THE EXPERIENCES OF UNDERGRADUATE WOMEN NURSING STUDENTS: A FEMINIST STUDY

Submitted by
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ABSTRACT

This study explores the experiences of women undergraduate nursing students within a feminist framework. In enquiring into the lives of undergraduate women nurses, this study sought to develop a deeper understanding of the social, historical and political factors that shape the lives of these women. An important aim of the study was to provide the women participants a political voice by which they could communicate their experiences.

The methodology is developed from the theoretical insights of a range of feminist theorists and researchers and draws on some fundamental assumptions about the gendered social location of women. The study sought to test out these assumptions through an exploration of key themes within data collected from unstructured interviews with a purposeful sample of 13 undergraduate women students from a School of Nursing within a major Brisbane university. The emerging themes reveal that women have roles that are gendered in construction and that their personal stresses and traumas are shaped by gender role construction.
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Statement of Original Authorship

The work contained in this thesis has not been previously submitted for a degree or diploma at any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signed: ..............................................

Date: ..................................................
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CHAPTER 1

INTRODUCTION

Introduction

Over the past 30 years, significant social change has affected women across the public and private spheres. These shifts have had significant implications for nursing, as nursing has been historically and remains a profession dominated by women. The social view of women changed from the 1960s on with the second wave of feminism and as nurses have gained a deeper awareness of the social construction of nursing, nurses have acted upon these changes (Glass 1994, 2). These changes have influenced all areas of nursing, from the undergraduate student nurse and her education, to the healthcare agencies and associated nursing professional bodies (Gilmore 2001, 1).

Apart from progressive shifts in professional status and in internal politics, nursing education has experienced major changes in its academic identity and expansion in its own body of knowledge. Arguably, the most significant change that has occurred in nursing education is its movement from hospital based training to the academic arena of university based education (Roberts and Group 1995, xi and Gilmore 2001, 1).

Nursing education in Queensland has been fully integrated in the tertiary sector for over fifteen years and nursing has and is continuing to develop its own identity in the academic arena. It has been my experience, as a nurse educator, that while universities continually seek feedback from external public agencies as to their needs and experiences
of undergraduate nurses and graduate nurses, the specifics of undergraduate women’s personal life experiences have not been investigated.

An assumption central to this thesis is that many contributing factors impact upon undergraduate female nursing students during the course of their studies. Considering that the large majority of nursing students are women, one may also assume that there are issues pertaining to ‘being a woman’ that impact upon undergraduate nursing students while they are studying. In adopting a feminist framework, this thesis explores the experiences of undergraduate women nurses and provides a starting point for understanding the lives of these women. This thesis seeks to rectify some deficits of traditional research by being inclusive of women from their viewpoints. As Spender (1981, 2) has argued in relation to traditional research;

Fundamental to feminism is the premise that women have been ‘left out’ of codified knowledge; where men have formulated explanations in relation to themselves, they have generally either rendered women invisible or classified them as deviant…

Along with the social changes that have evolved during the past 30 years, the feminist movement has supported the inclusion of women into the sciences. Feminism has afforded women a space to express their thoughts, ideas and ways of knowing within sciences and research and this, in turn, has impacted upon the way in which women experience and interpret their world (Roberts and Group 1995, xi). By utilising a feminist framework, the experiences of undergraduate women nurses in this study are
contextualised within our history and society. The exploration of the data, in light of past and current findings in relation to women’s experiences, has revealed ongoing differences between the experiences of men and women. The findings demonstrate that women continue to be influenced by past and current social constructions of what it means to be a woman and what roles she should adopt. The thesis fulfilled its aim in providing a voice for those who this thesis sought to serve: women undergraduate nurses. This was achieved through the development and proposal of the research question.

**THE RESEARCH QUESTION**

The research question is:

What are the experiences of undergraduate women studying nursing?

The study aimed to explore the lives of women while they were undertaking their undergraduate degrees and to gain a better understanding of women’s needs and women’s experiences while they were at university studying nursing.

**Research Aims**

By creating such a research question, this thesis sought to provide a starting point for understanding the lives of the women participants. Specifically, the aim of this study was to explore these women’s lives against a background of the historical experiences of women and women in nursing and the subsequent impact that has eventuated from the rise of feminism.
Importantly, the research also provided a means for the participants to voice their thoughts, views and experiences with nurse educators, university academics and policy developers.

As such, the thesis seeks to persuade nurse educators and university policy makers that despite the social changes that have evolved over the past three decades, women continue to face inequality in the public and private spheres of their lives. It is hoped that this thesis will encourage its readers to act upon social injustices for women and even more so within the academic arena.

This thesis has implications for university policy makers and for nurse employers as the themes that have emerged and the related issues, provide a deeper insight into the lives of undergraduate women nursing students. The future implications of this thesis for policy makers and employers are to consider the social conditions and issues women confront in completing their nursing degrees. This study also has implications for understanding the complex lives of women when considering their participation in study and in the workforce.

Furthermore, the study has implications for the teaching of nursing’s core value of caring. It demonstrates that the social concepts and values that are traditionally based around gender need to be critically considered in the education of nurses.
Summary of thesis chapters

Chapter 1 introduces the study and contextualises it within society, nursing and within nursing research. This chapter validates the use of a feminist framework to guide the research through an introduction of pertinent philosophical underpinnings and methodological standings that guide feminist research. The research question is unveiled and the aims of the study are proposed.

The introductory chapter also provides a platform for the background of the study to be revealed. The background reveals the author’s history and how the research question came to be posed. The background also sets the scene for the study revealing the profile of the students, their university (Queensland University of Technology [QUT]), and a synopsis of their undergraduate bachelor of nursing course.

Chapter 2 marries the literature review to the research question by validating its purpose with an exploration of current social research on women and in particular undergraduate female nurses. The exploration of literature identifies the gaps in the area of research on undergraduate female nurse’s experiences. These gaps then support the aims of the study.

Chapter 3 discusses and explores the historical and social factors that have fundamentally shaped gender locations in society. This chapter reviews the roles of women and work and the societal expectations of what it means to be a woman.
The chapter also examines some of the historical and social values that have influenced nursing and nursing education. What emerges is that the ways in which women participate in nursing have changed immensely since nursing evolved as a rigidly disciplined and hierarchical occupation in the early 19th century. The role of culture and the expectations of society have shaped modern nursing into its contemporary form and continue to influence the shape of nursing.

The emerging arguments provide the rationale for the feminist framework used to direct this study. It is also the purpose of the methodology chapter to review underlying philosophies and theoretical thoughts to strengthen the rationale and to link the thesis obviously with its purpose.

Chapter 4 provides a description of and an argument for the processes undertaken to recruit participants and to collect and analyse the data that was shared by the women. The chapter discusses and validates the theoretical underpinnings of the methodology that was developed in Chapter 3. The methods chapter also outlines the ethical considerations and issues of validity and reliability of the research processes undertaken to obtain the data from the women participants.

Chapters 5 and 6 explore the data from the participants shared experiences and develop meanings from inductive and deductive analyses of those experiences. What emerges in these chapters are complex descriptions of the nature of the women participants’ lives. In the first analysis chapter (chapter 5), the themes of the gendered role expectations of
women as caregivers and their ongoing responsibilities within the home are explored. Strongly evident within this data was the ongoing oppression and inequality women face in relation to these gender constructions. The women were strongly entrenched in their roles, particularly as caregivers. Particularly evident was that these social constructions of gender greatly impact on the liberties of women; and for these women it impacted on their ability to study their undergraduate degrees.

Chapter 6 examines women’s personal stressors and traumas through a feminist lens. These factors also emerged as gendered experiences and as having a significant impact upon the participants’ perceptions of their own liberties and their capacities in studying at university.

Chapter 7 draws conclusions from the research and discusses possible implications for policy makers, curriculum developers and nurse educators. The chapter also reviews the strengths and weaknesses of the research in the light of the selected methodology and methods. Final conclusions are then posed in relation to the directions of further research into the broad area of women as university students and the political importance of the inclusion of women such research.
Background to the study

As a woman and a nurse, my experiences have been that women face inequality in society and in the home. As a child growing up in middle class suburbia in Brisbane, I was exposed to the inequality many women face in terms of violence and abuse. My family provided foster care for children of all ages. Most were teenage girls and many of those had been abused in their family situations. It was here as a teenager, I remember questioning my mother about the fairness of being female.

After becoming a registered nurse, I gained an opportunity to work on a community project for the Bayside General Practice Division Incorporated (in the Bayside Health District, Queensland), where I was a self-help group facilitator and project officer. This project conducted a needs analysis and provided a response to the community’s needs that resulted in a range of self-help and support groups being established. These support groups provided an avenue by which participants could gain emotional and educational support from one another and other health care providers in the community. What was obvious at the time was that a large number of the participants were women. As the group facilitator, I heard many stories of the experiences of women and how their experiences of inequality and that of being a woman meant that they had less time for personal development. It was in this position that I recognised my inner desire to want to contribute to furthering women’s opportunities for self-development and growth.
Since becoming a clinical facilitator and tutor of undergraduate nurses, I have heard similar themes articulated by the women students that I have taught and facilitated in their nursing practicums.

As a clinical facilitator of undergraduate student nurses I am keen to improve and develop my teaching knowledge and skills. According to Lindop (1999, 973), nurse educators need to reflect upon the demands of curricula and clinical practitioners need to be more sensitive to student training needs and their “actual or potential stress experiences”. Lindop (1991, 1999) and Parkes (1982, 1984) have both explored stressors of nursing students and how these relate to their clinical placements. Both authors make mention of the link between students’ social circumstances and stress, but do not pursue this relationship. As such and as Lindop (1991, 1992) suggests, further research into students’ stress experiences would be of value for both curricula developers and clinical teachers.

A dimension of the social world of undergraduate women students that may impact on stress is that of gender (Speedy 1990, 248). During my time as a self-help and support group facilitator, I heard many stories of women’s personal life experiences and how these produce difficulties for these women in meeting their own learning needs. Now as a clinical facilitator and tutor of undergraduate nursing students, I hear similar themes being articulated by the women I teach and supervise. These experiences and research findings in related areas indicate a need for inquiry into the lives of undergraduate women nursing students.
The research setting- profile of QUT, Brisbane and Nursing in Brisbane

The participants were recruited from a 2001 cohort of third year undergraduate students in the School of Nursing, QUT. At this time, registered nursing courses had been totally established in universities in Brisbane. This occurred in 1993 when all of Queensland nursing courses were transferred to universities. The Queensland Institute of Technology (the former QIT,) was the first university to offer a degree course to nurses in Brisbane (Mc Coppin and Gardner 1994). Prior to this, nursing was taught in hospitals as well as at QIT. In the hospital-trained course, nurses were paid a wage and considered part of the nursing staff giving care to patients. I recall during my years as a ‘student nurse’ carrying a patient load and only gaining supervision for skills when I was required to demonstrate competence. During our ‘training’, we had ‘lecture blocks’ which ran for several weeks at a time. We had mandatory attendance of lectures from 7:30am to 4pm.

In contrast, the Bachelor of Nursing (pre-registration) students take on an academic load and participate in regular lectures, tutorials, on-line learning, and university laboratory sessions and off campus practices. The students do not get paid for any work experience gained in the hospital settings unless employed as Assistants in Nursing or Enrolled Nurses. Their employment is not inclusive of any off campus clinical practice. The Bachelor of Nursing is a three years degree of study, which encompasses a range of subjects from anatomy and physiology, pathophysiology, social sciences, mental health, clinical and health electives. Enrolment modes for students may vary to include part-time study, deferment, and external study. Subsequently, the years taken to complete the
degree course may vary among students. In this research, there was a cross section of modes of study undertaken by the participants.

The following chapter reviews a body of research and literature that very broadly addresses social issues pertinent to women and in particular undergraduate women. The chapter identifies the limitations of existing research and thus validates the purpose of the enquiry into the experiences of these undergraduate women’s lives.
CHAPTER 2

LITERATURE REVIEW

Introduction

It is important to outline the approach used for conducting the literature review for this research. While the literature review initially assumed a traditional approach where research was examined and reviewed to identify gaps and deficiencies in the topic interest area, it also was a component of the entire research process. As the data analysis evolved, it was necessary to revisit the literature to explicate themes and patterns and to add richness and context to the data. Thus, in this research the literature review has progressed within a labyrinth format, which can also be described as a puzzle and a maze. All the data engaged with, whether in the process of the literature review, in the development of the methodology, or the interviews with the women, has broadened my horizons and deepened the experience of my journey (and the development of my thesis).

Literature Review

The review of literature presented in this chapter constructs a starting context for the interpretation of issues experienced by undergraduate women nursing students. Although a significant number of studies have been conducted on women undergraduates, there is limited work in the area of the experiences of undergraduate women nursing students. Studies in relation to undergraduate women are predominantly quantitative in nature and focus on health, health promotion and social issues such as anorexia nervosa, breast self examination, rape and sexual assault, smoking and drinking habits (Ashby, Kottman and Schoen 1998; Block and Keller 1998; Budden 1995; Burack

Some of the above noted studies surveyed women university students by utilizing questionnaires to examine occurrences of health disorders and issues in women university students (e.g. Ashby et al 1998, Budden 1995, Burack and Meyer 1997, Futch et al 1988, Snyder 1997, and Wurtele et al 1985). However, other studies involved the allocation of women to research groups, the administration of an intervention such as a health teaching strategy (i.e. brochure or teaching class) and the assessment of the knowledge level outcomes of participants’ pre and post administration of an intervention (e.g. studies by Block and Keller 1998, Jones et al 1993, Lailor and Hailey 1989, Smith and Hailey 1988, Wurtele 1988, and Yahne and Long 1989). The method of evaluation in all of these studies involved the use of closed ended questionnaires and this did not allow for elaboration or personal sharing of experiences. The research structure/ methodology did not incorporate the students’ thoughts, ideas and experiences into the research process or outcomes. Thus the studies addressed specific issues and did not extend to an exploration of students’ experiences within the context of their daily lives.

Some quantitative researchers have explored the concept of “stress” as it manifests in undergraduate nursing students. Both Parkes (1982, 1984) and Lindop (1991, 1999) used structured questionnaires to explore and describe English undergraduate nurses’
experiences of “stress”. In each of these four studies, the authors make some reference to levels of social support provided to students on clinical placement and suggest that students’ own levels of personal social support may contribute to “stress coping”. There is no discussion, however, of the strategies used to explore students’ experiences nor any discursive space given to the students’ ideas or thoughts on the subject matter.

Parkes (1982, 784-796) examined occupational stress among student nurses in Britain and looked at the work setting (clinical environment/ward) as it influences the mental health and well being of student nurses. The study considered “social support” in terms of “The Work Environment Scale”, which looks at staff and peer group support and the general work commitment of employees with whom the students were engaged. The research, however, did not go beyond the clinical setting in examining life and/or social stressors outside the students’ clinical environments. In relation to the ward setting, it was found that students exhibited an increased level of performance when they perceived increase in social support.

These findings lead Parkes (1984, 655) to conduct further studies into the “stressful episodes of female student nurses” and “locus of control, cognitive appraisal and coping in stressful episodes”. In this instance, all participants were female and once again Parkes (1984) used a quantitative approach. Over a four year period, 171 female student nurses were asked to recall a particular stressful episode relating to their nursing training. A questionnaire was administered that sought to measure locus of control, appraisal, levels of suppression and coping (Parkes 1984). While the author did acknowledge some of the
limitations of the research, such as the confounding variables (e.g. varying stressful episodes for each participant and the causal relationship between the episode and the time the questionnaire was administered), there was no discussion on the limitations of the research methodology. Parkes’ (1984) research demonstrated that there are significant interactions between locus of control and cognitive appraisal of coping in stressful episodes.

A further English study conducted by Lindop (1991, 110-120) examined “individual stress among student nurses in training: where some leave while others stay”. In this research a questionnaire was used to explore the nature of the stressors experienced by individual student nurses in both the educational and clinical environments. The study found the clinical area to be more stressful to students. Lindop (1991, 110) also remarks that “the combination effects of stress experiences, when related to the person’s social circumstances also contributes to learners leaving” nursing training. This statement was not evidenced by an exploration of research into those social circumstances.

Lindop’s (1991, 110-120) findings conclude that stress increases in the educational environment as learning progresses and that there is stress in the clinical environment. The stress associated with the clinical environment was linked to intra personal relationships that students had with staff and a lack of education information that was given or communicated with patients. Lindop (1991) also went on to explore the methods of coping that students utilise to deal with stress. Due to the structure of the questionnaires, the personal stressors of students or their social circumstances were not explored.
Lindop (1999) has continued investigations into the area of stress and student nurses. In 1999, he reported on a comparative study conducted in the U.K. by an English health authority on 146 student nurses in a Diploma of Nursing (Project 2000) and a prior study sample of 146 students in 1988, who undertook a Certificate Course of study leading them to gain registration as nurses. Once again a quantitative questionnaire was administered.

Lindop (1999, 971) identified that “the major sources of stress were associated with physical hard work, conflict between theory and practice, perceived negative and uncaring attitudes towards patients, feelings of inadequacy, poor communication, academic workload and examinations remain a problem”. Lindop (1999, 197) also suggested that feeling pressured and exhausted may be related to the stress “of physical hard work and the pressures of work when performing nursing duties”.

On examining the statements used in this questionnaire, it was found that none of the questions pertained to students’ personal lives or specific social stressors (Lindop 1999). However Lindop (1999, 972) later draws conclusions about stress levels that have not been investigated in his questionnaire by stating that;

the probable explanation for this is that nursing is hard work and younger people, usually entering nursing following their college studies, find nursing exhausting until they begin to adapt to the physical demands. The older age group may find the physical hard
work stressful for the opposite reason of being older and tiring more easily.

As Lindop (1999) did not explore the personal or social commitments or needs that students have or are required to fulfill, such conclusions appear as speculative.

Humphrey (1992) explored the concept of stress as a physiological phenomenon and examined the causes of stress responses for women in American society. Humphrey investigated women’s stress in a broad fashion but did not identify how he defined the vast topic areas. His approach does, however, enter into an exploration of gender issues and workplace issues for women and in particular for women in business, teaching and nursing. Humphrey (1992) appears to have adopted a quantitative methodology, utilizing surveys and structured questionnaires. These tools were not included in the publication for examination or critique. Humphrey (1992, 82) draws the conclusion from his research that;

personal stressors relating to family are significant sources of role stress for women, while role stress for men is associated with the time to pursue personal interests. The differences are likely to be due to women’s increased familial responsibility.

Humphrey (1992, 82) goes on to argue that;

further studies may determine that these differences concerning relationships and characteristics of men and women may be the result of internal orientations rather than differences in gender.
Humphrey (1992, 82) does not acknowledge that these “internal orientations” are related to social gender construction and in light of the lack of evidence he presents, these comments seem to be the author’s personal opinions.

There is a lack of current research on undergraduate students’ personal and social lives (after 2000). Little has been written recently and the literature reviewed has not revealed any research into the social dimensions of undergraduate students’ lives. However, existing research into undergraduates’ stress experiences has suggested the need for further research into the full dimensions of their lives as undergraduate nursing students.

