The Best of Both Worlds?:
Combining Work and Motherhood on a 24/7 Planet

A contemporary investigation of women's work attachment in the demanding 24/7 work environment of NHS emergency ambulance services

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by

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BA Hons, LLM, Chartered FCIPD

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Adopting feminist methodology, this research explores the work and motherhood choices of female paramedics with the aim of adding to knowledge in the area of 'women and work'.

Primarily, it aims to investigate the difference of opinion between Hakim (1996, 2000) and Crompton and Harris (1998) about the extent of the *determinative* effect of lifestyle choices. Paramedics have a well-evidenced high level of work attachment. This provides a unique, distinctive and original means of testing their respective views. The research finds that contrary to Hakim, work attachment or *orientation to work* is not a sole determinative of women's workplace position to the extent that they *ultimately* have absolute free choice (Hakim 1996, 2000) as constraints exist which serve to limit this (Crompton and Harris 1998).

Secondly, exploration of the respondents' narratives necessarily provides insight into the role of their husbands/partners. Adding to knowledge in the area of modern parenting and its impact on women's choices, the research finds that in contrast to the somewhat limited adoption of 'new fatherhood' and 'shared parenting' in households found in other research (Bittman 2004; Bianchi *et al* 2006; Fox 2009), my respondents tended to epitomise the ideal model of '50-50' in the fullest sense.

Lastly, undertaking this research in the ambulance service setting where 24/7-365 working is required of all paramedics has provided the unique means of exploring whether women's work choices now extend beyond 9-5. The research found that shift work is not a barrier to women's workplace position but in fact an enabler of it.

The research concludes that despite assertions to the contrary, women do have more choice than previously if they **want** it enough and can overcome the constraints. The **'best of both worlds'** is potentially more viable today, ***if*** that is what women want.

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DEDICATION

For my daughter, Abbie (aged 16) and granddaughter, Isabelle (aged 4)
in the hope that, when their time comes, a world of limitless ‘guilt-free’ opportunities
will be open to them, so that they might enjoy ‘the best of both worlds’ and
become all that they are destined to be.

CONTENTS

1. INTRODUCTION

Whilst we know that economic necessity has meant that some women have always had to manage paid work and caring for their children (Miller 2010: 362-79) and despite the dramatic increase of women into the workplace following WWII (Doucet 2006: 696-716), traditionally work and family have been considered exclusive domains belonging to men and women respectively (Nieva and Gutek 1982). However, women's place is no longer at home raising children while their spouse brings in the household income (Ludwig-Mayerhofer *et al* 2011: 367-383). Whilst societal constructions of masculinities and femininities and associated capacities continue to have influence (Miller 2013: 260), ideas of clearly defined (and largely separate) maternal and paternal responsibilities and practices have undergone significant change (Miller 2010: 362). Providing to support family life is no longer the preserve of fathers. In fact, female contributions to the family budget continue to increase, while those of the average male have decreased (Harkness, Machin and Waldfogel 2004; Dermott 2006). Thus whilst distinct moral identities for mothers and fathers still exist (Doucet 2006; McMahon 1995; Mauthner 2002), the feminisation of the labour force has become a fact of life throughout the capitalist world (Dermott 2006). Notably, it was the 1980s that marked the turning point, when women's 'subtle revolution' significantly changed their outlook on their working lives and careers (Smith 1979 cited in Gerson 1985: 1). Increasing numbers of women joined the workforce, and although the majority still left work after the birth of their first child, decreasing numbers saw motherhood as an end to their working lives altogether (Apter 1985) and instead sought to **combine** work and motherhood. For this reason, the 1980s is used within this thesis as a useful benchmark against which to compare women's situations at various points in time.

By 2008 the proportion of men vis-à-vis women employed in the UK had reached 79% and 70% respectively with the highest employment rates for *both* sexes being amongst those in their prime childrearing years, age 25 to 49. Remaining in employment following the onset of motherhood had become the norm. However, despite what these statistics might imply, the presence of a dependent child still continued to have a substantial impact on women's employment (Perrons *et al* 2007: 135; Woodruffe 2009; Thomson 2015). Not in relation to the proportion of women in the workforce *per se* but in their bias

towards part-time working and the unskilled, administrative, lower level jobs they perform in comparison to men (Labour Market Survey, 2008). Is this 'a pattern not of their choosing' (Garey 1999: 106) or does it arise from some degree of agency – the exercise of choice or self-determination (Mead 1934: 25)? In relation to this thesis, although more women are now working, in reality how far does their *choice* extend in the context of the career options available to them and the hours they can work?

