic and continuing nursing education programs.

Implications for Nursing Research

The investigator used grounded theory as a research strategy to explore a new phenomenon—the experience of first-time mothers returning to work after the birth of their first child. The conceptual framework that emerged from the study provides a basis for further research. The group of women interviewed for the study probably is comparable with other first-time mothers returning to work, however; an assumption cannot be made that they are representative of that population. Further qualitative and quantitative research is required before it is apparent to what extent this group represents the experience of large numbers of first-time mothers returning to work after the birth of their first child. Specifically, a survey could be conducted of first-time working mothers to ascertain whether the role strain reduction strategies, identified in the
study, are strategies routinely used by working first-time mothers engaged in role redefinition.

Several other questions arise from the analysis and discussion of the study data:

1. Does the timing of return to work make a difference to the process of role redefinition?

2. What is the experience of first-time fathers whose wives return to work?

3. Is the experience of returning to work after the birth of their first infant different for women in other socioeconomic groups?

4. Is the experience of returning to work after the birth of their first infant different for women in other ethnic groups?

5. What are the effects of role redefinition on each partner's perception of the spousal relationship?

In conclusion, this study demonstrates nurses cannot make nursing care judgments based on ideological definitions of the roles of women as wives, mothers, and workers. Women returning to work after the birth of their first child represent a unique group who are taking on multiple roles and attempting to find solutions that fit their specific life situations. Consequently, these women require individualized and creative nursing care.

To provide creative and sensitive nursing care, nurses must have insight into the changes occurring in women's lives
within the context of our society. Grounded theory is particularly relevant to understanding social reality from the perspective of the participants in the social scene. Working first-time mother's role redefinition is a theory explaining eight women's experience of returning to work following the birth of their first child. This theory provides nurses with some knowledge about a growing group of women in our society.
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Appendix A

INTRODUCTORY LETTER

School of Nursing

University of British Columbia

Vancouver, B.C.

July 1985

Dear [Name],

My name is Wendy Hall. I am a registered nurse with ten years of experience in the care of mothers and infants. I am currently enrolled in the Master of Science in Nursing Program at the University of British Columbia. I am interested in learning more about the experience of first-time mothers returning to work following the birth of their first infant. It is hoped that the results of this study will enable nurses to provide informed guidance for first-time mothers planning to return to work in the future.

In order to do this, I am conducting a study that requires me to interview first-time mothers. The criteria for inclusion in the study are: returning to work full time, married or living with a partner, a spouse currently working full time. The study interviews will involve discussing your thoughts and feelings about the experience of combining work and motherhood approximately two months after your return to work. I would like to interview you for one hour on two to three occasions in your home. In order to permit me to concentrate on your portrayal of your experience, I would
like to tape record the interviews. If at any time, you wish a part of the interview erased; it will be erased in your presence. The recordings are only available to myself and will be erased at the end of the study.

Participating in the study will not involve any risks to you or your infant. Your participation in this study is voluntary and you are free to withdraw at any time without jeopardy to the conduct of your care by health professionals. The interviews should provide you with an opportunity to express your feelings to an interested and concerned nurse.

If you wish to participate in the study, please return a copy of the signed consent form. I will call you and arrange an interview time that is convenient for you. Any questions or concerns that you may have will gladly be discussed at the time of the phone call.

Sincerely,

Wendy Hall, R.N., B.N.
Appendix B

CONSENT FORM

I grant permission to Wendy Hall, a student in the Master's of Science in Nursing program at the University of British Columbia, to interview me for two or three one hour sessions for her study "The Experience of First-time Mothers Returning to Work". I understand the intent of the study is to describe the experience of first-time mothers returning to work following the birth of their first child. I understand the interviews will be audio tape-recorded.

I understand confidentiality will be strictly respected and written reports will contain no personally identifiable information. I understand the investigator will respond to any inquiries I may make about the study.

I understand my participation is voluntary. I may withdraw from the study at any time without jeopardy to the conduct of my care by health professionals. I may refuse to answer some of the questions. I acknowledge that I have received a copy of this consent form.

Date Participant's signature and phone number

Witness Investigator's signature