In exploring Australian research on similar subject areas, again only quantitative studies were discovered. Research by Thyer and Bazely (1993) explored the stressors of student nurses entering university in Australia. The objective was to measure students’ anxiety related to work-place and academic stressors during a period of rapid change in the Australian system of nursing education (Thyer and Bazely 1993). Thyer and Bazely (1993, 336) found that student’s experiences of anxiety were related to assessment requirements and that “older students experienced greater anxiety than others in relations to science components of the curriculum.” The questionnaire design was described as being “adequate in identifying areas of particular stress and gave useful pointers as to which groups might be more prone to certain stressors” (Thyer and Bazely 1993, 341). The questionnaire design, however, did not allow for students to elaborate on the social dimensions of their stress experiences. Thyer and Bazely (1993) did advocate for further research to be undertaken that is qualitative in its approach.
In the early nineties, Clarke and Ruffin (1992) conducted an Australian study and found that there was more stress associated with study demands on university and college students than with students who had studied nursing through a hospital based system. The research focused on students’ perceptions of study related issues, the emotional demands of nursing, the use of technical equipment, interpersonal interaction, and the lack of time for family and personal pursuits (Clarke and Ruffin 1992). While the initial questionnaire assessed background factors and the students’ perceived stressors, the second questionnaire was structured to measure these phenomena. As such, the authors did not explore student perceptions of their personal and social lives and those factors that they perceived as impacting upon stress levels. This was indicative of the methodological constraints. In recognition of this, the authors recommended that qualitative exploration of stressors be conducted (Clarke and Ruffin 1992).

There is, therefore, limited qualitative research on women nursing students’ experiences of stress. In research exploring the concept of stress, all the authors reviewed drew conclusions about stress related role conflict. The authors generally argued that stress for students has a direct connection with role responsibilities and personal life (Clarke and Ruffin 1992, Beck 1995, Humphrey 1992, and Lindop 1991, 1999). They also asserted that this stress has an effect on academic outcomes for students (Beck 1995 and Green 1987). Beck (1995, 19-23) explored stress in its extreme form in examining burnout in students. In this phenomenological study exploring student nurses’ “lived experiences of burnout”, the study was limited to specific phenomena. The research provided a richness
of data in revealing nine themed clustered areas of issues relating to “burnout”. These issues encompassed social experiences and the university curricula demands expected of nursing students. One of Beck’s themes related to role conflict and this encompassed demands of students juggling school, work, family responsibilities, and social life (1995). Beck (1995, 22) argues that this, at times, was “an insurmountable task” for nursing students.

Although Beck (1995) provided a comprehensive account of “burnout” among nurses, the results were not gender classified and discussion of inequality associated with gender was not addressed. In contrast, Speedy (1990, 248) argues that gender is an important social dimension of stress. Research by Harrison (1991 and 1992) also supported an association between gender and stress. Harrison (1991 and 1992) argued that women’s experiences of stress are connected to role strain when performing multiple roles. Lindop (1991) too must have recognized the significance of gender in his research when he revealed gender ratios. As most student nurses are women, this gives support to research on the gender dimension of stress as experienced by undergraduate women nursing students.

**Feminist and gender literature**

If gender is a dimension of stress, then differences in gender roles within society must be contributory to the stress of women. Feminist research indicates that there are clear inequalities for women such as the unfair distribution of household chores, childrearing and inequalities in financial support (Jackson 1993, Kroska 2001, 2002, 2003 and 2004, and Leonard 2001). Yet research on undergraduate student nurses has not fully explored
the inequalities which women face. While Lindop (1991) did reveal gender ratios in his research, the methods did not allow for the generation of data pertaining to gender issues. It is incongruous that Lindop (1991) makes such strong conclusions about the stressors that student nurses face when inequalities of gender have not been mentioned. This supports an argument for a comprehensive exploration of women undergraduate students’ experiences and the development of a richness of data about the lives of women student nurses.

Research on nursing and gender issues has been limited until recent times. As nursing education has only relatively recently established itself in the university system, scholarship and research has only recently been “legitimized and expected” (Roberts and Group 1995, xvi). As more nurses receive tertiary and higher education qualifications, more studies on gender and nursing have emerged. However in this area of research, a large number of studies explore the “personal expressions of dismay among nurses”, “and offer only short analyses of specific issues” (Roberts and Group 1995, xvi). Much of this research is from the social sciences and more recently, from feminist writers. These studies provide insight into women’s perspective of nursing and on being a woman within our society and historically.

Meleis (1991) argues that gender is a valid framework within which to explore the phenomena that characterise and originate in the lives of nurses. Using gender to guide research enables the researcher to investigate the quality of nurses’ lives and the issues that nurses see as problematic (Meleis 1991).
Only one study was found that explored the experiences of women studying nursing in the Australian tertiary sector. Glass (1994), in her dissertation, investigated two interrelated phenomena; “the experiences of hospital-based women registered nurses as tertiary students in their personal and professional lives during the course of their study and subsequent to graduation” and “the effects of the transfer of nursing education from hospital to tertiary settings for ‘hospital-based’ women registered nurses.” In this study, Glass (1994) utilises a feminist methodology to explore the experiences of women. Glass’ (1994) construction of her triangulated process afforded her a capacity to explore her research area comprehensively and as such, she discovered much about the lives of the women with whom she engaged. Her results demonstrated that her participants were able to voice their tertiary experiences but enmeshed with this came encounters in their personal and professional lives. She described the process of the women moving forward with empowered voices as they acknowledged their oppression as women and nurses. In commenting on her research, Glass (1994, iii) writes that;

> It was evident that breaking the social silence regarding women tertiary nurses’ experiences disrupted the status quo in their personal and professional encounters. The changing of women tertiary nurses’ image and promoting their sense of well-being were critical to their further development.

Whilst Glass (1994) may have explored issues related to this study, her research is representative of the participants with whom she engaged as well as oriented around her
A feminist methodology therefore is also considered appropriate to direct this research, as it not only seeks to explore what it means to be a undergraduate woman student nurse but it also enables an exploration of feminist issues which impact upon those students. In investigating undergraduate women student nurses, this research will contribute to the knowledge and development of nursing scholarship and research. Furthermore, as no research exploring undergraduate female nursing students’ experiences has been discovered, this topic area needs further investigation in order to broadly understand and explain the intricate lives of these women. In critical examining undergraduate women’s experiences, it will enhance and contribute to current literature by examining the association between women, undergraduate nursing and their personal experiences in reference to our society and social structures that consequently impact on women and nurses today.
CHAPTER 3
METHODOLOGY CHAPTER
THE DEVELOPMENT OF THE FEMINIST FRAMEWORK

Introduction
This research has been purposefully driven to examine the experiences that undergraduate women student nurses have encountered during their time at university. The aim of the research is to explore those experiences within a social context to give the experiences more meaning and the reader more understanding. The research is underpinned by theoretical tenets that explain the position of both nurses and women in society. Thus, to gain an understanding of these positions in society, this chapter explores the historical and social factors that have fundamentally shaped gender locations in society. The chapter also addresses the implications of gender divisions in the production of research knowledge and specifically as it relates to nursing research. Finally, the chapter engages with the methodological concepts that inform this research.

Women’s work in the home
Historically and up to the 18th century, work was mostly conducted close to home and although men and women had separate tasks, they generally worked together (Watkin, Rueda and Rodriguez 1999, 8). During the period of industrialisation, production became rapidly centralised and as a consequence larger cities began to emerge. The subsequent shift of work from the home to larger factories and manufacturing plants meant that males were required to separate from the home to attend work. Watkins, Rueda and Rodriguez (1999, 8) argue that this development of separate spheres of work for men and
women also “birthed the idea for the first time” of the male as breadwinner and the woman as the economically dependent housewife.

This period also saw the appearance of the early women’s rights campaigners and notably Mary Wollstonecraft (1759-1797), who argued that a concern for others involves self sacrifice which ultimately militates against women’s self development and career prospects (Watkins et al 1999, 9). Although Oldfield (1992) argues that Wollstonecraft’s voice was isolated it was, nevertheless, around this time that women began to question their allocation to domestic duties in the home (Watkins et al 1999, 9). As Evans (1983, 1) argued in the early 1980’s;

> While all societies distinguish between male and female work, and as Margaret Mead (1949) pointed out a generation ago, generally assigned greater status to the work done by men, whatever its nature, it is in the most complex, industrialised societies where these distinctions are most developed and reinforced, and enforced, by the formal institutional structures of these societies.

Thus, the sexual division of labour in the home, where women assume responsibility for childcare and household chores, is of ‘fundamental importance’ in the social relations of industrialised societies (Watkins, Rueda and Rodriguez 1999, 83). As Letherby (2003, 20) argues, sociology began when industry separated from home and was brought to factories. She states that industry extended into “the marketplace, the state, the public domain,” and that this is “the sphere where history is made” (Letherby 2003, 20). It may
be argued, therefore, that women’s gender roles emerged as a social response to the needs of industrialisation (Watkins, Rueda and Rodriguez 1999, 83) and that the rise of sociology, including social theories and methods, has been developed largely from man’s relation to his social world (Oakley 1974).

Functionalist sociology, for example, which dominated social inquiry in the 1950’s considered that the role of the nuclear family was to sustain and support modern industrial society. Such theorists “drew on social Darwinism to justify strict gender roles, arguing that women were naturally expressive (caring and nurturing) and men naturally instrumental” (Parsons and Bales 1955 in Letherby 2003, 20). There was no consideration of different family types or individuals who did not fit these categories (Bentilsson 1991). Many of the wives and daughters of sociology’s (and other disciplines’) ‘great men’ were engaged in home tasks: the tasks of domesticity in the private sphere (Letherby 2003, 20). However, from the time of industrialisation and up to the 1950’s, women as a group were not completely silent. Indeed women were observing society and recording their thoughts in other ways.

**Women and social change**

Women’s suffrage movements emerged in the late 1800’s with the objective of influencing policy making that was relevant to women in the western world (Oldfield 1992 and Lees 1995). It was the result of women’s suffrage that Australian women gained the right to vote in 1894 (Oldfield 1992 and Lees 1995) and that the social ideologies of women’s roles began to change. Nursing groups also progressed at this time
to develop professional organisations. Nurses gained knowledge of political processes and became involved in voicing opinions on matters relating to healthcare and in particular, the healthcare of women, mothers and children (Roberts and Group 1995). With the dawn of the Great Depression in the 1930’s, feminism merged into the more generalized social activism of the time but re-emerged with World War II (Roberts and Group 1995, 165-172) when nurses and other women in employment fought for equal treatment and status in general. With the close of the war and the return of servicemen, much employment for women evaporated and they were expected to resume the traditional role of homemaker and child rearer (Roberts and Group 1995, 165-172).

However, at this time nurses began to question the status of nursing and the social expectations of nursing as a predominately female occupation (Mc Coppin and Gardner 1994). As the 1960’s saw the emergence of the second wave of feminism and an increase in the social activism of women, nurses also began to align themselves with this political movement (Mc Coppin and Gardner 1994). While women continued to raise issues about the inequalities inherent in their role in the home and in the social expectations of womanhood (Roberts and Group 1995, 165-172), women, including nurses, began to agitate for equal wages for equal work (Mc Coppin And Gardner 1994).

**Women and waged work**

Industrialisation and the subsequent movement of the population into larger towns and then cities resulted in the creation of a ‘class’ society that reinforced gender divisions and subordinated, in particular, working women and their children (Taylor 1998). Women
were most often hired as domestic servants, laundry workers, needle-women or assumed other roles that reflected their location in the home. Women’s work had a lower economic value than men’s work and this meant that women became economically and socially dependent on men (Hannam 1997). Society compounded these gender role ideals and this had the effect of the church, the clergy and other philanthropists seeking to reform the practices of working women (Alexander 1982). Church doctrines, clergy and philanthropists sought outcomes that would create a confluence between the Victorian ideology of womanhood and practices of working women (Alexander 1982). Women were taught from an early age that the true vocation of a woman was caring for others and sacrificing self for others. Women were socialised into owning housework and the care for others because of the evangelical belief that women’s true nature “is to be loving housewife and self-sacrificing mother” (Schussler Fiorenza 1987, 21). Society’s values were such that if women were to engage in work or public social-responsibility, family duties must come first as the role of the woman in the family is her true calling (Schussler Fiorenza 1987, McCoppin and Gardner 1994).

Balmer (1994) argues that similar virtues of evangelical fundamentalism existed within the American culture of the early 19th century and that the legacy of this evangelical belief system still exists in America today. The legacy of these value systems and of a gendered division of labour is also evident in Australian culture and has persisted throughout the 20th century and into the 21st century.
Women and work in the 20th century, and a continued division of labour.

Although and since the 1950’s there has been a constant increase in the number of women who participate in the paid labour market, much contemporary literature on women and work is located in the 1980’s and early 1990’s. Lupton, Short and Whip (1992, 179) reported that women in the labour force in Australia increased from 24.9 percent in 1947 to 51.7 percent in 1991. Significant historical events that influenced the participation levels of women in the workforce were the Second World War and the second wave of the feminist movement that emerged in the 1960’s and 1970’s. Policy changes have also been associated with an increase in women’s waged work. These notably have been the introduction of the equal pay for equal work, established in principle in 1969 and successfully achieved in 1987 (Mc Coppin and Gardner 1994, 239), and the introduction of the child care assistance and the rebate scheme established in 1993 for working mothers and families (Commonwealth Department of Family and Community Services Website 2006).

The increase in women’s participation in waged work has coincided with marked changes in patterns of child bearing and rearing. Women have been having fewer babies and waiting until they are older before starting a family (Lupton and Schmied 2002). Lupton and Schmied (2002, 97-107) speculate that these trends are resultant of women’s interests in establishing careers and their participation in the workforce prior to establishing a family. Family planning now plays a vital role in women’s decisions regarding their career choices. As Donelson (1999, 449) points out, women’s family plans influence their
thoughts about their own careers in ways that men’s do not. Donelson’s (1999) research found that the majority of adolescents and women in tertiary education expect to combine career with marriage and motherhood. However, the research also found that both “men and women… expect that women will play a more prominent role in the family than men will” (Donelson 1999, 44). Many women in the study espoused the ideal of the mother who was always “there” for her child, guiding and observing her child’s development and well-being.” Accordingly, women’s plans about family and work roles are intertwined with enduring values in relation to gender roles.

In the 1980’s, the issues of gender and work were being addressed in terms of uneven distribution of household labour, women’s lack of power in decision-making in the family and in terms of women’s poverty (Estor 1987, Schroder 1987, Schussler Fiorenza 1987). Political debates in Western societies focused around gaining equal pay for equal work in the public arena (Estor 1987). Schussler Fiorenza (1987, 29) argued that;

because of the mistaken assumption that men are the breadwinners,

women’s work outside the home is paid minimally. Since it is believed that women work for pin- money until they get married and for pocket – money in order to compliment the salaries of their husband…

More recent work on reasons why women enter the workforce focuses not only around financial issues, but also on the extent to which women enjoy working and feel a sense of
self-worth from their employment (Donelson 1999). Donelson (1999, 447) argues that women’s lives are;

enriched by work experience, despite continuing sexual discrimination and pay disparity and despite women having major responsibility for housework and childcare. Whether they are in the workforce or at home full-time, women seem to have unrealistic expectations about what employed people can accomplish at home.

While women (in developed countries) have experienced some improvements in pay and salaries packages, a gendered division of labour persists with fewer opportunities for rewards within the workplace and the home for women (Pocock 2005). This indicates that social values still espouse the traditional gender role for women. A fundamental contributing factor to this gender construction of women in paid employment has been her ongoing identity with household labour and caring in the family home. Historically, women’s work was deemed to have a lesser economic value than that of men’s because of the division of labour within the family home. Whilst women supported men and their children during capitalist and industrial growth, women’s own subordination within a social culture was reinforced because of her socialisation into the caring and nurturing roles. As a result, women’s work in the public sphere was seen as less valuable than men’s work because of the association of women with private housework and childcare (Hannam 1997, 84-85).
These value systems have continued to permeate society. Early in the 1990s, Mc Allister (1990, 9) pointed to research indicating that women who were engaged in employment were consistently deprived of the status and advantages that men experience with employment. Women received less occupational rewards, opportunities for career advancement and satisfaction with monetary remuneration. While research indicated that women assigned more effort to their employment than men, it also showed that women face greater barriers than men in gaining a promotion (Beilby and Beilby, 1988 in Mc Allister 1990).

Recent figures from the Australian Bureau of Statistics (ABS), Equity Statistics (2004), show the extent to which gender inequality continues to exist in the workplace. Current ABS figures suggest that women continue to have less promotional opportunities than men. In January, 2004, men outnumbered women in managerial and administrative jobs by almost three to one. A loss of equitable opportunities for promotion and advancement in the workplace might be explained by women’s commitments to caring at home which is most intense from the ages of 25 to 34, a time when men’s careers are progressing. But women are also excluded from managerial and high paying positions despite having similar qualifications to men employed in the same occupation or position (Baxter and Olin Wright, 2000). Apart from inequalities in career prospects, a significant difference is found in the pay gap between men and women.

The ABS (2004, 2) reports that:

the ratio of female to male total average weekly earnings (include overtime and taking into account both part-time and full-time
employment) is currently 65.1 percent; the ratio of female to male
average weekly ordinary time earnings for full-time adult employees
(excluding overtime) is currently 84.3 per cent.

Furthermore, despite women’s increased participation in the labour market, women’s
sources of employment continue to be predominantly in the service and care industries
(Upton, Short and Whip 1992, ABS 2004). It is the social construction of employment
and women’s roles as carers in the home that has limited the opportunities of women in
the workforce. The social construction of women in their caring roles will be discussed
further in the next sub section on women and caring.

**Women and Caring**

Caring is more than just household chores and tasks. It involves so much more for
women. Whilst women have traditionally taken on the roles of caring for the family,
many feminist writers argue that this has been the result of society’s construction of what
it means to be a woman. In adhering to social expectations, women have developed an
intrinsic identity in caring for others. Jackson (1997, 331), in writing about women and
domestic labour, describes the intrinsic nature of a woman’s identity in housework as;

- not merely a set of chores, it is also work which is given meaning
- through ideas of home and family. Because it is a personal service
- which involves caring for those a woman cares most about, she is
- unlikely to see it as just a job and to judge it accordingly. Not only is
- it difficult to dissociate feelings about the work of caring from
feelings about the recipients of that care, but women may also derive considerable satisfaction and a sense of pride from doing this work well, since it is essential to the well-being of all household members.

Further to this, Schussler Fiorenza (1987, 29) argues that from our early childhood women are socialised into ownership of childcare and household tasks as ‘our’ responsibility. She claims that “we learn to behave unobtrusively and to obey without protest in order not to appear ‘unfeminine’” (Schussler Fiorenza 1987:29).

But while women have taken care of men, men in their development of theories of psychology, sociology, as in their economic arrangements, have tended to devalue that care which women provide. In western society, individual adult achievement is equated with autonomy and “concern with relationships appears as a weakness of women rather than a human strength” (Evans 1983, 1). Mc Allister (1990, 81) addressed family in terms of a power structure and argued that, historically, household work has been carried out by those in a family with the least amount of power. The male of the family utilises his power within the family to minimise commitments to household work because of his commitment to paid work and because of a lack of time. Mc Allister continued on to argue that the male rationale is that women have, in general, less time in paid work and therefore should take on the commitment for household labour. These conclusions were drawn from a review of research from the 1970’s and 1980’s (Mc Allister 1990, 81). While these views have now lost popularity, women nevertheless continue to assume the greater responsibility for unpaid care work (Kroska 2003, Pocock, 2005).
This has also been my experience as a woman, although it is important not to generalize these findings to all women. Conversely, it is also important not to invalidate this experience for many women, as it can be assumed, given our historical and social roots, that this certainly continues to be a lived reality for many women.