In ambulance services, service delivery demands peak in the evenings, at weekends, during school holidays, over winter and particularly over the Christmas and New Year festivities – thus predominantly when parents want/need to be present with their children and/or when childcare provision (which is critical to women's employment) is not as readily available. The necessity to synchronise the utilisation of human resources with the patient demand profile means that practically all frontline paramedics and first tier paramedic managers undertake 24/7 roster-based working on shift patterns designed to align with the aforementioned service demand requirements. In addition, due to the nature of the services being provided, there can be no certainty as to the ability to 'clock off' on time: paramedics work remotely 'out in the field' and are contractually obliged to work beyond shift finish times if they are with a patient, for however long that requires. The psychological demands of the role are also particularly challenging due to the inherent exposure to life-critical situations and other natural and man-made traumatic and catastrophic events. Thus, the challenges associated with combining work and motherhood are particularly acute and female paramedics must grapple with the practical difficulties of 24/7-365 working as well as their inherent psychological conflicts – the need to 'be there' for and/or save the lives of patients in their hour of need (whatever time of day or night that is) against their need to 'be there' for their own children. However, despite this, circa 39% of all frontline paramedics within the East of England Ambulance Service NHS Trust (EEAST) are women and the vast majority, over 78%, work full-time hours on 24/7 rosters[1]. This situation therefore gives rise to the question: how and why is it that these women appear to be successfully combining motherhood and a full-time professional career in one of the most practically and psychologically difficult work roles/settings?

[1] Data provided by EEAST, Workforce Information Team, September 2012.

The role of paramedic is attributed with an enhanced level of job fulfilment as reflected year-on-year in annual NHS Staff Survey results[2]. Is the proportionally high number of full-time paramedic mothers and their high level of job attachment a coincidence, or, in line with Hakim's thinking (Hakim 1996, 2000), is job attachment the key factor contributing to or even determining their workplace participation? **The aim of this research is to use the unique emergency ambulance service career/work context, where there is a well-recognised high level of job attachment, to explore Hakim's assertions about women's attachment or *orientation to work* being the sole determinative of women's workplace position (Hakim 1996, 2000)**. In doing so, the research investigation which adopts feminist methodology (s3) and is undertaken through the analysis of 20 semi-structured qualitative interviews (s3.3 and 3.4), considers two things: a) what women **want** to do; and b) the extent to which they **can** do it. In investigating what women **want** to do, the research explores why they chose to work and why they felt drawn to the specific job of paramedic. It considers the *meaning* they attach to work, taking account of the immediate situational context within which they make their *individual* decisions. This includes micro factors such as the dynamics within the household; childcare availability; financial needs; the impact of personal mothering ideologies and scripts at an individual level; and other constraints (real or perceived) associated with combining employment and motherhood (s4.1). Investigation then moves to consider how the respondents **can**, and have, overcome or attempted to minimise or manage these factors and/or constraints (s4.2) in order to facilitate their choice to combine motherhood and work.

In line with the views of Crompton and Harris (1998: 123) about the constraints which act to impede women's choices, no matter how strong your work attachment, if you can't free yourself from the practical and psychological constraints which would otherwise exclude your presence from the workplace, then, once you have chosen to become a mother, you are a full-time 'homemaker'. By the very fact that the respondents are mothers and paramedics, they must have, to varying degrees, successfully addressed the practical and psychological constraints which would otherwise debar them from such a demanding career. Whilst 'it is recognised that 'choices' occur in different circumstances and are rarely 'free'' (Miller 2013: 260), the question arises as to the extent that women's

[2] Published by NHS England at www.england.nhs.uk.