Although there is recognition of inequality between men and women in the division of labour in the home, Marilyn Rueschemeyer, writing in the early 1980’s, argued that according to early socialist theory, a woman’s participation in the family, or in the society as a whole, was not on an equal basis unless she was a part of the world of work. Thus, what feminist arguments of the 70’s and 80’s failed to realise was the irony of the arguments in their own worlds. The irony exists because while women were striving for equality in the home, the family and society, they were faced with double-workloads because of a division of labour and because of the socialisation of women into domesticity and childrearing. As Mc Allister (1990, 80) argued, if household labour was to be compared on equal terms with paid employment this would see women’s class position defined independently to that of her spouse, and thus her income and status in paid employment would be in accordance with her skills and not with her gender. Moreover, a woman’s burden of household labour restricts her life chances in terms of career prospects, career advancement, educational opportunities and free access to life choices (Mc Allister 1990 and Hirchmann 2003).
Research has historically focussed on men’s needs and ideas and as a result there has been less attention paid to the research sphere of unpaid household labour. However, since the 1980’s, substantial progress has been made in terms of understanding the definitions and distribution of household labour across society. More is understood now about household work, its gender distribution, its relationship with paid employment and how its distribution affects employment participation. Kroska (2002, 248) argues that for both men and women, the formulated gender ideology is associated with distribution of household labour. She stresses that this gender ideology is not a product of an individual’s beliefs system but that decisions over who assumes responsibility for what household chores is a result of socialisation from mainstream culture. Moreover, she asserts that individuals develop their meanings of self from their cultural experiences of gender role expectations. The research conducted by Kroska (2003, 456) demonstrates that, within western culture and despite women having paid or unpaid work, women are more accountable than men for household labour and childcare. Participation in household work has also been discovered to be a determinant in the allocation of paid income across society (Mc Allister 1990, 80).

As a woman who works in the home and outside of the home, I can attest to similarities in my own experiences of “household work”. While my husband contributes to much of the work in the home, he does not “own the household work”. I may or may not have consciously chosen to “own the household work” and I may do so because of societal expectations, but nevertheless I “own the household work” in our home.
Although writing in the 1980's, Gilligan’s (1982) summary of the relationships of men and women in terms of work relates well to attitudes and underpinning themes that still exist. Gilligan (1982, 17) suggested that while men profit from the care and concern of women, they promote the values of personal autonomy and individual achievement. This care and concern for others and the perception of care as women’s work has resulted in a low status for women in employment that involves caring; and in particular, in nursing (Brennan 2005: 282-285). Brennan (2005: 282-283) proposes that;

Within this system of care-giving, status within nursing became attached to an ethos which rotated around principles of duty, order and obedience.

This leads female dominated professions, such as nursing, into a difficult arena for negotiating employment conditions that are “family friendly” in work rostering and in pay structure. Andolson (1998, 451) argues that we are currently in a;

dangerous moral irony: women’s ethical commitment to care could be exploited by government officials- who withdraw funding for publicly sponsored child-care and home health-care programs while uttering sanctimonious praise for the “family value” of tender, feminine care.

As a nurse, I would like to take this one step further and argue that in nursing, we experience this exploitation in our places of employment and in our negotiations and power struggles for pay and working conditions all too frequently. I also frequently
witness colleagues struggling in their personal lives to negotiate childcare expenses and arrangements with their work commitments to meet their family caring commitments. These experiences attribute to the ongoing social inequalities and oppression women face as nurses. The next section of this chapter explores the social history of nursing and how inequalities emerged as social norms for women in nursing.

**The social history of nursing and ongoing inequality and oppression**

A number of authors refer to the history of nursing as one of oppression and inequality (Hedin and Donovan 1989, Roberts and Taylor 1998, and Worrall-Carter 1995). A key factor of this inequality is that the majority of nurses are women (Worrall-Carter 1995, 65). According to McCoppin and Gardner (1994, 63), nurses’ oppression contrasts with that of other allied health areas in that it has “to do with gender and class and with a consequent lack of power, more than with what they know or what skills they had.” Cheek and Rudge (1995, 312) support this argument in stating that;

> historically nursing has been perceived as a female and feminine occupation. Hence, gender has played a significant part in the way that nursing has been, and continues to be, constructed. The low status of nursing and the way in which the work of nurses is devalued, especially when compared to other health professionals, can at least in part be explained by its gendered nature.

Godden (1995, 240) argues that “a major influence on the development of modern nursing was the ideal of womanhood held by Florence Nightingale and her
contemporaries in the Victorian age (1837-1901)” and this lead to the oppression of nurses as well as a redefining of nursing as an occupation. Social influences at the time meant that it was not considered acceptable for women to be working in paid positions. As Godden (1995, 249) therefore suggests, for nursing to be viewed as an acceptable domain for women to enter, structures of hierarchy and gendered segregation were needed. This was also reflected in one of Nightingale’s tenets of “nurses’ obedience to doctors”, which reinforced medical and male domination in the healthcare arena (Godden 1995, 249).

British nursing emerged as a respectable occupation because the senior nurses were ladies of the upper classes, and likewise for their American counterparts, nursing was for upper class women (Mc Coppin and Gardener 1994, 10). But despite the influence of class, nursing remained a gendered profession and with this, the low status of nursing remained. Furthermore, privileged access by the medical profession to education, economic reward and empowerment because of their social status further widened the gap between nurses and doctors (Godden 1995, Reilly and Oermann 1992). And nurses as a collective did not challenge the status of all nurses by uniting to oppose male/medical domination. Rather, nursing leaders of the time demanded strict obedience and loyalty to those of superior rank (Kuhse1997). While medicine achieved a degree of collective upward mobility (Willis 1983, 11), nursing remained a stratified occupation.

The views posed above give support to the argument that the social value system of the time was engendered with the Victorian ideas of what it meant to be a woman. The
influence of the church and the role of the church in terms of politics and the economy was considered necessary for industrialisation and the advancement of cities and large towns to progress. During this time and particularly in Britain, women were seen as non-persons according to the law. This meant that a woman’s husband (or her father in the case of the unmarried) owned her body, earnings, children and domestic services (Oakley 1982, 2) and her services were restricted to service in the home or the church. So consequently, nursing was an acceptable occupation to enter into as women were seen as serving others and serving God. These religious links made nursing an appropriate occupation for middle class women to undertake (Godden 1995, 244-252). Thus, the prescription of what it meant to be a woman extended to every aspect of society including nursing and medicine. In the functionalist terms noted earlier, it would be argued that this entrenchment of the gender factor and why this has persisted is because “it was in the name of progress”. But it could also be argued that this was progress for only some.

Long hours and poor pay, in combination with social and economic devaluation of care in our society, have traditionally maintained and promoted nursing as a vocation rather than as a professional career. This reflects the social values of caring and of women’s class position in society. The hierarchical setting of nursing demonstrated the “differentiated relations in which nursing was subordinate to medicine” (Mc Coppin and Gardner 1994, 10). The dominance of medicine was established before the mid 19th century when medicine could lay claim to a scientific base and thus its social standing grew out of a gendered and class structure rather than education.
Another contributing factor to the emergence of modern nursing was the influence of the church as most hospitals were associated with charitable foundations (Godden 1995). Lumby (1991, 470) argues that because of the domination of nursing by the church and army, women were dressed with the essentials of “altruism, selflessness and devotion, along with rigidity, cleanliness and order.” It was within this context, as Lumby (1991, 470) points out, that “nursing gave birth to large group of oppressed women who in turn oppressed other groups of women”. Speedy (1990, 23) also refers to the structures of male dominance that lead to the oppression of nurses and asserts that nurses were not aware of this oppression, as they had become acculturated into it. The oppression of nursing can be attributed to a culture contrived by men in positions of dominance. Furthermore, the culture of oppression was built on the silence of women. It became a social norm to treat nurses as subordinate to doctors and allowing doctors to oppose actions toward equality (Speedy 1990, Lumby 1991, Godden 1995 and Letherby 2003). As a result, nursing came to be viewed as a vocation rather than a profession, because of its subordinate place to medicine and because nursing was a feminine occupation.

One consequence of this has been the separation of nursing from mainstream science and namely, medicine, in terms of scholarship and research. More recently, however, along with the women’s movement, advancing technologies and the achievement of equal opportunity legislation, nurses have sought to achieve professional recognition and nursing scholarship and research has progressed.
The women’s movements (of the late 19th and mid to late 20th centuries) have directly impacted upon the nursing profession. For example and as noted, at the turn of the 20th century, women began organising themselves to achieve the right to vote and the oratory of feminist values was widely heard. At this time, collaborative nursing groups were seeking identification for training and registration and branches of the Royal British Nursing Association were being established in different states around Australia (McCoppin and Gardner 1994, 12). With the re-emergence of feminism in the 1960s and 1970s, nursing again espoused changes in labour legislation, such as pay equity and equal opportunities. Roberts and Group (1995, xvi) argue that nurses have continued to value feminist ideology as means to change society and policies as an endeavour to gain greater professional autonomy and power within the health arena. Although explicit feminist writings are not overly represented in nursing research, feminism influences the current situations in nursing and nursing education. Furthermore, unless nursing resolves issues of inequalities of gender through analysis and argument of past societal and historical values and policies, progress in nursing professionalism will be impeded (Roberts and Group 1995, and McCoppin and Gardner 1994).

This thesis seeks to engage in this form of feminist analysis to create research that is inclusive of women and that highlights issues of gender inequality. In doing so, the research seeks to include the “personal” experiences of women as relevant and current to women’s research areas.
Women and Research

As Cheek and Rudge (1995, 312) argue, in the area of nursing scholarship and research the “personal has been largely ignored and unacknowledged”. This has had particular implications for women in the context of a male dominated society. De Marco (1993, 1249) supports the exploration of women’s lived experiences to facilitate the development of feminist models of nursing research, scholarship and practice. Gross (1992, 367) reaffirms this view in arguing that the study of women’s lives in the development of theory and feminist constructs helps to create “alternatives to the rigid, hierarchical and exclusive concepts of reason”. The generation of this form of theory is therefore inclusive of the oppressed. Moreover, bell hooks (1997, 25) argues that it is necessary to correct the past studies of women by developing a “keen, comprehensive understanding of women’s political reality”. Radford Ruether (1994, 90) describes the benefits of exploring women’s experiences as beneficial to women when they recognise and name negative experiences and trivialisation as incorrect and as a demise to their humanity. From this naming, according to Radford Ruether (1994, 90), women;

… begin to find an alternative stand in their own shared reflection on this experience from which to judge it. They affirm their own bodies and bodily experiences as good and normative to them, rather than deviant; their own feelings and thoughts as intelligent and healthy, rather than stupid. From this empowerment to self-affirmation, they are able to place under judgement- and also progressively to free themselves from- that culture which negates them.
For the women in this research, feminist research is the political tool that facilitates the inclusion of women, (and specifically women undergraduate nurses) in the generation of knowledge, rationality and science from which women have been traditionally excluded.

**The Development of Knowledge, Rationality and Science**

Feminists challenge the patriarchal view of knowledge and how it is produced, arguing that research and sciences have embraced a rationalism that does not include women (Hekman 1990, 4-5). Traditional studies of women have arisen from the view of the social problematic within men’s experiences (that is the white western male) and therefore research on women has often been related to men’s “desire to pacify, control, exploit or manipulate women” (Harding 1987, 6-7). Du Bois (1983, 106) further argues that the positivist study of women with all its perspectives and modes of study, to be masculine. In other words, women’s voices and women’s experiences have been either absent from studies (Oakley 2000), or distorted by the myths and beliefs of men who preside over the production of knowledge. Whether intentional or not, males systematically exclude the possibility that women could be “knowers” or agents of knowledge (Harding 1987, 3). A central tenet of feminist thought is that women’s views of the world and how they see themselves are quite different to the views of men (Harding 1987, 6). Harding (1987, 6-7) suggests that “history was written from only the view point of men (of the dominant class and race)”, and that “the voice of social science is a masculine one”.

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Thus feminists challenge the patriarchal view of knowledge, arguing that research and sciences have embraced rationalism. Modern rationalism refers to the philosophical work of the seventeenth century work of theorists Rene Descartes, Baruch Spinoza and Gottfried Leibniz. These founding ‘fathers’ of philosophy developed concepts about reasoning which were grounded in male dominance (Gatens 2000 and Hekman 1990). Yet feminists uphold the notion that the rational subject is not free of the personal, social, and political positions but that it is important to identify these. The core of feminist research is then to reveal the social relations and social constructions of research and knowledge production (Ironstone-Catterall, Mc Donough and Robertson et al, 1998, 9).

Beliefs about women’s subordination and their inherent weakness historically underpinned the justification for restricting women’s access to education and therefore from the development of thought and rationality. Such notions have their origins in premodern thought of philosophers such as Aristotle who argued that the male is by nature superior and the female inferior, the man rules and women are ruled (Kotzin 2000, 18-20).

Much of the attitudes and beliefs of women’s inferiority also stemmed from mainstream knowledge and theory production (Martin 1998). As time progressed and women began to access education, it was not the mainstream education that males were engaged in but it was education provided by the church. This stream of teaching for women was focused on religious instruction and progressed to include education that was seen as being favourable for women. Social constructs of the time included a separate education and
therefore a separate production of knowledge for women. Women were excluded traditionally from the mainstream production of knowledge, and historically this meant the sciences as well as the arts (Kotzin 1998, Martin 1998, and Radford Ruether 1994).

Harding’s (1987, 4) rationale for the basis of this sexism stems from the fact that women at the time did not possess the credentials or social standing to be able to engage in social research. She continues her historical account to argue that when women did enter the field of social research, the material they produced was constrained by the immense pressure to conform to the expectations of their male counterparts. Thus they produced work that fell within the interests of men.

As such, women’s thoughts, ideas and knowledge have long been largely absent from the development of mainstream knowledge and theory production (Martin 1998). Radford Ruether (1994, 88-91) argues that it is women’s experiences that have been omitted from the development of hermeneutics, theological and philosophical reflections of the past. She further argues that women’s biological difference of her monthly flow, and her ability to provide for a suckling infant resulted in her “marginalisation and inferiorization” in the context of her inclusion into the development of thought (Radford Ruether 1994, 88-91).

Gross (1992) also explores the ideas of rationality in relation to feminist theory. It is contended that feminisms are not merely interested in correcting positivists’ ideology of the rational verses the irrational but have an interest in revealing and questioning
structures that develop these presumptions. Thus the purpose of feminism in science is
twofold; one to identify the patriarchal beliefs of society which have caused the historical
exclusion of women and two, to identify which universal characteristics women hold that
have contributed to this historical exclusion (Keller 1982, 118). Further to the notion of
rationalism, Hekman (1990, 16) also argues that “this dichotomy between masculine
abstraction and feminine contextuality has been the central means of excluding women
from the sphere of rationality and maintaining their inferiority”.

Thus, a critique of experimental science and quantitative ways of understanding the
world has given rise to a feminist social science. Feminist research provides a
methodology that meets the needs of women in their everyday lives, in issues that they
view as important (Oakley 2000, 4). Reinharz (1992, 6) refers to a range of research
methods that identify themselves as feminist including interview research, ethnography,
survey research, statistical research, experimental research, cross-cultural research, oral
history, content analysis, case studies, action research, multiple-methods research, and
original feminist methods. However, these methods themselves do not constitute
feminist research, but are merely an avenue for people who identify as feminist to engage
in research which highlights the inequalities faced by women.

According to Spender (1985, 5), “at the core of feminist ideas is the crucial insight that
there is no one truth, no one authority, no one objective method that leads to the
production of pure knowledge”. Veith (1994, 59) presents a critique of this argument and
states that “those who argue that there is no truth are putting forward that statement as
being true and that such lines of thought are intrinsically contradictory”. Moreover, Veith (1994, 59) argues that the agenda for argument should not be that of truth itself, but rather an argument against the power dynamics associated with marginalised groups (such as women, ethnic groups, and other minority groups) when the values of knowledge, rationality and culture were developed (Veith 1994). Writing on science and the development of research, Letherby (2003, 63-64) states that;

Within objectivism there is a clear view that the neutral knower can be separated from what is known, that different researchers exposed to the same data would replicate results and that it is possible to generalize from this type of research to wider social and natural populations. It is believed that this approach guarantees objective inquiry and is valid for investigation of any sort of phenomenon in the social as well as the natural world (e.g. McCarl Neilsen 1990; Stanely and Wise 1993; Oakley 1999).

So it is assumed in traditional research that in the social world there are “social facts” that can be studied in much the same way as the “natural facts” of the natural world. Moreover, the positivist assumptions that deductivism is objective and value neutral and can be quantified are central to this ideology (Letherby 2003, 64). As such, when phenomena defy measurement, scientists consider the data unimportant. This means that historically, lived experiences that cannot be attributed a numerical value, have been deemed worthless or valueless in the scheme of determining “truth” or “reality” (Struebert and Carpenter 1995, Gross 1992 and Harding 1992). Society has even more so
validated this value system through monetary feedback (e.g. in project funding grants) and the development of scientific awards such as the ‘Nobel’ prize (Neyle and West 1992, 268). As such, the personal lives of people have largely been left unexamined until recent times when we have seen the development and acknowledgement of new methods of research.

In recent times there has been a shift towards the exploration of the subjective experiences as singular entities of research. This thesis is not about arguing whether there is one truth or many truths but it is about understanding women’s experiences whilst studying undergraduate nursing degrees and takes what the women say as the truths of their experiences. In conducting this research, the aim of this thesis is to include the participants’ ideals, thoughts and values and also to hear what was problematic for them during their period of study. Hence the next section explores the methodology in more detail in setting out the bases of the thesis’ feminist approach. In engaging with the feminist framework, the chapter also explores some of the positivist critiques that shape this methodology.

The Methodology

Language used between researchers varies according to what philosophical body of knowledge informs the research approach. And because of this, confusion is often experienced when sharing knowledge between researchers. Although one may assume that because I began this paragraph with the word “language”, this research is interpretative and qualitative, the word was written to highlight issues of terminology.
One researcher’s written language and terminology may not necessarily be directly representative of language from another research paradigm (Letherby 2003, 3-5). To gain a greater depth of understanding of a research approach and the underlying philosophies one must not only define one’s language but outline one’s own history and sociology to give meaning to what is being said.

This research has adopted a qualitative approach underpinned by a feminist view of the social world. For me and as a woman, this research was and is about a journey, a journey to discover what I was passionate about, in a way that suited my own psychology and my own way of seeing the world. It is also about saying what I want to say and finding a voice to say it. So while I am exploring the methodology of this research and presenting arguments for and against ways of viewing the world and research, the methodology for this thesis developed because of who I am and what I already knew but was not able to articulate. The research turned out to do so much more than just discover what it intended to discover; it changed me and how I viewed the world. I also feel in some senses emancipated and empowered.

The research methodology developed first as a reflection of my thoughts and beliefs and subsequently was informed by several theorists, namely Ironstone-Catterall et al (1998), Letherby (2003), Reinharz (1992), Stanley and Wise (1993) and Harding (1992,1987). Other theorists have been given due mention in reference to their work.
The methodology of feminist research does not constitute a strict set of rules which guides how the research is done, but rather, guides with ideals and a value system that reflects the tenets of the feminist culture (Letherby 2003, 4). It is these thoughts and philosophies that guide how the research is carried out, rather than prescribing methods employed. This is highly reflective of the complex nature of the ‘personal’ in the research.

Feminist research holds no claims to be exclusive of qualitative methods and in fact acknowledges that it does indeed lend and utilise some of the methodologies as well as the methods of quantitative research. What it does claim to do, as feminist, is to politicise the oppression and inequality that women experience.

Although there is much debate within feminisms over the objectives of feminist research, all hold to fundamental and shared tenets. The first is the patriarchal development of knowledge, rationality and ‘science’ debate as previously discussed. Because traditionally knowledge, rationality and science have been exclusive of women in their construction, women experiences and ways of seeing the world need to be included in research to correct the gender biases that have become entrenched in our culture value systems and in our knowledge.

A further shared tenet is that the feminist viewpoint is political in that it continues to argue against the traditional social constructs and the gender inequality that emerged from our “fore fathers” values in research and scholarly practices. This thesis aims to
highlight those socially constructed value systems and critique them using the feminist viewpoint.

**Objectivity and subjectivity**

A positivist criticism is that, because a lack of objectivity, feminist research holds no scientific rigour. Indeed, in feminist research, the researcher not only acknowledges biases but also overtly connects with the participants through the development of trust, rapport and friendship. Yet, in response to criticism, feminists maintain that positivism is certainly not “value-neutral” as implied and perhaps less so because scientific researchers do not acknowledge the relationship they hold with the subject of research or the participant. Furthermore, feminists hold that the standards or rigor are affected by the whole research process and not by the reliability of the instruments alone (Hall and Stevens 1991, 16-20 and Rubin and Rubin 1995, 35-36).

In fact, some argue that feminist research seeks the same ends as empiricist epistemology in producing as objective, value neutral research results as possible (Harding 1992, 343). And most contemporary feminists reject that any notion that objectivity should be renounced as a goal altogether (Jayaratne and Stewart 1991, 98).

Furthermore, feminist research seeks to acknowledge the subjectivities held by the interviewer and to uncover the culture, values and biases that the interviewer may have. In so doing, objectivity is increased and this makes the results of the findings more

The sharing of knowledge between a participant and myself as the researcher may at times be viewed as subjective. However, women are considered the experts in their own histories and knowledge of that history and therefore this situates the knowledge being produced as objective and true (Ironstone-Catterall et al 1998, 29-30). This approach captures the experiences of women and acknowledges the social contexts in which they are constructed and embedded, thereby increasing the objectivity of the research and meeting the goals of the research (such as, revealing the inequalities faced by women in our society). The power dynamics within the research relationship is one of partnership and moreover, feminists view this relationship as pertinent in producing data and material that is objective and more value neutral that traditional empiricist forms of research. Misleading and exploitative outcomes were avoided in this study by an open-ended style of interviewing which will be further discussed in the methods chapter. This also contributed to more objective revelations of history from the participants and a more thorough total research process that recognised the subjectivities and the voices of the women participants. (Ironstone- Catterall et al 1998, 29-32)

The notions of emancipation, empowerment and conscious raising

The methodology of feminist research makes the “personal political” in raising the notions of emancipation, empowerment and conscious raising. Feminist research approaches are emancipatory as they give voice to women thereby freeing women from
past oppressive experiences. Gross (1992, 45) expands on the need to study women’s lived experiences in stating that;

… in taking women’s experiences and lives as a start point for the development of theory, feminism attempts to develop alternatives to the rigid, hierarchical and exclusive concepts of reason.

Reviewing women’s roles and reconstructing them in terms of history offers more validity than the method in the realm of feminist research. This ideology underpins the link between feminism and the politics of “the personal is political” (Glass and Walters 1998, 8).

It is worth considering the concept of empowerment within the context of this framework. Empowerment is defined by feminist researchers as a process of addressing subject matters that could improve the overall quality of life for women (Ironstone-Catterall et al 1998, Letherby 2003, Reinharz 1992, Stanley and Wise 1993 and Harding 1992 and 1987). However, this notion is problematic in assuming that a person (or in this case the researcher) has the facilities or resources to empower another.

This thesis adopts the view that feminist research, rather than empowering, is fore-mostly conscious-raising (Stanley and Wise 1993, 193). As Stanley and Wise (1993, 193) argue, it is women’s understandings of the worlds in which they live that may be transformed. This transformation constitutes recognising the “masculinist perspective” and view of the world through a feminist lens. Thus research in the area of nursing scholarship is about
“a heightened sense of personal and professional worth” and an increased awareness of the structures of domination that oppress women nurses (Roberts and Taylor 1998, 130).

**Summary**

This research has adopted a feminist approach because the study has an explicit gendered focus. Although much feminist research is predominantly qualitative in nature, its distinguishing features are that it focuses on women’s issues and those factors that cause the inherent discrimination of women. Feminists do not agree on the exact causes and origins of male domination, but they do agree that it does exist (Letherby 2003, 4). Nor do all feminists agree on solutions for these problems, that is, how to resolve these issues or how to liberate women from male domination. However, common to all feminist research is a commitment to the revelation of the inequalities that women face and the subordination that impacts upon their lives (Letherby 2003, DeVault 1999, Reinharz 1992, Hedin and Donovan 1989). In conducting feminist research, it is the political agenda of the researcher to first, provide a voice for women who recognise and want to speak of this inequality; second, to create useful knowledge for social and political change; and third, to create personal change in response to the awareness of the knowledge gained from the research.

Feminist research subsequently is a combination of theory and practice (Letherby 2003, 4). The theory and practice is reflective of women’s “knowing” and “doing” (Letherby 2003, 2). Traditionally and as argued above, theorising and the development of knowledge were created by men and for men (Kotzin 1998, 9-13). In contrast, feminist
research has developed as its unique focus an explicit political standpoint that rejects the approach of “androcentric, institutionalised knowledge as being the way of knowing ourselves and the world” (Gustafson 2000, 724). The agenda of making everything knowable through the use of deductivism and searching for social facts through the use of impersonal tools of science has been challenged (Lather 1991, vii and Letherby 2003, 64). In developing women’s ways of “knowing”, women’s theories have a starting point for the development of their own theories and knowledge (Letherby 2003, 4-5 and Devault 1999, 38-40). By firstly providing an avenue for women to have a voice, women are intrinsically sharing what they “know” from their own reality and lived experiences. Secondly, by providing an avenue for women, who theorise and “know” through their research experience, one’s research develops to incorporate the collective women’s voice.

Often the self of the researcher is absent in academic writing. In general, concern is expressed that overt expressions of political ideas or prejudices would bias research finding and prevent the participants from revealing information. However, not revealing one’s self and one’s own thoughts and experiences also may bias the research. In considering and collaborating with the arguments of feminist writers (Letherby 2003, Devault 1999, and Reinharz 1992), the inclusion of the self through writing in the first person when revealing information about the researcher gives the reader a clear indication that a revelation by the researcher is being made, thereby revealing any potential bias and increasing the objectivity of the research. Through situating the researcher in this way, in writing in the first person when revealing the writer’s own thoughts, ideas and experiences also situates the researcher as an instrument of research
and discloses the researchers own ways of “knowing” (Letherby 2003, 6-9). Writing in the first person appeared to be risky business considering a masters thesis depends on whether the examiner supports this political agenda. But as Devault (1999, 157) argues and in highlighting the frustrations experienced by feminist writers;

Writing is a moment in the research process when the “balancing act” required of feminist investigators becomes especially perilous. Standard textual formats can be powerful instruments of persuasion, and feminist writers often wish to call on the power to convince…In the academic context, standard formats also prove to gatekeepers that the writer is worthy of membership; a “proper” text lifts the writer into the company of scientists, while one that is different may not. Despite these pulls toward tradition, many writers feel dissatisfied with standard formats.

As feminism is a struggle to end sexist oppression, it is a necessary struggle; to eradicate the ideology of domination that permeates western culture on various levels as well as a commitment to reorganising society so that the self-development of people can take precedence over imperialism, economic expansion, and material desires (bell hooks 1997, 25).

Feminist research is concerned with challenging what is known and how knowledge is produced, and how that knowledge is written.
This thesis is concerned with women undergraduate nursing students and their lives. It is also concerned with their lived experiences during their undergraduate years and how their experiences were shaped by the social constraints of gender inequality. The thesis seeks to provide a voice for these women and to explore the shared experiences of being a woman. The next chapter addresses the methods employed in the study.
CHAPTER 4
METHODS CHAPTER

Introduction
This research was purposefully designed to develop an understanding of the experiences of undergraduate women students undertaking a pre registration nursing degree course. In doing so, this study has sought to apply a feminist framework as outlined in the preceding chapter. The feminist methodology grounds the research in the feminist theoretical underpinnings that guide the values and direction of the study. These tenets have been applied to the language of the research, the historical overview, the development of the research question and also to the elements of the research design.

This chapter describes the research methods applied in the study and how they were implemented in addressing the research question: what are the experiences of undergraduate women nurses? In a practical sense, this chapter describes how the participants were accessed and recruited, how and why interviews were conducted, the analysis methods and the management of potential ethical risks.

Sampling
The participants for this study were purposefully recruited from a final year female student cohort within the School of Nursing, QUT. Permission for access to these students was sought from the relevant managers in the university and the university’s Human Research Ethics Committee (see appendices A & B). Participation was voluntary and participants were recruited through the distribution of brochures on the
school’s notice board (see appendix C), by invitation and via a formal presentation of
the project to students.

As a facilitator of undergraduate women in the nursing course, it was considered
ethically important not to relay information too early to the students as I was
conscious that some students may have felt some pressure to volunteer to be involved
in the research. The participants were recruited during a third year nursing lecture
(Nursing 5) on May 22, 2001. This date was chosen deliberately as it was one week
after the clinical placement practicum of the students was completed. Reasons for
specifically selecting third year nursing students only was for ethical reasons and this
will be discussed later in this chapter.

A short presentation was given in a lecture outlining the purpose of the study and
potential participants were given an opportunity to make contact with myself at the
end of the lecture. A brochure was also placed on the notice board in the School Of
Nursing.

A total of 14 women indicated an interest to participate in the study. After the
information package was distributed (see appendix D) and further queries were
answered, 13 women consented to participate in the study.

Participant selection criteria was as follows:

1. The participants must be women;
2. The participants must be final year undergraduate nursing students;
3. The participants must be able to give consent; and
4. The participants must be able to engage in an interview.
The participants’ ages ranged from twenty to late forties. The participants also represented a cross section of enrolment options (i.e. some were part-time, full-time, and some had deferred and returned to complete the course).

Data Collection Methods

It is noted that the methods employed in feminist research are not unique to feminist methodologies. Thus what characterises research as feminist is not the methods utilised, but the framework that guides the use of the methods and the way in which the methods are deployed (Kelly, Burton and Regan 1994, 46).

The data collection methods adopted in this study were:

1. In-depth interviewing
2. An exploration of literature and the identification of key feminist issues for women student nurses.
3. The use of a personal journal by the researcher, which recorded theoretical ideas and analytical insights throughout the research process.

The use of these multiple methods in this research was foremostly for the identification of differences that can be generated from different research approaches (Maynard and Purvis 1994, 4). Multiple methods also contribute to data analysis by enhancing understanding of the data. The analysis of data from one approach can give more depth to the meanings of data from another approach (Reinharz 1992, 201& 208). Feminists do not hold that this will increase the validity of the data. As Maynard and Purvis (1994, 4) argue, validity in feminist research is not determined from how
the research design is carried out, but whether the research follows the methodology it
aspires to (Sarantakos 1993). While the results of in-depth interviewing and
exploration of literature are evident in the analysis chapter, synopses from the
researcher’s personal journal have not been included. Rather edited ideas and thoughts
that emerged from reviewing the combination of these sources of data have been
applied in the various stages of analysis. The purpose of journaling was to identify my
own feelings, experiences and biases as I engaged with the data. Through the
identification of these issues, I approached the analysis of the data with more
awareness and sought to examine and analyse the data more objectively. I used my
own personal insights, experiences and “knowing” to guide the research as well as
searching literature outside these experiences to gain a deeper understanding of the
participants’ experiences.

This thesis adopted a deconstructionist analytical method as articulated by Martin (in
Reinharz 1992, 149) who described the process as one where, “I deconstruct and
reconstruct this story from a feminist viewpoint, examining what it says, what it does
not say, and what it might have said.” In this way, the research is consistent with a
feminist standpoint because it starts with women’s experiences and then reconstructs
theories in the light of both recorded history and the interview data provided by the
women. In-depth interviewing is consistent with this framework because the
interviews were conducted by a researcher who is a woman and the unstructured
nature of the interviews allowed for the participants to share their experiences.
In-depth interviewing

In-depth interviewing is flexible and dynamic and as such can make full use of the differences between the women participants of the research (Reinharz 1992, 18-19 and Taylor and Bogden 1998, 88). Criticism of this type of research focuses on its nondirectiveness, lack of structure and standardisation and its seemingly open-ended approach. However, feminist researchers assert that the benefits of conducting in-depth interviews are in allowing access to people’s ideas, thoughts and memories in their own words rather than words construed by the researcher (Reinharz 1992, 18-19). Reinharz (1992, 18-19) continues on to argue that “this asset is particularly important for the study of women because in this way of learning from women it is an antidote to centuries of ignoring women’s ideas altogether.”

In-depth interviewing means that the researcher has face-to-face encounters with the participant and the interview is directed toward achieving an understanding about the participants’ lives, experiences and situations as expressed in their own words (Taylor and Bogden 1998, 88). Taylor and Bogden (1998, 88) continue on to describe in-depth qualitative interviewing as “learning about how people construct their realities-how they view, define, and experience the world”. As feminist research is concerned about developing a sense of connectedness and is concerned with power dynamics within the research relationship, it was essential that the interviewer set some parameters while also ensuring that the interview was not overtly structured so that it became a “self fulfilling prophecy” (Reinharz 1992, 20;Taylor and Bogden 1998, 101-102 and Drew, Hardman and Hart 1996, 425). The topics and themes pursued in the interview facilitated conversations about the participants’ experiences as students and women.
It is argued that self-revelation and openness in the interview process leads to the development of rapport and trust within the research relationship (Rubin and Rubin 1995, 11 & 184). This is based on the premise that this approach balances the power dynamic within the research relationship. A criticism of this approach is that it is too subjective and risks influencing the interviewee. In countering this argument, feminists argue that if the subjectivity is acknowledged in the research process then this in fact aids the objectivity of the research (Hall and Stevens 1991, 18). Furthermore, a process of self-revelation could be an avenue for the researcher to be inclusive in the data collection.

However, this study draws on the view of Neuman (1997, 334) who suggests that researchers make their values and personal opinions explicit in the writing up of their research. For this reason and for data analysis purposes, I have utilised journaling and writing in the first person to include myself in the research. Neuman (1997, 334) also asserts that the acknowledgement of one’s own personal insights, feelings and perspectives in this form adds to the objectivity of the research and acts as a safe guard against overtly influencing the participants. As the primary purpose of this thesis is consciousness raising, it was considered important to use strategies that would minimise the influence of the views of the researcher on the participants.

Interviews were conducted in a private room in the QUT School of Nursing building, at the participant’s home and in a café (as the participants requested). Doing research in the respondent’s chosen space creates an atmosphere where the respondents feel
they are in control of the interview and safe in the environment in which they are sharing their stories and experiences (Letherby 2003, 108-109).

The Interviews

Although the interview structure was open (Taylor and Bogden 1998, 8), some broad questions were posed to provide some parameters for the interviews and to allow for a depth of data pertinent to the research question. Some examples of opening questions are as follows:

1. Could you describe your experiences as an undergraduate nursing student?
2. What have been the impacts of studying nursing on your life? (both positive and negative)
3. Can you describe what it was like for you in your home life?
4. Can you describe what it was like for you in the social areas of your life?

The interviews proceeded well, with no participant withdrawing consent. However, as planned, when a participant did demonstrate feelings of “unease” or tearfulness, taping was ceased and the participant was asked if she would like to continue. This occurred in three interviews. On each occasion the participant clearly stated that she wanted to continue because each felt it important that academics should hear ‘what really goes on’ in their lives. In being consistent with the research methodology, I was careful to ensure that the participant had control over decision-making in regard to the interview process.
Exploration of literature

Many traditional scholars use the term “literature review” to refer to an interpretation of relevant literature on a given subject area. “Literature review” in feminist terms refers both to the review of prominent findings of the literature in relation to the chosen topic and the critique of the underlying methodologies that guide those studies (Reinharz 1992, 149). Feminist researchers do not view a “literature review” as a distinct phase of the research process but as an ongoing process throughout the entirety of the research. This becomes more obvious as the research project progresses and in particular when the researcher begins to utilise the literature to give meaning to the data gained from interviewing women. It is here that feminists argue that their research approaches are indeed rigorous as they create their logical arguments moving between concepts and data and then refocusing back to society and the ways in which it is documented in the literature. This involves a process of looking at past and present issues, in both appearance and essence (Sarantakos 1997, 64). Braud and Anderson (1998, 248) argue that the use of past research and literature increases the rigor of the research as it aims to correct past inequalities in research and it allows for a full examination and understanding of the phenomena being studied. By doing so, it also challenges the role of social structures and power dynamics in the development of knowledge.

It has also been argued by feminist critics that personal “experience” can be an unstable concept and as such analysis of the conditions that produce the ‘experience’ is warranted. Thus, the call for reflection on works on society and its historical accounts can be supported (Olesen 1994, 167).
**Data Analysis**

The interviews were transcribed verbatim and a data transcriber was employed to assist with the transcription. All tapes were coded and names of the participants and their personal details were stored separately in a locked cabinet. The employed transcriber did not have access to these details. The data transcriber also signed a confidentiality agreement in the event that personal details were disclosed during an interview (Appendix E).

In research driven by theoretical tenets, even where naturalistic and open-ended research techniques have been employed, analysis is normally undertaken using codes and variables from existing theory. These methods are arguably grounded in empiricist thought and as such they are largely deductive and seek to test out the data against preconceived theoretical propositions. However, for the purpose of this research, hypothetical-deductive methods are considered inappropriate (Drew, Hardman and Hart 1996, 425 and Sarantakos 1997, 64).

The term coding in the traditional spheres is often linked to stringent methods of research that follow existing theories and adhere to a set of rules. Rubin and Rubin (1995, 226-256) argue that coding can be a much looser concept for qualitative researchers when researching peoples’ experiences. Coding in this sense allows an inductive phase and thus the emergence of key concepts and themes. This thesis has adopted this framework and has developed its own codes by which to explicate themes from the data. Some codes were identified from the literature and others were discovered through an inductive process that saw new and different themes emerge as
the interviews progressed. A further influence on this process was my “knowing” as a clinical facilitator, nurse, student and woman.

As the data was transcribed and coded, I sought to immerse myself in the data by reading and rereading transcripts and literature to seek out the meanings of the women’s experiences. In so doing, I engaged in a process of moving between the data and past and present feminist issues as they have appeared in the literature. Thus and as noted, the analysis was informed by both inductive and deductive methods (Drew, Hardman and Hart 1996, 425).

In a practical sense, as I reread the data and literature, statements made by participants were highlighted and lengthy statements condensed to more workable themes. In the first stage of data analysis, the emerging themes where transcribed a second time under each participant’s pseudonym. The data was then coded by naming experiences to reflect emerging themes that reoccurred. The emerging themes in the data were then finally categorised under each major code name as a heading.

In the second stage of the data analysis I reviewed statements made by participants in combination with reviewing key issues evident in feminist literature. It was at this point that I began to journal and develop my own insights and ideas from the emerging themes. This is subsequently where the format of the write up of the analysis chapters began to emerge and this informed the development of the analytical chapters.
Managing Risks In Data Analysis

Some issues of maintaining confidentiality arose after the interview process. I became aware of the need to omit data that would have clearly identified a participant to others at the university. Letherby (2003, 108) supports the removal of such data in order to protect the identity of the participant. Although sensitive issues were raised in the interviews, the remaining data was purposefully included as it reflected issues important to the women.

Consciousness-raising

The order in which the data is presented in the final data analysis chapters is not reflective of any order of importance but rather the researcher’s view of the world through a feminist lens. I managed the risk of speaking for “others” in my research by acknowledging that the writing is a representation of my way of viewing the data. However, the data analysis process also ensured that the emergent themes were indicative of the shared experience of the women participants. Although the research is limited to the extent that it represents the views of the participating women, in grounding the data in existing literature it became clear that such views were inclusive of many women (Letherby 2003, 143-135).