attachment to work gives rise to their specific workplace position. As mentioned above, Hakim (1996, 2000) sees 'lifestyle choice' or 'orientation to work' as the sole determinant of women's work patterns (Hakim 1996: 17-18; Hakim 2000: 168 in McRae 2003: 318). Investigating whether this is or is not the case is the underlying aim of this research. It is the strength of this correlation (the extent of the 'determinative' effect of it) which is at the heart of the difference of opinion between Hakim (1996, 2000) and Crompton and Harris (1998) and where this research can contribute to the debate and thus add knowledge. By establishing: a) **what** the respondents **want** to do in the public sphere and the extent to which they want to do it (s4.1); and b) the degree to which they **can** make that happen and **how** (s4.2), the research investigates if there is a relationship between the level to which women 'want' a presence in the workplace and the lengths they will go to in an attempt to make that happen. If this is the case and there is a strong mutually reinforcing correlation, then despite assertions to the contrary, women would appear to have more choice than previously ***if they want it*** and have the propensity and wherewithal to manage the constraints, ***navigate*** the world of opportunity and ***make it work for them***. However, this over simplifies the highly complex context in which women make their work and motherhood choices – these choices being subject to one's capacity for agency (Gecas 2003: 374) or self-determination (Flaherty 2012: 251) within the constraints of 'the institutional structures within which the person must fit' (Clausen 1991: 806).

There is no doubt about the existence and persistence of gender differences in employment work patterns and outcomes. Numerous theories attempt to explain these. Most noteworthy are: human capital theory (Polachek 1979; Becker 1985); reserve army theory (Beechey and Perkins 1987; Bruegel 1979); labour market segmentation (Rubery, Horrell and Burch 1994; Barron and Norris 1976); patriarchy (Hartman 1976; Walby 1990); and explanations relating to organisational structures and cultures (Kanter 1979). More recently there has also been a growing awareness of the existence of differences, not just between genders *per se*, but *between* women themselves (Dex, Joshi and Macran 1996; McRae 1993; Glover and Arber 1995). These include Hakim's 'preference theory' (Hakim 1996, 2000, 2002). Here, women's involvement in the workplace is considered not as a homogenous group, but instead as men have always been, as 'individuals' *capable of making decisions about their own lives*. However, despite Hakim's view that women are *active agents* who are free to determine and 'fully realise' their individual *preferences* without constraint or restriction (Hakim 1991, 1995, 1996), absolute free

choice is a fallacy - even *active agents* don't exist or make their choices in a vacuum (Nieva and Gutek 1982: 38; Miller 2013; Crompton and Harris 1998).

It is important to appreciate that in addition to micro level factors, macro factors such as patriarchy and structure and/or the economic, political, societal and cultural contexts all (psychologically and practically) impact choice to varying degrees too (Gatrell 2005; Crompton 2006; Armstrong 2010; Thomson 2015; Doucet 2015). These don't stand alone but form a highly complex system of variables that have differing levels of inter-relationship, interdependency and cumulative effect at different points in time. These macro inter-relationships are dynamic and complex. They not only impact on each other in the wider context and at the macro level, but also at an *individual* level, e.g. gendered moral rationalities and national policy on childcare impact discussion and choice at the household level (Doucet 2015; Duncan and Edwards 1999). Such factors should therefore be kept in mind when investigating women's work and motherhood choices. For the purposes of this thesis, at a macro level attention is given to factors such as Government policy, ideologies, women's societal views [*preferences*] (Hakim 1996, 2000, 2002) and the structure of work. Within the literature review (s2), these factors are examined within a framework of the historical development of women's workplace participation giving consideration to associated theories including the 'dual role' or dual burden debate.

Taking a loosely chronological approach, the literature review commences with an exploration of the increase in women's employment (s2.1) with a consideration of market segregation (s2.1.2) and the potential reasons why women's employment developed predominantly as part-time (s2.1.1). It then gives mention to traditional socialisation and education influences (s2.2). The discussion on part-time work (s2.1.1) is particularly relevant to this research as working mothers employed as paramedics 'buck the trend' by working predominantly full-time (and with the added demands of 24/7 shift work). This unique situation gives credence to the concept of *preference theory* (Hakim 1991, 1995, 1996) and individual choice with an associated move along the continuum from 'structure' to 'agency' (Flaherty 2012). Subsequently therefore, the concept of *preference theory* is introduced (s2.3) before discussion moves to the social perspectives and ideologies that have emerged since the 1900s that potentially acted to constrain women's decisions (Doucet 2015; Gerson 1985; Beechey 1987; Klein 1956; Brannen and Moss 1991; Lewis