Reinharz (1992, 232-234) argues for the forming of a deep identification with the research data and the women it engages, as it challenges conventional scientific methods of research. She argues that this increases the understanding of the subject area that is being studied. The risks associated with this approach are more related to the researcher, as it can create emotional pain and this may develop as a longing to help the participants. However, it was important to recognise that a faithful
representation of the study findings may be an avenue for helping women (Reinharz 1992, 16 and Letherby 2003, 134).

In the light of the purposes of this research and that its primary goal is to be consciousness-raising, speaking out for others is considered essential. Speaking out for others is achieved in the completion of this thesis and also through sharing the knowledge and of the findings with others.

**Ethical Considerations and Risk Management**

The sample participants were chosen from the final year undergraduate class because of ethical reasons. As noted above, I work within the School of Nursing as a clinical facilitator of undergraduate student nurses. In this position, I work with students whilst they attend clinical placements within Brisbane metropolitan hospitals. Although it is argued in feminist research that selection of participants from the same social grouping as the researcher is effective, it does raise ethical considerations. Firstly, if the student was placed in one of my clinical practice groups after participation in this research, my objectivity in working with them in the clinical area may have been affected. Secondly, it would also mean that I would be in possession of personal information and I subsequently would be unable to meet my objectives in research by providing them an avenue to share their thoughts, ideas and experiences with the wider academic community because I would not be able to include them in my research.

In consultation with the undergraduate clinical coordinators from the QUT School of Nursing, it was agreed that the conduct of interviews would take place following the
third year students’ first semester clinical placement. The students participating were also advised of the need to request a final clinical placement different to that where I was engaged. The issues of anonymity were not compromised as all students in final year were required to self select their clinical placement online. The consent form addressed this issue and the students were made aware that they may not have been able to select their preferred clinical placement, if I was facilitating in that area. My contract was at Greenslopes Private Hospital for the final practicum.

**Managing Risks In The Interview Process**

At the beginning of the interview process, participants were reassured that if at anytime they wished to stop the interview I would respond immediately to such a request. I also instructed the women that I would cease the tape recording if I felt they were demonstrating feelings of ‘unease’ and that I would once again gain their consent to continue taping. It was at this stage that I told the participants of the availability of student counselling should they identify issues that they recognized that they may need help to deal with. Permission was sought from QUT’s student counselling for access to this service for the purpose of this research (see appendix for letter of approval).

Prior to commencing the interviews, participants were also informed that they had the option of declining to respond to any question or statement made during the interview process. Here again, anonymity was assured and the participants were invited to choose their own pseudonym. The women were also asked to consent to the audiotape recording of the interview. This consent was obtained both in writing and verbally during the interview process.
When people revealed difficult and painful aspects of their lives, or became distressed or angry in the process of sharing information, the researcher role was not one of counselling (Letherby 2003, 127). While I possess counselling skills as a nurse, in my position as researcher I was not in a counselling relationship. Although some researchers may feel compelled to offer help, as Letherby (2003, 127) argues, it is important to acknowledge these feelings to increase the objectivity of the research. In acknowledging such feelings, the researcher is better able to distinguish the roles of researcher from that of a friend or family and in my case, nurse and clinical facilitator.

I had experienced work related relationships with some of the participants and on occasions felt a need to move beyond the researcher role. However, at the completion of interviews and where participants shared highly sensitive issues during the interview process, they were again offered the opportunity to withdraw consent for the use of information shared and were also advised of the availability of counselling services.

Validity and Reliability

The research approaches used were specifically designed to ensure validity and reliability. Traditional positivist research places primary importance on the methods and how the research is carried out to establish rigor and validity. Feminist and qualitative researchers argue that there are alternative persuasive definitions of what constitutes rigour (Ironstone-Catterall et al 1998). Feminists argue that understanding women’s lives from their viewpoint is a driving concern of feminist research (Ironstone-Catterall et al 1998). As also argued in the methodology chapter, this
research seeks to facilitate the positioning of women as experts on their own lives, thereby shifting the power dynamic of the traditional research methods. By doing so, this research establishes rigor and validity through legitimising women’s experiences and knowledge by talking and listening to women participants in a way that draws out their stories and experiences. For feminist research, the realization of power dynamics within the research relationship and the acknowledgement of the woman participant as a knower, in her own right of her own social experiences, deems the data reliable. The interpretation of the data is deemed reliable through an acknowledgement that the research is being carried out for the participant. This shift in power, within the purpose of the research, also raises credibility. (Letherby 2003)

Feminist research has no defined set of methods but rather employs methods from all types of research including interpretative and critical approaches, and even positivist approaches (Sarantakos 1993). For feminists, value is not held in how the research is conducted but whether or not the methodology is consistent with the methods employed. Often social researchers use the terms methods and methodology synonymously and subsequently the value of the research is lost with the interchanging of the terms (Harding1987, 4-5). The methods for the purpose of this research are defined as the way in which the research is carried out and the strategies employed for gathering data. The methodology is the theoretical principles that guide the research approach. It is in these values that rigour is established.

**Conclusion**

As demonstrated through discussion in this chapter, the sampling, data collection and data analysis methods employed in this research reflected the feminist framework
adopted by this research. The methods also fulfilled ethical obligations to the participants and to the QUT Research Ethics Committee.

The following two chapters present an analysis of the emergent themes that are pertinent to an understanding of the experiences of women undergraduate nursing students. These chapters engage with these themes in the light of an integration of research data and feminist literature.
CHAPTER 5

ANALYSIS CHAPTER- WOMEN AS CARERS

Introduction

The lives of the women in this study were complex and full of rich experiences and meaning. In addition to studying undergraduate nursing degrees, the participants had significant personal life events that were interwoven into their experiences as undergraduate women students. On occasions, these shared experiences also included personal history accounts and recollections. For the purpose of this research, data that refers to situations occurring outside of the university enrolment timeframes of the participants has been excluded except where that history was relevant to current events.

What emerged from the study was a complex description of the nature of these women’s lives. At times they shared personal frustrations and heartaches as well as positive events that occurred during their lives as university students. Emergent themes from data analysis reflected elements of oppression and inequality that were specifically related to the participants as women. The women were strongly entrenched in women’ roles and this impacted upon all aspects of their lives.

This and the following analysis chapter explore the restraints and barriers of inequality that impacted on these women during their engagement with university study. This chapter specifically focuses on women as caregivers and the ways in which this role shaped the study experiences of the participants. The following chapter focuses on other experiences which reflect the barriers and restraints in the lives of the women as university students. Whilst these two chapters appear separate
for the purposes of literacy and thesis development, I want to acknowledge that by no means are these lived experiences isolated but that they are intrinsically interrelated in the lives of these women. This also reiterates how complex and involved the participants’ lives are and were.

**The multiple roles of women students**

The participants all assumed responsibility for a varied range of roles that were demanding and time consuming. The women’s lives were described in terms of their own personal and associated university responsibilities as well as the multiple roles they held as women, partners, mothers, sisters, aunties, friends and as employees. Some of the women also referred to commitments to their communities.

The reality for these women is that they are deeply affected by entrenched ideologies and persistent social values and expectations. Although the roles of women have undergone progressive change in western societies, women now adopt and accept more roles than ever before (Evandrou, Glaser and Henz 2002:781-789). Women have entered into waged work in increasing numbers since the 1960’s, but domestic and other forms of unpaid work as a feminised concern persists (Prince Cooke 2004). The woman as child carer, husband carer, house worker, and family emotions support worker remains symbolic of “good motherhood” and the “good woman” (Moen 1992, 12). For many women in this research, the reality of maintaining family role responsibilities very much reflected the normative expectations of the social identity of a woman.
Aaron-Corbin (1999, 62) argues that the more roles a person acquires responsibility for, the more difficult it becomes to meet the associated responsibilities. With more and more women endeavouring to further their careers through tertiary study, role conflict holds meaning for contemporary women and this resonated with the women in this study. Aaron-Corbin (1999, 62) also notes that while women who embark upon these multiple roles often earn the status of “superwoman” and gain incentive from this title, ultimately their careers are affected by the multiple roles they are required to fulfill. A study of the work and family roles of university employees indicated that role strain was a common occurrence for employees and this form of stress caused psychological distress and impaired work performance (Elliott 2003, 157). What emerged as significant in the study was that “women, whether faculty or staff, experience more work and family role strain than do men” (Elliot 2003, 157). Elliott (2003) also suggests that traditional gender role expectations of women to assume greater family responsibility leads women to perceive more work and family role strain than men regardless of level of responsibility.

But this issue is not simply one of perception. There is much evidence that women spend far more time men doing household work and caring of the family, even when both partners are engaged in employment (Mosher and Danoff-Burg 2004 and Cooke 2004). The experience of the women in this study was that role strain was associated with this reality and was perceived as an obstacle to their completion of university studies.

What is evidenced by the shared experiences of the women in this research is that most have been constrained in their choice to freely study at university. The women
have faced this issue in both their private and public lives. Society’s construction of the value of what it means to be a woman creates internal and external barriers for women. The internal barriers refer to the psyche and view of self and how they have socially constructed what it means to be a woman. The external barriers that constrain women are the product of the social construction of what it means to be a woman and what roles she should adopt (Hirchmann 2003). As discussed in the previous chapter, women’s roles as care givers and their contribution to household labour reflects current social values of what it means to be a woman. These patriarchal social constructs influence a woman’s everyday choices and freedom to make choices in her private and public life (Hirchmann 2003, 199).

Central to a woman’s identity is her assumed role as carer and this assumed role limits a woman’s choices and freedom in her public life (Hirschmann 2003), but most particularly, constrains her academic life. Women experience significantly less freedom than men because of the social constructs of what it means to be a woman (Hirschmann 2003). These social constructs have resulted in the subsequent delegated roles of caring and nurturing to women. Women are also constrained by the psyche and the embedded ideals in their identities; that to be a woman, she must adopt these roles. In so saying, social constructs not only impact upon women’s freedom to make choices in their public and private domains but also on the identity of self. A woman accepts the roles that are constructed for her, because it is not only expected by society but it is at the core of her identity (Hirschmann 2003).

In investigating these entrenched gender constructions, it appears that what remains idealised in our society is that these formulations of gender are deeply embodied and
continue to be perpetuated because of the dominance of patriarchal systems and subsystems that exist. Within these systems, cultural messages of gender “norms” continue to be propagated through society. The research participants’ lives emerge from this society. Whilst the research participants’ experiences are individually articulated, collectively they show how these value systems continue to espouse traditional roles and therefore continue to perpetuate the oppression and inequality for women thereby suppressing the freedom of women (Litton Fox and Mc Bride Murray 2000, 1164). Our society values women as carers, nurturers and housekeepers and also as women progressing in careers.

The majority of women participants combined the role of university student with caring for others. Twelve of the thirteen participants had the direct responsibility for the care of children, partners, other family members and community. Although one participant, as an international student, did not have an ongoing direct caring role, she was required to return home during her enrolment to attend and care for a sick parent. For some participants, caring for others also included caring for persons with special needs.

Although not directly communicated, it was evident that the women felt strain in trying to accommodate all demands. The most significant role conflict was that between caring for family/community and being a student. What was revealed in this study was that although some students sought to renegotiate their caring and family responsibilities with their partners and or families, they still continued to have a desire to want to care for others within their families. Most participants noted that there
were changes in their family relationships in terms of “owning caring” because of university study commitments.

Ownership of caring responsibilities, maintaining the home and housework

For most participants, university study impacted significantly on their responsibilities as family carers and housekeepers. One participant, Christine, had made alternative arrangements for her domestic and family responsibilities. Christine worked four shifts a week as an enrolled nurse while attending university part-time and her husband agreed to take on most of the domestic responsibilities. Her husband was not engaged in paid employment and this arrangement had been negotiated when her husband’s employment had come to an end. However, for Christine, “time” management was still an issue and this in large part was due to her ownership of care for her children.

I guess it’s impacted on my kids because my youngest was only ten months old when I started and she had to go to daycare and the other two had never been to day care either so I had to arrange after school care for them. Then again that was another decision when I started, I didn’t start until the eldest one had started school. He went to year one then the next one was at preschool 3 days a week, so I had the youngest one in daycare...They’ve been pretty good, they don’t complain but they’ve been saying to me each night, “Are we going to see you in the morning? Are you going to be here or are you going to be home when we get home in the afternoon?” They don’t get cranky.
Not all participants’ experiences of role conflict arose from the need to care for their own children. Sometimes it was expected or demanded by family or community members, simply because the participants are women. One participant, a single student in her early twenties, was delegated responsibility for her siblings while her parents were away. This was expected because Kelly was an adult daughter even though she had an older brother who may have equally assumed the role. In her final year, Kelly took on the responsibility for caring for her younger brothers whilst her parents were in America.

_I’m just staying back home for 3 weeks till they come back and that’s been just so difficult. Got uni until 8 o’clock three nights a week. Just myself, uni and the amount of work. There’s just so many assignments due in the next few weeks. I’ve had to do all the grocery shopping and clean up because my parents live on a farm, so you have to feed the cows and look after the little animals and that’s pretty annoying._

And in talking about her older brother’s commitment to family responsibility;

_Well he’s got uni 5 days a week so he can’t really come here. He’s supposed to be doing it on weekends but last weekend he had a camp, because he’s a cadet. He had to go on camp. So it’s a bit annoying but he’s supposed to be looking after them on weekends. He came home last weekend for ten minutes and I left a note for him with a couple of things to do and he didn’t do any of them! And I rang him and I said, “how come you didn’t do_
anything that was on the list?”. [He said] “I didn’t have time, so?”

Kelly also described an experience where her previous male flat mate expected her to assume some of his household responsibilities during her second year at university. 

I lived with them (male flat mates) for about three or so months until their work changed...then I ended up living with some else that I knew. Another guy I really didn’t get on with him because he was a bit slack with things...He’d been a teacher for a few years, 26 years old...just didn’t want to pay any of the bills. Thought it was my responsibility so I, I got left with the doing.

Kelly described her flat mate as not contributing equally to the household and she chose to move out of that accommodation arrangement. In both the above noted situations, Kelly’s male counterparts had a clear expectation of who would undertake “women’s work”. Furthermore, women will assume ownership of caring because such an expectation is entrenched both within the woman’s own sense of self and within the value systems of her significant others.

As Mosher and Danoff-Burg (2004, 590) point out, adult daughters are more likely to be caregivers in the family and they have been found to provide twice the hours of assistance to their families than their brothers. Moreover, Mosher and Danoff-Burg (2004, 590) argue that daughters contribute more time to attending to housework and personal care tasks for the family than the adult sons within the family. This and Kelly’s experience suggest that a gender division of labour continues to play a
significant role in determining women’s caregiving tasks within a living situation and that there continues to be an unequal distribution of this caregiving within the family dynamics that characterise western societies.

The same was true for Karen, who was left with the responsibility of her teenage sister for weeks at a time when her grandfather died and her mother needed to spend time in Sydney. It was assumed that Karen should and could be responsible and this impacted on the time she spent studying and the time she spent with her boyfriend. She stated;

Yeah, so Mum spent a lot of time in Sydney after he died, with my grandmother and just to sort everything out. So I was left to come home and look after my little sister which I resented a lot of the time...Oh just that I couldn’t do what I wanted to do, which is very selfish but, she’s a hard person to look after sometimes. She was going through a real teenage phase and we very, we clashed our personalities, just don’t, didn’t go together at that stage. They do better now but I just found her really hard to control.

A review of Australian studies, conducted in 1993 and 1994 by Demsey (1998) on attitudes of men and women to household labour, found that a majority of Australians agreed that men and women should assume an equal share of the household work. However, Pocock (2005,36), in citing the Australian Bureau of Statistics, reports that in 1997 Australian women did almost double the domestic and caring work than men;
on average, 33 hours a week of housework, childcare and shopping compared to men’s 17 hours a week, counting only the main activities and excluding secondary activities like caring for children while cooking.

This demonstrates that inconsistencies continue to exist between social attitudes towards household labour and social behaviours. The reality of double the workload continues to be an entrenched burden as today’s women face both paid employment and household labour (Pocock 2005, 36).


according to the gender ideology model, spouses with liberal attitudes about gender should divide domestic work more equitably than spouses with conservative or traditional attitudes about gender.

As was the experience of the research participants, Kroska (2004) found that the gender ideology model was not consistent with spousal contribution to household labour. What Kroska (2004) found was that gender is the key variable in the division of household labour. Women carry a greater load overall and the large part of the traditionally feminine work. Significantly and as noted by Kroska (2004), there is an increase in women’s overall household labour when the number of children in the family increases. This can also be viewed as an external barrier whereby social values and the contribution of men’s labour to household chores continue to restrict women.
While the areas of men’s contribution to household labour was not specifically explored in this research, it would be warranted to further explore this in terms of women students’ unpaid and paid workloads and to also consider undergraduate nursing clinical practice. For one participant, Christine, this was an important issue and she was aware of her husband’s contribution to household labour. Christine’s experience was that as her hours of paid work increased, her time doing household labour decreased. Christine became the “breadwinner” during her studies at university and her husband took on more household responsibilities. But childcare and arrangements for such remained largely her responsibility. Christine worked four days a week and attended university part-time, except when she attended clinical practice which was full-time for 2-4 week periods.

In the 1970’s, feminists argued against the inequalities of women’s social positions and roles in the family and their subsequent inability to fully participate in employment (Burns 1994, 273). Australian women were economically dependent on men and were subsequently exposed to other inequalities that economic dependence entails. Even though twenty years later Australian women’s participation in the workforce has massively increased and that of men’s has decreased (Pocock 2005, 36-37), women continue to do most of the work in the home. Although the participants in this study were engaged in university study, they accepted the work in home as their own.

Burns (1994) also identifies marriage as a powerful predictor in increasing the amount of housework that a woman undertakes. The hours women spend doing housework
changes as a result of marital status and single women and women who live in cohabitation with their partners do less housework than their married counter-parts (Burns 1994). This was true in Abby’s situation. Abby lived in shared accommodation with her boyfriend who she described as being very supportive.

At home we sort of share the load of housework and things like that, and we just work through everything together. He’s just very open, we tell each other everything and just work things out. We both have the same goals and we know where we want to go to.

For Wendy, a married mother of teenagers, time with family was reduced as a result of study and she recognized the impact on parenting. Wendy reduced the time she spent on housework so that she could focus on her studies. It is evident that Wendy assumed most of the domestic and caring responsibilities prior to commencing her degree. However, although Wendy clearly differentiated her parenting from that of her household work, she reduced the time she spent on both doing housework and caring for others because of her university commitments. Wendy describes the impact on her role within the household and her family.

Well I can’t help the kids as much as I normally would. I can’t go to sports carnivals. I’m always in my room trying to study ha ha… I think they’ve missed out on a bit, because they were really getting on a roll when I was home in the environment more. Their grades have all dropped. Some of them have become very disrespectful… [It is a] form of resentment cause I’m not here to listen to them, help them, support them. All those normal things
that should be happening, but because my life is mapped out doing my career and it’s plotted instead of staying here. It’s unusual. I’m not able to help support them to finish.

However, it is also clear that support for her children remained a priority. In describing her ways of supporting her family Wendy stated;

*I just help them understand what they’ve got to do for an assignment or maths problem. Sometimes, just emotionally, if they’re having problems with school and friends. I would find time to sit down and listen to them and talk it out, different ways to approach things without causing trouble. You know, sometimes, I would get upset because you’d hear all these emotional things with their friends and peers and stuff like that. They didn’t know what to do and I’d explain to them how sometimes you could do it this way or that way. I think this last section can go*

Interestingly and prior to her degree, an emphasis in Wendy’s parenting was on the socialisation of her children in domestic responsibility. However, having embarked upon study, she was unable to maintain her two younger sons’ commitment to housework. But Wendy’s daughter continued in this role, which may be attributed to age differences, but could have also been reinforced by our social norms of what it means to be a woman. Also noteworthy is the fact that Wendy does not mention her husband’s role in caring in the household. During the interview her husband was out on their property doing yard work.
I was able to delegate then, and it was really even in the house. Like I’d say to one you go clean that room and I want you to wash this, this and this and just clean that whole room. I used to do that every three months or so. It hasn’t been done for about three years ha ha ha. We’d just you know clean everything from the light fittings right down and then the rooms would be cleaned because we were all kind of housemates and we wanted to keep the house clean. We haven’t been able to do that, so it’s really impacted on my family quite a lot. They don’t seem to be pulling together as they used to. And they’re growing up too. But the oldest one she’s still hung on to those values and she’s only just moved out. But she’ll come home and do a heap of things that as a family we used to always do.

Jackson (1993, 331) argues that housework is not simply a set of chores but “also work which is given meaning through ideas of the family and home” and this highlights and deepens my understanding of Wendy’s experience of caring. Moreover, Oakley (1984) distinguishes between housework and the role of the housewife. She suggests that in the role of housewife a woman is caring for others and creating a home and that it is more than just work. I believe that Wendy clearly distinguishes between the two in her conversation. For Wendy, her parenting and caring extended to educating her children about their cultural heritage.

It was important for Wendy to sustain a family sense of the culture of her ancestors and the activities associated with her indigenous culture. Although her commitments
as a community elder were reduced during her study, Wendy encouraged her children in their artwork and crafts. She spoke about her art;

\[Oh I can do most arts, a lot of craft. I can do from basic weaving and carpentry right through to fine arts which is painting and most of the stuff in the house is family paintings and stuff.\]

And in developing her children’s craft she said;

\[Yeah I’ve helped them develop their ideas. How, like what they do, you [I] mean like asking them to critically think about what they’re doing, like you know, it could mean this and it could mean that. And what you do feel, it is and sometimes you’ll see them suddenly just do a change and they’ll just make it really special cause they thought about it a little bit deeper and then made something.\]

Wendy’s view of parenting also included linking her children to their indigenous heritage as well as passing down her skills as an artist and craftsperson. For Wendy, these traits remained central to her relationship with her children while that of house cleaner was minimized.

Common to all these women is a sense of responsibility for maintaining the family home and raising of children (even if they are siblings). Ownership of responsibility of the home often falls to the women, as does the ownership of care. As Pascall (1997) argues, the historical changes in the work and education patterns of women reflect a significant change in the identity of women as “housewives” and in
understanding family responsibilities as women’s responsibilities. Yet, changing attitudes on the caring role of women are not sufficient to bring about changes in the division of labour at home. In this study we see that a gender-differentiated domestic sphere characterises the experiences of the study participants. This was also evident where participants had caring responsibilities for family members with special needs and parents and extended families.

**Caring for family members and children with special needs**

Some of the participants not only have competing demands as caring women and students, but also have the added situation of having to care for family members with special needs. It was clear that caring for these family members added to their stress experiences while they were at university. And while not directly verbalizing this, it was clear that “this caring” significantly impacted on the lives of the women. A special need in this research is defined as a family member with a chronic health or mental illness and / or disability. Some of the women in this research cared for children with disabilities, while others were responsible for caring for adults within their families with special needs.

The women who had responsibility as the primary carers of children with disabilities, found it difficult to commit as much time to their university study as other women. Samantha demonstrated insight into her situation of caring for her disabled child and identified the inequalities she faced in her relationship with her partner.

*It was the fact that I was expected to be the primary carer of our child. He wasn’t giving me any time and any time to our partnership and our relationship. He had changed his course*
because he was doing Arts and when he found out our daughter had Downs Syndrome, he changed to do social work, and get into that whole disability area so basically, and you know he’s a pretty good Dad and everything. He has devoted his whole life to making sure that Lucia has the best opportunities in her life, which is really great.

Samantha describes as unfair the contribution of her partner in caring for their daughter and household.

It just that we never seemed to be able to work it out and I guess I started getting really frustrated and thinking well I’m not really having much fun here, I’m having more unhappy times than I am happy times. I feel like I am compromising a lot more than he was. And when I would talk to him about it he’d just, he’d keep saying, “well no I put in 50 percent of the parenting.” He couldn’t see it my way which made me think that maybe I am just being silly and selfish. It’s really hard to be objective about it all, and I had no self confidence or anything.

This reality was different for Christine. Christine revealed that her husband had taken on most of the household labour and chores. As noted, Christine and her husband came to this arrangement when her husband’s employment situation changed. Christine and her husband are parents of a child with cerebral palsy and also have two other children. Christine also works part-time as an Enrolled Nurse and has been
enrolled part-time as an undergraduate student. She describes her experiences as follows;

“It’s been great, I mean his job finished where he was. He said “well if I’m not going onto the next job, I’m going to stay at home.” It’s a load off my back. I don’t do any cooking, any cleaning, just go to work, go to uni, do assignments and whatever else... He doesn’t mind not going back to work then even though he is, he is enjoying it too much.

Although her husband had taken on much of the housework, Christine still remained the principal carer of the children and talked about the problems of organising childcare. Christine still demonstrated ownership of childcare and highlighted the fact that she was finding it difficult to negotiate her multiple roles when she said;

Time frames. Its not the subjects that were difficult, just the time frame with work and family and everything.

Christine was also aware of family members attempting to reinforce traditional patriarchal family values. In speaking about the expectations of relatives;

I should’ve been home looking after the kids; anyway I shouldn’t have been working after I had three [children]. But anyway it was their problem. It wasn’t mine...They’ve got over it. Though I mean my mother in-law says she thinks it’s wonderful that I’ve got through it all. My parents didn’t say much at all.
For another participant, role conflict existed for her because she cared for her husband, who has an anxiety disorder. Gerty was a student and was employed part-time. Gerty describes her experience as “hard”.

*I’m finding it hard, have found it really hard to support somebody emotionally as well as myself, well it’s been for a long time he couldn’t give me anything back or only a little bit... That’s the weird thing ... He just can’t walk into a crowd or something. He just short circuits and he has this adrenalin rush and starts shaking and sweating and can’t talk.*

I understood Gerty to be expressing her difficulties in meeting her multiple responsibilities and it appeared to me that she was experiencing significant stress. Managing multiple roles leads to stress and conflict with time and quality over how those roles are met. In Gerty’s case, this may have lead to her not performing as well as she had hoped, whether it be in her university studies, employment or in her relationship and caring for her husband. Gerty noted she had a supportive network of friends and family and managed to keep abreast of things even though she left her “assignments to the last minute”. She described her relationship with her friends as “great” and also described how she participated in group study before examinations.

Kitty Kat was a single mother who, in contrast, described a lack of supportive relationships while she was at university. She felt she had few friendships and described feelings of “loneliness” and “isolation”. Caring for a daughter with a disability added to her stress and role conflict situation. In talking about her daughter’s condition she noted;
When I first got into Uni the kids were happy, but... when they found out my timetable and I got back late and wasn’t home every afternoon when the little one was due home from school, the impact on her was quite severe. She didn’t like the disruption to her routine and she’s got ADHD and I try to keep her in some sort of routine but coming to Uni, it disrupted it something awful because I’m never at home when she comes from school. I’m in lectures and she ends up in after school care and she hates that. She just wants me to finish my course and be home 24 hours a day.

One of the participants describes how her university study affected her daughter’s life and goes on to share how her daughter was a victim of crime and violence while in childcare. It was clear that this woman was distraught and very upset about the major stress and impact it had on her life.

When I found out about the whole thing, and what was going on with her, my whole world was just ripped apart. I could not concentrate on my studies, I knew what I was doing but in fact I haven’t known what I’m doing from one day to the next. I live like one day at a time. I can’t plan ahead. I can’t think ahead. I just do one day at a time.

This participant wanted to describe her situation to highlight the situation she faced while doing her undergraduate degree and to share her experiences with educators.
What was important for this woman was having regular access to professional support services during her time of crisis.

Abby, on the other hand, was facing difficulties in her own family relationships. Abby was caught in a triangular relationship caring for both her parents who had recently divorced and particularly for her father, who had post traumatic stress disorder from a severe car accident. Her mother also had an anxiety related problem from the car accident and had also turned to Abby for help. As a final year student, Abby had assignments due, clinical practice to undertake and her work as an enrolled nurse. Therefore, her capacity to fulfil all roles well was compromised. Nonetheless, the expectation for caring was still there.

Yeah, family, yeah my father’s got health problems and trying to look after him but now, now I just tell him that I’ve got more important things to do with uni and stuff. I just want to get through, so it’s just harder now... Oh yeah, with the break up and things he had, he was in a car accident and has post traumatic stress and so the anxiety and things like that. He had a few heart problems, you know heart attacks, and he’d ring me up at 3 o’clock in the morning and I’d be doing shift work and trying to do uni at the same time, ring me up and expect me to drop everything and come over because he was having an anxiety attack.
A need for support to reduce the care burden

What was also shared amongst these women was the importance of supportive relationships in enduring stress and reducing their care burden. Support from family, extended family and friends contributed to the ability of the women to cope with all that was expected of them. The support from key people in their lives provided them with the means to be able to find extra time to complete assignments, jobs around the house or attend to caring issues for their families. In cases where the participants did not have access to their own network of support people, they sought help and support from the professional services available to them from the university’s student services.

The participants specifically highlighted the need for practical and emotional support through family, friendship and social networks. Acknowledged was the sense of validation and approval that participants gained from belonging to such groups. The women described a better sense of coping with challenges in negotiating their multiple roles, when they received support. Illuminated was the fact that these women have had to make significant adjustments and sacrifice in the time spent with family and caring in order to meet their career aspirations of becoming registered nurses. I sensed in interviewing the women that they doubted their abilities and more so when stresses mount and their roles conflict. It appeared that those participants with readily accessible supportive networks (i.e. family and friends) coped better with their multiple roles as women, caregivers and as students.
Chang, Brecht and Carter (2001) also found that caregivers cope better with their roles when they have social support. Coping for caregivers was measured in their research in terms of “level of burden” of caring for a family member with dementia (Chang et al 2001, 40). Although the research was focused on caregivers of dementia sufferers, what is common to this research is the importance of social support in reducing the “level of burden” when women are faced with multiple roles.

For the women in this research what emerged is that social support or perceived social support has been important to enable them to fulfil their caregiving roles as well as their student roles. Chang et al (2001, 41) define social support as the existence of social ties, through a network of family and friends who are willing to participate in providing both instrumental support, emotional support and informational support. They describe instrumental support as the availability of another person to assist to meet another’s needs by providing physical help. Emotional support is elaborated on to include listening, trust and esteem. Informational support is access to advice, guidance and feedback. In all interviews with participants in this study, reference to these types of social supports was made. At times, some of the participants described expansive social networks of friends and family while others described limited availability of these networks for various reasons. What emerged was that those participants who perceived they did not have expansive networks of social support also described experiences of ill health and a few described mental health issues that impacted upon their studies.

Research by Kneipp, Castlemann and Gailor (2004) shows that informal caregiving occurs in all communities regardless of socio-economic positioning and is largely
performed by women. Kneipp et al (2004) also found that stress associated with meeting caregiving needs has been linked with ill health, namely depression. Moreover, Aaron-Corbin (1999) states that the more roles a person has to fulfil, the more complex it becomes to meet the responsibility of each role. Furthermore, research has also shown that conflict which arises in the life of women is often focused around major life events which also increases stress (Aaron-Corbin1999). Kendall-Tackett (2005) argues that as a result of women’s multiple roles and different experiences of life to that of men, women are more vulnerable to stress-related physical illnesses.

The above body of research demonstrates that women’s multiple roles and levels of care burden for others are socially constructed forms of stress that contribute to women’s barriers to freedom and can contribute to ill health (Aaron Corbin 1999, Kendall-Tackett 2005 and Kneipp, Castlemann and Gailor 2004). In the experiences of the women in this research, these multiple roles and burdens of care created restrictions on their time, energy and health to freely pursue their study.

**Conclusion**

In evaluating this chapter’s analysis of the experiences of undergraduate female nursing students, a number of conclusions were drawn from the data. Firstly, many of the roles women adopt as caregivers and their ownership of caring responsibilities, maintaining the home and housework have resulted from social gender constructions and as a result these constructions create barriers to these women in engaging with their university studies as fully as they had hoped.
Particularly noteworthy is that the participants who had responsibilities caring for family members and children with special needs found it difficult to fulfill their multiple roles well and to meet their study needs. Role conflict and stressful experiences were described as impacting upon participants’ time and ability to fulfil all roles adequately.

Finally, the participants also shared their experiences of support. The importance of support emerged as significant in coping and in reducing the care burden. Support was sought from family, friends and from student services and university professionals. Participants who described readily accessible support networks appeared to cope better with their multiple role expectations.

For the women in this study, enmeshed within their shared experiences were also descriptions of complex networks of the burden of caregiving interwoven with the experiences of stressful life experiences and family dynamics, in some cases the experience of violence, ill health and difficulties with finances. These emerged as significant personal stressors for these women. The next chapter discusses these stresses.
CHAPTER 6
MORE THAN “MERE HASSLES”: PERSONAL STRESS AS A GENDERED CONSTRUCT

Introduction

In this study, there was much evidence of personal stressors that adversely affected the lives of the participants and subsequently impacted on the ability of the women to complete their studies or to progress as was originally planned. The personal stressors for the women participants were more than just “mere hassles”. Some were related to major life events and others were gendered in nature. In the process of exploring the theme of stress, this discussion also encompasses issues of inequality for women and the barriers that those inequalities develop within the lives of women.

In an examination of the emergent theme and in situating it in the literature, what became evident was that personal stress is a gendered social construction for these women participants. That is, women have different sources of stress and trauma in their lives and women react and respond differently to these situations than do men (Kendall-Tackett 2005, 2). As participant Lee notes,

*I decided to be part of this research project because I believe that real issues exist for women in everyday life and these issues are dismissed as unimportant, not recognized at all; or seen as deserved consequences of a path we choose... I decided to share my experiences because I believe that many others have had similar*
experiences. I think the issues I have faced are endemic in today’s world, but despite “increased awareness” of domestic violence, illicit drug use, suicide and mental illness, there is still a huge stigma attached to people, especially women who admit to these problems.

Participants mostly presented stressors as external barriers to freedom. In the above quote, for example, Lee describes the social stigma associated with many problems experienced by women. In other situations participants internalised stress and faced internal barriers to freedom. Yet, the experience of stress, in whatever its form, has a role in shaping the identity of what it means to be woman.

Some of the role responsibilities of the women also emerged as a cause of personal stress. Although this chapter explores personal stressors other than the role responsibilities of caring, it should also be noted that aspects of these themes were interrelated with the women participants’ ongoing roles of caring for others.

This chapter explores those stressors and the extent to which they act as, in Hirschmann’s (2003) terms, structures of constraint in the lives of the women participants. Specifically, the personal stressors that emerged as significant were related to grief and loss (family trauma and broken relationships), health and finances. It is important to note that while most stressors were posed in negative terms, some accounts reflected the positive ways in which stressors reshaped the lives of these women. Also detailed throughout the data
were accounts of illnesses, trauma and violence that the women faced during the period of their enrolment. What was shown was a personal search for strength and support in order to cope with stress. Here again, support from others whether it be family, friends, university services and/or professionals emerged as important to the participants.

**Lived experience of personal grief and loss and need of support**

The loss of a loved one or a long-term relationship emerged as significant life experiences for a number of the women in this research. The participants also described the grief associated with those losses and a subsequent inability to focus on university study. It was notable that, at such times, the women became the carers for their loved ones.

Christine, (whose husband had assumed most of the housework and caring responsibilities for the family while she was studying), had a close friend who unexpectedly died. She reassumed the responsibilities for caring for her family and for her friend’s children at this time. Christine said that she took on these roles because her “husband wouldn’t cope on his own”. Christine’s friend was a close neighbour and the death significantly impacted upon the whole family. In the midst of crisis, Christine reverted to the role of primary carer and was unable to attend to her university study.

Lee also experienced a significant personal crisis which resulted in a deferment of her study. Lee experienced personal grief and loss through her mother’s battle with
depression, her sister’s suicide and through a relationship breakdown with her boyfriend. She described the experiences in the following terms;

*I think my mother suffered a great deal of depression. After that and that was very hard for me because I felt like I was losing her as well as my sister and subsequently I was living out of home at the time with my boyfriend and some flat mates...We’d been together about 4 or 5 years at that stage. Our relationship started to sort of wind up and I found that very difficult because we’d been together since I was 15 and a half...During that time things got progressively worse and I didn’t see much of my mother during that time either, partly because she was so sick and partly because I was dealing with a lot of other stuff as well. That’s the stage at which I dropped out of Uni and ... I pretty much lost my way...*

Indeed, Lee’s life was complicated by a drug addiction and a difficult relationship with her boyfriend. Lee describes her loss of self esteem and loss of family ties. Although experiencing considerable difficulties, she also reveals an inner strength in beating her addiction.

Yeah within 12 months after my sister died I was addicted and that continued for about a year. And then I struggled for about 6 months after that to really detox myself and put myself back on track...When I met my second boyfriend I was so vulnerable. I lost a great deal of
self-esteem. I’d lost ties with my family because of drug addiction, which I managed to beat myself. I was having some counseling but I did not go to any detox programs. I simply, basically counseled myself.

There is much evidence that shows that exposure to stressful life events predisposes people to greater psychological stress (Denton et al, 2004). Lee experienced great psychological stress at a time when she was planning to study for a nursing degree. Yet Lee’s personal grief and losses were such a source of stress that she deferred study. Personal networks and supportive groups were identified in this research as a means to help the women to cope. In Lee’s situation, while receiving counseling was a means of support, she also had to draw on an inner strength to overcome her addictions, losses and return to study.

While some participants had experienced significant psychosocial and stressful life events, these experiences did not occur in a vacuum but were influenced by and grounded in the structural tenets and values that exist in society. Research has shown than women experience more stressful life events than men and that this is influenced by their gendered access to material and social conditions (Denton et al, 2004). Thus, stress, social roles and structural locations of individuals are gendered in their nature. For the women in this research, access to social support to help ease the burdens of chronic life strains and stress experiences was significant. Research has also shown that access to
social support for periods of chronic life strains is important in reducing the negative effects on mental and physical health (Denton et al, 2004).

Lee undeniably experienced chronic life stress in terms of personal grief, loss and addiction. Lee specifically also described her relationship with her boyfriend and the impact of the domestic violence that occurred within this relationship. Lee, at the time, did not have a supportive family or friendship network that could encourage her in her studies or provide practical support. This subsequently led her to take leave of absence from university. She gained counseling and eventually was able to resume studying. She describes the support she received from friends for assignment writing.

Yeah, cause I think if you have a network at uni it makes it so much easier, you know in terms of study assignments. You know you’ve got mates to ask about whether you’re on the right track or doing assignments or not. But um, my marks were pretty average then, I was sort of getting fours and fives. But you know, which is OK cause I was sort of struggling on with them anyway.

For Abby there were also times when her partner’s behaviour was not supportive of her or her study. Abby’s experiences meant that she also could not complete her studies as she had originally planned. Abby was confronted with issues associated with her boyfriend who had problems with alcohol which, similarly to Lee, caused her personal stress and grief.
He had problems with alcohol, um actually he’s an alcoholic and you know still now he drinks but you know it’s under control now whereas before he thought he needed to drink just to get away from everything because his parents are controlling. Yeah, so he’d get drunk...It’s the only way he could feel free, not tied down to a relationship. And he’d just wander off and I’d totally stress where he’s gone...

Abby also describes “breaking up” with her boyfriend while she was studying but after some time they re-established the relationship. Abby’s loss of the relationship was a source of stress and she describes the impact on her study and her employment as an enrolled nurse.

I’d be worried about that and in the end be too tired to work the next morning, things like that, so it’d all build up, miss work or miss uni, You know the financial strain as well. But now, you know everything’s all right with that. There’s nothing else I need to worry about, except to put the hard work into uni.

For Max, a complicated “break up” with her husband caused great stress during her time at university. The break up also impacted upon Max’s study and on the day of the interview Max had decided to withdraw from one subject in her final semester and extend her course of study to another year. Max was in a situation where she needed financially to work at least 60 hours a week as an Assistant in Nursing (AIN). Max worked as an
AIN to support herself through university because, while in a relationship with her husband, she did not qualify for government assistance. Her husband had left Max with no money when she left the relationship and she subsequently had to work long hours to support herself and pay for her university studies. Max sounded philosophical about the immediate past.

*Oh I’m fine about it you know, it really has been a problem throughout the whole, since I started my degree. And you see, he was never very supportive of me and always complaining that I never had enough time to spend with him and there was a lot of pressure there you know. Not to, how’d you say, I can’t really explain, but yeah it was almost as though he resented the fact that I was doing a degree... I mean I was with him for nearly eight years altogether but we only married two years ago and it’d all gone down hill from there.*

But the legacy of the relationship was still apparent. Max’s self esteem had suffered and she referred to the manipulative tactics her husband used as “bullying and non-physical violence”. Max revealed that she was being treated for migraines and depression to help her overcome this period and she talked of the consequences of leaving her husband and how the relationship affected her sense of self. Max not only experienced a loss of a relationship but also a significant loss of financial resources.

*Apart from him cleaning out all the bank account [that] my wages were in there that night before, he did it and there was certainly nothing, left me with nothing, nothing even to eat you know...*
took [it], yeah because we had a joint account. He just cleaned the whole lot out. You know luckily I have good friends and I managed sort of thing.

Secondly, she had to suffer a period where she was stalked at work by her husband and she lost her sense of feeling safe. Max provides a vivid description of the effects of her husband’s behaviour.

*I mean that was what I feared, that’s why I put it off for so long, I mean I was afraid of the repercussions and that he used to harass me at work because I work night shift and he would come and sit in the car outside. I was the only one there, without a sleepover RN. You know, and um, he would just sit there I mean the doors were all locked and everything. But I thought this is impacting on my work you know, and I had to tell them this was happening and I almost had to get a restraining order taken out but then he sort of calmed down. I think he realized he wasn’t gonna do any good by doing that, he was just making it worse...*

As Max found, domestic violence in whatever its form induces a loss of self-esteem and self-confidence. Women’s identities in western society have traditionally been espoused by romantic notions of love and feelings of hope and responsibility. While these tenets in themselves do not produce violence; a woman’s emotional and social life are the context in which violence occurs (Hirschmann 2003). The social construction of romantic love,
masculinity and women’s social responsibility for men’s emotional happiness, as Hirschmann (2003) argues, are all tenets of a traditional patriarchy that shifts the blame from the abuser to the woman. This effect is cumulative and creates constraints in other areas of women’s lives. In Max’s situation it was an ongoing lack of support and even hostility that prevented her from completing her university study.

When we would get in an argument, I always felt really overpowered by him, he like, he was sort of verbally abusive and he, used to always feel I was lacking or something. I couldn’t even come back. I can’t even explain it, he made me feel like I was a fool a lot of the time, you know, I probably am... It was just so, it was just destroying to us you know, it was destroying him as well you know...I’m happy I’m out of that. I can sort of live my life without pleasing [him] and a lot of loose ends have been sorted out and I feel a lot better than I’ve ever felt in my life... And it’s just a pity that I can’t get myself through to the end of the semester and graduate because I’m so close you know. I don’t know how I’m feeling; you know I’d rather do well. I have withdrawn now. I’d rather withdraw and give myself breathing space.

Research has shown that exposure to social life stress, including financial stress, relationship stress and job strain are all positively associated with distress and to a lesser extent chronic health conditions (McDonough and Walters 2001). In Max’s situation, all these determinants existed in her life and she was faced with chronic health problems.
Max, like other women in the study had significant social life stressors that undermined their capacity ability to pursue their studies as freely as they had planned. What also emerged as a significant theme in this research was a specific issue within social stress that impacts upon women. This specific issue is violence against women.

**The barrier of violence**

Violence is a socially constructed experience that is influenced by patriarchal subsystems that exist at all levels of society and subsequently produce barriers to women’s liberties at all levels of society (Hirschmann 2003). At the individual relationship level, as Hirschmann (2003, 121-122) argues, the abuser gains his power to restrict his partner’s freedom from value systems and beliefs that constitute the basic tenets of patriarchy. Those tenets are male superiority, women’s subservience and men’s ownership of women as property (Hirschmann 2003).

The experience of violence was portrayed by the participants as a barrier to their education. Maynard and Winn (1997) define violence in legal terms, by expert definitions and by definitions from women themselves. In reviewing these definitions it became apparent to the Maynard and Winn (1997) that all have limitations. These limitations of meaning in themselves can constrain women’s liberties through devaluing what women themselves experience as violence. But for the practical purposes of this thesis, violence is defined as any force, threat or fear causing harm, which is perpetrated by another to create restraint or barrier to a woman’s freedom (Maynard and Winn 1997).
For participants in this research, violence undermined a capacity to engage effectively with study. Loss of sleep, stress and exhaustion were some of the related symptoms expressed by the participants. The experience of violence created difficulties for these women to concentrate on their study. This was also the case for another participant who shared her experience of crime and violence against her daughter which in turn affected her studies.

*When I found out about the whole thing, and what was going on with her, my whole world was just ripped apart. I could not concentrate on my studies, I [thought I] knew what I was doing but in fact I haven’t known what I’m doing from one day to the next. I live like one day at a time. I can’t plan ahead. I can’t think ahead. I just do one day at a time.*

One participant, Jasmine, found her experience of violence to be different although it nevertheless still impacted upon her studies. Jasmine took on the role of caring for her partner after he had fractured his hand.

*Mmm oh, yeah I was stuck in hospital for 24 hours so, like up to 2 days and I needed an extension for an assignment because I slept the next day, obviously. Umm and the lecturer, you know, apart from saying do you have time to see me and she said no. Umm uh she told me she’d give me an extension if I went and saw a counselor for domestic violence. How my boyfriend was being violent and everything, and it wasn’t that way. Like she didn’t understand me, she put her views on what my situation was like umm really... I*
Jasmine highlighted a need for understanding and support from educators when applying for extensions for assignments. When the women participants experienced violence, they sought support from various sources including family, friends and lecturers. Kendall-Tackett (2005), in her research on women, stress and trauma, argues that women can cope better with serious traumas and stress (including violence) when receiving social support.

The reality is that violence as a social construct of masculinity continues to impact upon women (Maynard and Winn 1997). Its nature as a construct creates barriers internalised within a woman’s psyche as a socially accepted norm when women witness or experience violence at an early age. Likewise boys witnessing the same may also develop their own social identity of what it means to be a man. The internalising and formation of gender identity from childhood experiences such as these creates an internal barrier to freedom for women. Social reinforcement of men’s behaviour of violence is the external barrier to liberty for women. Social structures like legislation, economics and popular culture reinforce violence as apart of the social construction of gender (Hirschmann 2003:103-137). It is this extreme form of discrimination and inequality that can prevent women from exercising their freedom to access tertiary education as freely as men can. As Lee (2001:185) argues;
Abuse of women is a significant problem which affects both physical and emotional health, as well as having far reaching consequences for every aspect of women’s lives…

Gruskin, Grodin, Annas and Marks (2005, 293) describe violence as “the oldest and most obvious threat to health and human rights”. In viewing education as a human right (Gruskin et al 2005, xv) and in viewing violence as a social construction from a society dominated by a masculinist agenda and patriarchal subsystems, university policy makers and academics need to assist women to access education more equitably. As Hirschmann (2003) hypothesises, viewing violence as a social construction and creating discourses of gender that question patriarchy at all levels of society can remove constraints to women’s liberties through social consciousness and analytical decision making. For the women in this study affected by violence, some clear acknowledgement that violence does impact upon undergraduate women’s university study would be an important starting point. By understanding the impact of violence on women’s time, health and their freedom of liberty, educators have an obligation to be critically analytical in their decision making regarding policies and assessment of undergraduate women.

**Women and health concerns**

Gender differences in health have been broadly researched and are readily acknowledged (Denton et al, 2004 and Hockey 1997). Most of the women in this research experienced significant health concerns. Some shared their experiences of ongoing sickness and susceptibility to illness. They also drew attention to the impact that sickness had on their
Illnesses described included asthma, bronchitis, multiple viral infections, headaches, back pain, injury and depression. The participants experiences of illness/health was sometimes directly linked to “stress” and traumas and at other times I assumed it was implied when I was interviewing the women. Abby described her health and feelings of stress.

Another problem that has stressed me a bit this year is becoming sick. I had pneumonia early in the year as well and you can tell I’m coughing now yeah so just having a throat infection and ear infections reoccurring…I’m not sure, I think it’s stress of the last year of uni and having more responsibility at work…not having enough time or knowing something needs doing and not being able to do it, but it is self inflicted really.

Max also described the serious physical and mental health concerns she faced while trying to complete a clinical practicum for her degree. The cumulative effects of Max’s psychosocial stressors, her multiple roles and her university commitments contributed to her ill health.

I think up until now I’ve just really, really been like a clockwork toy or something, just kept going, you know, just kept going and no wonder I’ve had to go on antidepressants. I was on antidepressants actually, and then of course I started with these migraines and I had to get that prac done and all that sort of stuff. So I think I’m a mess, aren’t I?
Wendy also had multiple roles to fulfill but her illnesses were related to her pre-existing condition of asthma which worsened when she was stressed and was exposed to environmental triggers. She describes the difficulties of participating in group learning at university and a lack of collegial support when she had asthma-related hearing loss.

*I go deaf quite regularly, because of my hearing thing. I get colds and flu’s easily because I’m a really bad asthmatic...So I go deaf and I had this one particular student or group of students who umm who not only teased me but segregated me from the group because I missed something and a couple of times, and they noticed I umm I’d say, I’d whisper to somebody and maybe I was speaking a little louder than normal but most probably I was speaking bit loud because of my hearing deficit and then she’d stand in front of the whole class and say “would you stop doing that? Its rude to speak when someone else is speaking” and I said excuse me. I just looked at her, but by that time everyone was focused on me and I was totally embarrassed...*

For the women in this research, the experiences of ill health were associated with the pressures of fulfilling a range of roles. The caring role of the participants, as we have seen, was not restricted to children but extended to all family members. As Denton et al (2004) found, women experience stress in different ways to men. Women react more to ongoing strain than do men and women have a greater vulnerability to the effects of
chronic stressors on health due to their multiple roles with marriage and family (Denton et al 2004). In other words, health inequalities exist because of the differing social locations of men and women (Denton et al 2004 and Hockey 1997).

Women are the foremost consumers of healthcare and while they have longer life expectancy than men, women appear to suffer more ill health than men (Mansdooter, Lindholm and Lundberg 2006, 2328 and Hockey 1997). Hockey (1997) argues that women are the predominant consumers of healthcare because women have been enculturated into a gender role where women are seen as the weaker sex and therefore to access medical services is considered a social norm. In other words, the sick role is more compatible with a feminine role than a masculine role. Hockey (1997) concludes, therefore, that visiting the doctor may not necessarily reflect disease but rather the medicalisation of women’s stress. In contrast, Denton et al (2004) argue that the impact of childhood/ life events, chronic stressors and psychosocial resources play an important role in determining the health of women. The effects of these issues are generally stronger for women than men (Denton et al 2004). This is reflected strongly in the current study. All the participants referred to difficulties associated with the fulfillment of multiple roles. In addition to psychosocial stressors, many subsequently had periods of poor health which, in turn, affected their ability to pursue their studies. Women’s stress and health in this sense can be attributed to the social location of gender. Furthermore, Inhorn and Whittle (2001) argue that women face further barriers to liberty because of the biases of health research and the medicalisation of women’s reproductive abilities (Inhorn and Whittle 2001).
Inhorn and Whittle (2001) point to the example of contemporary epidemiological research on women’s health. They suggest that much current research on women has been related to women’s biological abilities to reproduce and that little research has depicted how social conditions, gender, racial discrimination and economic deprivation have affected the health status of women. These authors also argue that little research has focused on women’s health needs as workers including the multiple roles women fulfill, namely, housework, caregiving to children and other family members. One study that has given consideration to the needs of women is “The Australian Longitudinal Study on Women’s Health” (Lee 2001). This study emerged out of a more general debate on gender differences and health and consistent findings that:

- women live longer than men but experience more illness; further, both women’s and men’s life choices are constrained by social expectations, and women are more likely than men to experience family caring responsibilities, financial stress, abusive events and challenging social circumstances (Lee 2001, 3).

At the time of the 2001 publication, “The Australian Longitudinal Study on Women’s Health” was still in its preliminary phase and had reached the 5 year milestone of its 20-year plan. Yet, at this early point in the Women's Health study, it was clear that the gendered nature of our cultural, social and political environment, had shaped the health experiences of the women participants (2001). This understanding also underpins the findings of this study. Furthermore, many of the key developing themes in the Women's Health study are similar to those that have emerged in this research. In particular, the
Women's Health research concludes that family caregiving (as disproportionately “women's work”) and domestic violence have significant implications for emotional and physical health (Lee 2001). The same study has also found that, despite high aspirations for the future, women's life choices are gendered and are dependent upon supports that allow a combination of family, study and work (Wicks and Mishra 1998 in Lee 2001).

Hofrichter (2003) highlights the barriers women face including the gender division of work, patterns of employment for women, and changing household structures. In this research, waged employment was most often within the service industry. Caring was thus central to the employment and family life of the participants. Importantly, the concept of caring also underpins much of the learning of the undergraduate nursing student.

Hofrichter (2003) further argues that these barriers have often led women, particularly from low socio-economic backgrounds, to be restricted in accessing resources and advantages normally available to men. These social constructs of what it means to be a woman and what roles are suited to women have created barriers to women’s freedoms that may limit their life chances and negatively influence their health (Hofrichter 2003). Moreover, Denton et al (2004) argue that women report higher levels of health problems because they are exposed to higher burdens of care within their social roles and they experience more stressful life events. Gruskin et al (2005, xv) in pursuing this theme argue that:
A woman’s vulnerability to ill health is affected by a cluster of relevant human rights, each of which points the way towards a range of likely interventions both inside and outside the health sector. In addition to the rights of health and to information, nondiscrimination, and the rights to education, bodily integrity, personal security, privacy and to equal rights in marriage and divorce are each relevant to an individual woman’s ability to make and act upon the free and informed decisions she needs for her health.

From the experiences articulated in this chapter what emerges as a critical element of coping is the availability of social support. The participants noted, for example, the importance of “friendship”, “having someone to listen”, “counseling”, “financial support”, “help around the house” and “getting extra time for an assignment”. Social support enabled the women to buffer their stress experiences by having extra resources and time to be able to deal with their psychosocial strains and stressors.

Hale, Hannum and Espelage (2005) also examined the phenomena of support in terms of tangible support, belonging, disclosure, and social intimacy to determine its influence on physical health for both male and female college students. They found that the availability of a social network (a sense of belonging) influenced women’s health perceptions. The gender difference discussed in their research was significant. For women, both their perceptions of health and their sense of psychological well being were
influenced by levels of support. For the men, physical symptoms were influenced by a perceived sense of support while their psychological sense of well-being was not influenced by the perception of having support. For women, support changes their psychological sense of health (Hale et al, 2005). What I noted was that when the women in this research described managing their health and mental health, ‘coping’ was a theme synonymous with these stressors and in particular with health issues. In the case of this research, stress was related to health, mental health, study, role expectations and gender inequalities. Moreover, as previously noted the research on social support clearly shows a direct relationship between the availability of social support and better mental and physical health (Denton et al 2004).

A further factor related to women’s health is access to economic resources (Denton 2004 and Ostlin, George and Sen 2003). Hockey (1993, 250) also argues that women have less material and economic resources than men and that the presence of patriarchal social systems contributes to women’s poor health.

In this research, the participants also described issues relating to difficulties accessing economic resources as a further source of stress. While at times it was linked to health, what was significant was its relationship as a barrier to their university studies. The next section discusses these findings.
Women’s financial stressors, working and university commitments

The study revealed financial constraint to be a significant feature of women students’ nursing experience. Some of the participants described a lack of economic resources as a barrier to completing studies as freely as they planned. Some, because of financial stressors, were required to work more than expected and this intruded upon time available for university studies. Others gave accounts of having to work long hours simply so they could afford to live. For Louise, she experienced difficulties with her finances. She initially did not know she was eligible for government financial assistance through Austudy. Louise describes what it was like for her;

*And just at the moment it’s particularly hard and the main thing I’m completely obsessed with at the moment is umm financial problems and yeah that’s two things. The financial side of things has been very difficult [and] increasing as we get further into the course… But anyway that aside umm I didn’t get Austudy in my first or second years of uni. I very recently found out that I’m eligible for it. I didn’t think. I need a certain amount of money to live on, you know to rent this place and to pay bills. And you know I’ve got a little debt here and there… Austudy basically reduces, you know the more you earn and the level of money I need to earn, there’s no Austudy at all. So I’ve got little dribs and drabs from them but it’s not very much to support myself.*
What has emerged is that the participants’ financial issues do not stand alone as a stressor, but impact upon their ability to meet their other role expectations as students. When Louise talks about negotiating her clinical practice, time for assignments and working hours, she highlights her desire to do well.

...It’s getting harder and harder and of course we’ve got the 6 week prac in a few weeks... I have to work all day in the hospital and then work in the evening. It’s only 4 weeks and even that’s not enough for me to live on... They asked me to work full-time but I negotiated to work...about 32 hours a week, so I’m working 12, 11 hour days...all I can do is just concentrate on my assignments and getting them done and which I find really hard cause I do genuinely put a lot of work into my uni and I want just, I’m doing external subjects as well.... You know whenever I’ve been to tutorials, I’ve always done my reading and answered questions and been prepared, but I’m trying to be pragmatic about it now and sort of focus on the things that we have that are assessable to simply get through...because I just don’t have time.

Beatrice also found her financial situation further constrained because of clinical practice commitments and she talked about how she adjusted her lifestyle.

When I was on prac I felt that I could not work so my financial situation was really tight compared [to not being on prac]. It was a bit low. By the time we get back from prac, your shift has been taken
over by someone else... So umm, so yeah, either you have to work
double your normal work and your prac or you can be like me. Well,
live simply for weeks.

Jasmine also had difficulties accessing a government financial assistance scheme, which coincided with the start of her university course because she had moved out of home to attend university. Jasmine expected to receive a government allowance as support but payment was delayed for more than 2 months. The experiences of both Jasmine and Louise highlight how government social systems also contribute to stress. Although her parents provided a loan, Jasmine was “stressed” by her experience.

They stuffed me around ... you had to earn 18,000. I’m eligible for it
that way and I didn’t get any money for 2 months because they were
backlogged with people. So I was living on $200 a week and paying
$100 rent. I was, [and] all the other girls too, I was kind of
struggling a bit but it finally came through.

Jasmine later found casual employment working at a metropolitan hospital as an environmental services (wards) person to subsidize her government allowance.

For Max, as revealed earlier in this chapter, financial stress occurred as a result of marital separation. Max was left household bills, had no money and as a result needed to work at least 60 hours a week and borrow money from friends to manage. Max was not aware of any government financial support available to assist her through her difficult situation.
For the women in this study, economic constraints contributed to stress and affected study progression. As Holfrichter (2003) points out, economic insecurity does lead to psychosocial stress and economic insecurity does shape the life chances of women. As evidenced by the participant’s experiences, these women had to adjust their university commitments around their work and finances. Their life chances in terms of their ability to access university study was shaped by their economic constraints.

The Denton et al (2004) study also concluded that financial stress can lead to chronic illness for women. Notably, this study points out while that men obviously also experience stress when faced with financial difficulties, those experiences have not statistically been linked to chronic illness as is the case for women. While stress has emerged as a multifaceted concept for the women participants in this research, it is the interrelationship of social factors that is significant in explaining the experiences of the participants. These social determinants reveal a clear gender basis.

Summary

This chapter has revealed that personal stress for the women participants was more than just mere “hassles” and encompassed a range of issues related to gender. Again in this chapter, gender inequality created barriers to liberty for the women participants in relation to their pursuit of their university degrees. The stress experiences included those of grief and loss, family traumas, broken relationships, violence, health issues and financial issues. The analysis revealed that women maintain their roles as carers regardless of life events. For some participants this meant adjusting their intended plans
of study. The experience of violence was a further factor in the revision of university study plans.

What has continued to emerge as a significant theme in examining the data sources is that while social constructions of gender create barriers to women’s liberties, social support is critical in helping women to cope with stressful life experiences and the multiple roles they have to fulfill.

What has also become evident through the course of the research analysis phase, that is when engaging with the data and the literature, is how most of the women in this research and common to women in general face inequalities in every day life events. These inequalities are shaped by the historical, social, economic and political contexts that have formed the values in our culture. The inequalities that women continue to experience are specifically related to the social constraints of gender role expectations.

Thus, the findings of this chapter suggest that women continue to face gender based obstacles in their pursuit of education despite research, social change, cultural shifts, legislation and policy reforms (Hirchmann 2003, Hofrichter 2003, Gruskin et al 2005 and Kendall-Tackett 2005). Furthermore, undergraduate women nurses’ experiences raise issues in terms of social research and policy and legislative change which require further attention. The analysis also highlights the need for further enquiry into the social support systems available to female student nurses and a review of current university teaching practices to improve these systems.
CHAPTER 7

CONCLUSION CHAPTER

Introduction

In investigating the experiences of women undergraduate nursing students, this study has developed a deeper understanding of the complexities of these women’s lives. Furthermore, in researching these women’s lives, their personal experiences and knowledge are acknowledged as a legitimate form of research evidence. Such inclusion and understanding is not representative of all women but of those women it sought to serve: the women involved in this research and myself as the researcher. As such, this research, through consciousness raising, provides a starting point for further exploration into the lives of women undertaking nursing studies.

This chapter explores the contribution to feminist research that this research has achieved in its exploration of the experiences of undergraduate women nurses. Further and to this end, the chapter considers the benefits of the study and its limitations. Recommendations for future research and policy change will also be addressed in the closing comments.

Contribution to feminist research

With the explicit focus of examining the experiences of undergraduate women nursing students, this research has sought to locate the knowledge generated within the broader theoretical context of the histories of women and nursing. The purpose was to explore the ways in which the experiences of the women participants have been shaped socially and
politically and how this manifests for women pursuing undergraduate degrees in nursing. In acknowledging the women participants as the experts on their experiences and in shifting the power dynamic in the research, the study sought to be inclusive of the women in social research and be a medium for the voices of the women participants.

As argued, feminist research is primarily concerned with social inequalities experienced by women. Through an exploration of gendered role locations and personal stressors, and in recognising the common themes that emerged from the data, this research acknowledges the constraints women face in pursuing higher education. This thesis has, therefore, sought to describe and explore the gender specific constraints in the lives of the women. In doing so, the research contributes to the human rights of women, by illuminating injustices and inequalities faced by women. In particular, this thesis adheres to the objectives of the Vienna Declaration of 1993, which emerged from the World Conference on Human Rights (Gruskin et al 2005). The Vienna Declaration states that:

"The human rights of women and of the girl-child are an inalienable, integral and indivisible part of universal human rights. The full and equal participation of women in political, civil, economic, social and cultural life, at the national, regional and international levels, and the eradication of all forms of discrimination on the grounds of sex are priority objectives of the international community."
And in keeping with the purpose of this study, the research has provided a political voice for the participants. The study has met the requirements of this by the production of the thesis and has contributed to this purpose through the presentation of this research in a public forum held at QUT’s School of Nursing. It is also the intention of the author to publish the research in academic journals. By fulfilling these obligations, this research contributes to feminist epistemology in providing a voice for the participants, thereby unsilencing the silenced, and being inclusive of women in research. The research records and makes explicit the constraints the women participants face.

**Summary of findings**

Female undergraduate nursing students experience constraints in their everyday lives as a result of the social construction of gender. Women’s unpaid caregiving work emerged in the study as a critical factor that women confront in completing their studies as planned. The study findings support the proposition that society shapes the needs and rights of caregivers and care receivers in ways that contribute to gender inequality. The women in this study described caring for offspring, partners, siblings, relatives, friends and communities. They also gave accounts of caring for people and children with disabilities.

Embedded within these roles was the ownership of household work. Although some may negotiate help from spouses, partners, or family members, it was clear that the women’s commitments and entrenched gender identities were associated with household work and caring for others. These roles undermine the capacity of women to engage in their education to the extent that they would like.
Women’s greater hours of unpaid work have been found to contribute to women experiencing more stress than men (MacDonald et al 2005). Here, women’s stress was also identified in the study as gendered in its construction. Issues associated with grief and the loss of a loved one meant that women had to assume (or resume) the responsibility for caring and household work. The women also identified the stress of violence as a barrier to study. Violence as a social construct of masculinity creates a threat to women’s health and subordinates her right to act freely. Violence is a severe form of oppression that may be internalized by women thereby entrenching the gender identity that violence is part of a woman’s life.

Health issues were also recognized as further important stressors for the participants. The concept of health is also perceived as a gender construction and for these women what was evident was that those who had multiple roles to fulfill and who had entrenched gender roles, shared experiences of ill health. Ill health subsequently intruded upon time for study and created obstacles for women.

Thus what was revealed as important to the participants was the availability and ability to seek support from others when dealing with barriers to study. Support was identified as: “friendship”, “having someone to listen”, “counseling”, “financial support”, “help around the house” and “getting extra time for an assignment”. Not all participants felt they had access to support. Further research and enquiry is needed into female undergraduate nurses social support systems to gauge and review current university teaching practices and services so as to improve access for these women.
Research implications

In the light of the findings, this study supports the ongoing direction of the Australian Longitudinal Study on Women’s Health (funded by the Commonwealth Department Of Health and Aged Care) (Lee 2001) and its research on women’s health. However, more focus is needed specifically on the social factors affecting women’s liberties to study at tertiary level. The study also reinforces the need for focused and ongoing support services for women undergraduates to be provided by universities.

As suggested by the research findings, women continue to face barriers and constraints that are different to men. As such, the future direction of policy and service development within universities and within government infrastructure should foster this knowledge in arguments for the promotion of women’s liberties in education and research.

Furthermore, the study has implications for how nursing’s core values are taught. It reinforces the importance of acknowledging the social concepts and values that are traditionally based around gender and thus the need for these to be critically considered in the education of nurses. The altruistic conceptualisation of “caring” that is embedded in nursing history arguably mirrors and reproduces the woman as carer and all this entails. Further questioning and research is needed to identify how gender constructions shape what nurses do and how nurses perceive caring and their gender roles.

Current research and dialogue being undertaken by the Queensland Nurse’s Union in the “Let’s talk nursing” project has began to ask these questions (Volp 2006). This thesis
supports the project’s position that nursing’s current subordinate social location is driven by constructions of gender. Given that central to nursing’s values and professionalism is the behaviour of caring, articulating and exploring gender socialisation for nurses is valid and warrants further research. Specifically, caring as a skill and core value needs to be further defined and explored.

Limitations

During the time of the data collection, it was the case that the participants were experiencing high stress levels related to their future job applications, managing final year workloads and the associated shared stressors as revealed in previous chapters. As noted in the methods chapter, data collection at this time was deemed the most appropriate for me ethically as the researcher. However, participants reiterated their desire to participate so that they might inform others of “what it is really like for them”.

Other limitations to this research also included my own time frames and research restrictions. As I worked as a clinical facilitator within the school, participants were restricted in their final clinical nursing practice placements if they volunteered to participate. More women students may or may not have wanted to participate but were not able to as a result of this restriction. This may have inadvertently limited my sampling.

I also worked as a registered nurse during this time and the past and current issues of low staffing levels across the state has meant that as a nurse I felt compelled to “care”. At
times I worked much more than intended and subsequently this research thesis has taken longer than expected. As a woman, I too have experienced similar socially constructed gender constraints on my goal of completing a Masters degree and I can attest that I can identify with each identified theme.

As this research purpose was to discover deeper understanding of the lived experiences of the women it sought to serve and understand how their lives were situated in the context of our society; this study is limited in its representation. This research presents one understanding of female undergraduate nursing student’s experiences and as such the results are not readily generalisable to the broader population. But the study findings do provide support for a theoretical generalisability about the gendered construction of the experiences of women university students and the bases for further research.

**Summary**

In conclusion, the experiences of undergraduate female nursing students are a matrix of complex but meaningful experiences that are shaped by social gender constructions of what it means to be a woman in today’s society. Past historical, social and political forces have meant that women’s experiences are different to that of men and in the case of the women, it has meant that their experiences have been significantly shaped by their gender location in society. Gender locations and their associated role constructions have meant that these women face different barriers to university studies that men.
The opportunity for women to engage equitably in education (and thus in civil and political life) is dependent upon sufficient free time and is compromised when women assume the large part of responsibility for home based (unpaid) work. Gender equality in the public sphere is difficult to achieve while inequalities persist in the private sphere. Acknowledgement and support is needed for women to be able to equitably access and proceed with university studies. This has wider implications for continued services and policy development in the area of women’s equality not only at the local level of university infrastructure, but also at the government reform and policy development levels, especially within the healthcare arena. Particularly, issues women undergraduate nurses and nurses face as caregivers and women undergraduate’s stress requires further research and reform.

In conclusion, more research and scholarship is needed to identify ongoing social constructions of gender and nursing, and to further define the skill of caring. Valuing the skill and work of caring through research and scholarship will not only service to protect the professional role of licensed nurses but will also contribute to better outcomes for our communities to ensure care-giving is a valued knowledge base and behaviour which needs to be continued to be provided by educated and licensed nurses.
APPENDIX A

LETTERS OF PERMISSION AND SUPPORT TO ACCESS STUDENTS

1.) QUT SCHOOL OF NURSING DEAN APPROVAL
2.) QUT STUDENT COUNSELLING SERVICES APPROVAL
Ms Jenny Mee  
29 Warner St  
Wellington Point 4160

29 January 2001

Dear Jenny

Re: Master's Research Thesis
The experiences of undergraduate female nursing students: a feminist study

Thank you for sending me a copy of the ethics application, literature review and consent form for the above named project which I understand is being undertaken in conjunction with your enrolment in the Master of Applied Science (Research) course.

Further to consideration of the documentation, and the discussion that was held with yourself, Val Richardson (Clinical Co-ordinator) and myself, I would like to confirm that the School of Nursing is prepared to support your undertaking this project.

Recruitment of students can take place through dissemination of information about the project via the distribution of brochures, notices on the 3rd year student notice board and, if agreed by the relevant unit co-ordinator, a short verbal presentation during a lecture session.

As discussed, students should be advised that, if they consent to participate in the project, they should then select placement for Clinical Practice 5 in a group that is not facilitated by yourself. If a student-participant is incorrectly placed in your group for Clinical Practice 5, the student should be advised to negotiate a "swap" with another student or, alternatively, place a request for change of placement with Marguerite Clancy (Administration Officer - Clinical) on the basis of personal reasons. This will ensure that the student's anonymity with respect to participation in your project will be maintained.

Best of luck with your project

Regards,

[Signature]

Robyn Nash

Faculty of Health  
Queensland University of Technology  
KELVIN GROVE CAMPUS VICTORIA PARK ROAD KELVIN GROVE Q 4059 AUSTRALIA PHONE (67) 3864 3824 FAX (67) 3864 3814
Memo

To
Ethics Committee

From
Robert Schweitzer, Head – Counselling Services

Date
14 December 2000

Subject
Investigator: Mrs Jenny Mee
Title: The experiences of undergraduate female nursing students: a feminist study

I confirm that the QUT Counselling Service will be willing to provide appropriate counselling to any participants who might be distressed as a result of their participation in the study referred to above. The counselling would be confidential and free to the client.

It should be noted that all counselling would be provided within the QUT Counselling Services during our regular hours of operation.

Dr Robert Schweitzer
Head - Counselling Service
E-Mail: r.schweitzer@qut.edu.au
APPENDIX B

QUT HUMAN RESEARCH ETHICS COMMITTEE LETTER OF APPROVAL
April 24, 2001

Dear Mrs Mee,

At its 10 April 2001 meeting, the University Human Research Ethics Committee considered the additional information / revisions you provided in relation to your project "The experiences of undergraduate female nursing students: a feminist study" (Ref No QUT 2134H).

The Committee is satisfied that the information provided addresses its concerns, and has confirmed the full ethical clearance status of this project.

Please do not hesitate to contact me if you have any further queries in relation to this matter.

Yours sincerely,

Gary Allen
Secretary, University Human Research Ethics Committee
QUT Secretariat
Telephone: (07) 3864 2002
Facsimile: (07) 3864 1818
Email: gx.allen@qut.edu.au
APPENDIX C

RESEARCH PROJECT RECRUITMENT BROCHURE
Share your experiences of University and your personal life in research

I am looking for final year undergraduate female nursing students who are willing to share their thoughts and ideas about their lives and studying nursing at QUT.

The purpose of this research is to provide a voice for women students to the wider academic community and by doing so to explore the social and educational issues that women students face.

Participation in the research will entail face to face interviews.

For more information or for involvement in this research contact:-
Jenny Mee (Masters Research Student)
On telephone 3822 2886 or mobile 0402 220 872
E-mail j.mee@student.qut.edu.au

This project is supported by QUT’s School of Nursing and by QUT’s University Research Ethics Committee.
APPENDIX D

RESEARCH PARTICIPATION INFORMATION PACKAGE
PARTICIPATION IN RESEARCH – INFORMATION PACKAGE

Project Title: The Experiences Of Final Year Undergraduate Female Nursing Students.

Chief Investigator: Jenny Mee R.N.
Candidate for Master of Applied Science (Research)
School of Nursing, QUT

Contact Numbers: Phone/Fax: (07) 3822 2886
Mobile: 0402 220 872
E-Mail: j.mee@student.qut.edu.au

Dear [Name],

Thank you for expressing an interest in participating in this research. The purpose of the research is to elicit a description of your experience as a final year female undergraduate nursing student. The researcher will be using informal, face to face interviewing to explore and describe your experiences. The researcher will ask you to share aspects of your life that have impacted upon or not impacted upon your time as an undergraduate student. It is hoped that this material will provide new and additional information about students' lives. This research provides a forum within which you may share your experiences with the wider academic community.

Although the interview/s will be audio taped, your personal details will not be divulged in any way. The tapes will be coded to avoid revealing any of your personal details to the employed transcriber. The audiotapes will be transcribed by either the researcher or an experienced transcriber. The employed transcriber will be subject to a confidentiality agreement should any personal details be revealed through the course of the audio taped interview process. The audiotapes and transcribed interviews will be securely stored in a locked filing cabinet. Only the chief investigator and the data transcriber will have access to this material. The chief researcher will be the only person who has access to your personal details such as your name, address and telephone numbers.

Your identity will not be revealed in any material presented for publication, as a pseudonym will be used. Any material disclosed which may identify you will only be used with your verbal consent.
There is little likelihood that participation in this research will lead to any personal risk. The only foreseeable risk would be feelings of unease in disclosure of personal information. Sensitivity will be used at all times by the chief investigator, who is an experienced registered nurse. Throughout the interview process the interviewer, who is the chief investigator, will be gauging your experience of the interview process. Should it become apparent that you are feeling overtly “uneasy” you may wish to terminate the interview. This will be respected and no questions will be asked. In no way will this affect your performance at university. The university’s counselling service is also available for support should you wish to further explore some issues.

The chief investigator is conducting this research for the purposes of fulfilling requirements for a Master of Applied Science (Research) degree. The chief investigator is also a Clinical Facilitator for the School of Nursing. Participation in the study will not have any repercussions or in anyway influence your academic performance. For this reason, should you choose to participate in this study it will be necessary for you to self select a clinical placement for Clinical Placement 5 and a clinical area where the chief investigator is not facilitating. Participation in this research may mean that you will be unable to select a first choice of clinical placement if the chief investigator is the facilitator in that setting.

Your anonymity is assured, as all students will be required to self-select placement for Clinical Placement 5. Should it occur that you are incorrectly placed in the researcher’s clinical group, you can negotiate a swap with another student or you may request a change of clinical area on the basis of “personal reasons”. Both Robyn Nash and Val Richardson from the School of Nursing have indicated support for the research.

You may withdraw consent at anytime without penalty. You may also choose to withdraw consent in regard to the use of specific disclosed personal material. Should you have any concerns in regard to the conduct of the research you may contact the Secretary of the University Research Ethics Committee (Ph: [07] 3864 2902).

Feedback on the outcomes of the research will be provided to you for your approval and validation.

Please feel free to contact the chief investigator at any time to discuss concerns or to share ideas.
PARTICIPATION IN RESEARCH- CONSENT FORM

Project Title: The Experiences of Final Year Undergraduate Female Nursing Students.

Chief Investigator: Jenny Mee R.N.
    Candidate for Master of Applied Science (Research)
    School of Nursing QUT

Contact Numbers: Phone/fax: (07) 3822 2886
                 Mobile: 0402 220 872
                 E-Mail: j.mee@student.qut.edu.au

I, have read the information package in regards to the above research project and have a full understanding of the requirements of participation. I believe I have had an opportunity to clarify questions and any other information that I have needed.

I agree to participate in this research project.

.................................................................
Signature of participant
APPENDIX E

DATA TRANSCRIBER CONFIDENTIALITY AGREEMENT
CONFIDENTIALITY AGREEMENT

Project Title: The Experiences Of Final Year Undergraduate Female Nursing Students.

Chief Investigator: Jenny Mee R.N.
Candidate for Master of Applied Science (Research)
School of Nursing, QUT.

Contact Numbers: Phone/Fax: (07) 3822 2886
Mobile: 0402 220 872
E-Mail: j.mee@student.qut.edu.au

I, ..........................................., of
(address)...187.....Berndale Road...Berndale..................................................

hereby agree to undertake the transcription of data from audio taped interviews conducted for
this research. I understand that I may have access to data that may reveal a participant’s
identity and may be sensitive in nature. I agree not to divulge any information that has been
disclosed. I also agree to keep all interview tapes and transcribed material in a locked cabinet.

............................................................
Signature of Data Transcriber.

............................................................
Witnessed by: Jenny Mee (chief investigator)
REFERENCE LIST


Dingwall R., A. Rafferty and C. Webster 1993. *An Introduction to the Social History of Nursing*. First publisher Routledge, then Biddles Ltd, Guilford and King’s Lynn, Great Britain.


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