1992; Crompton 1999). This includes consideration of the impact of those ideologies (s2.4.1) and Government policy (s2.4.2). Discourse then considers the part that feminism has played (s2.5) in broadening the choices available to women through their attempts to counter social and political ideologies (which historically have been anti maternal employment) as well as other impediments to women's emancipation (Abercrombie, Hill and Turner 1994; Gerson 1985; Grace 1998; Apter 1985; VanEvery 1965; Boyd 2002). Notably, although these factors are treated individually within the literature review, this is merely for illustrative purposes. In reality these factors have not occurred in isolation of each other. On the contrary, they have had (and will continue to have) an ongoing inter-relationship. Furthermore, they have had varying levels of impact on women's *individual* behaviour at different times, and have culminated in creating the contemporary wider environment and circumstances in which my respondents (and women in general) make their *individual* life choices. Therefore, in drawing the literature review to a close, I look to provide some insight into modern-day parenting (s2.6).

Where relevant, the literature review is loosely framed in the context of the 'dual role' (or dual burden) debate but with reference also, for example, to 'separate spheres' (Nieva and Gutek 1982: 38; Beechey 1987: 150). Both these approaches conceptualise the two spheres (home and work) as a set of constraints that are *external* to the actor and analyse the basis of women's social position as arising from the unavoidable and subjective tensions of the 'feminine dilemma' (Beechey 1987: 27) which is associated with 'Women's Two Roles' (Myrdal and Klein 1956) at the *individual* level (Brannen and Moss 1991: 6). In my view, and as a working mother myself, this is an important aspect which should be considered. The literature review, and research investigation itself, therefore aims to take account of the *emotional* dimension including women's maternal 'wants', their *inner voices* and maternal guilt, in the context of the associated feminist discourse. There are those who argue that the compulsion to do the best by our children (above and beyond our own personal needs) – the need to 'be there for them' (s2.6.1; 4.1.6(iv)) – is the most powerful and unavoidable factor that ultimately determines women's position in the workplace (Bianchi and Milkie 2010; Beechey 1987: 27). In this context, whilst women's propensity or attachment to work might 'push' them away from the home, their propensity to mother 'pulls' them towards it (s4.2.1; 4.2.2; 4.2.3). However, is women's **work attachment** increasingly becoming a force against this (s4.1.4; 4.1.5)? Undertaking the research on paramedics where there is a well-recognised

and evidenced high level of work attachment (born from a need to 'be there' for **patients**) provides a unique, distinctive and original means of assessing this and adding to, or challenging, existing theory.

Lastly, in the associated literature, issues around working hours focus generally on the part-time versus full-time debate as opposed to consideration of *when* those hours are required to be worked and the impact of that on women's life choices and career options. In fact, whilst issues related to work including long work hours (and work intensity) have been attracting increasing attention from scholars and practitioners (Schor 1991; Filer *et al* 1996; Hochschild 1997; Eastman 1998; Bell and Freeman 2001; Green 2001; Feldman 2002; Burchell and Fagan 2004; Burke 2007; Ng *et al* 2007; Burke 2009; Burke *et al* 2010: 347), these have again tended to focus on the increasing number of working hours *per se*. This research is set in the distinct 24/7 working environment with the associated 'unsocial hours' working requirements (Dex 2003). Exploration of whether or not this has an impact on women's work choices and/or their preferences (or not) will provide an opportunity to add to knowledge in this area. This is particularly pertinent given that 24/7 working is on the increase (Burke 2009: 167).

Finally, 'although the topics explored in this research are the subject of considerable controversy, I am not concerned with evaluating the desirability of one choice over another. The aim here is to explain, not pass judgement' (Gerson 1985: xv). Whilst my own ***personal* choice** has been to combine work and motherhood, and this research, in some respects, aims to emancipate other women from the home ***who would wish to be***, combining work and motherhood may not be the right choice for all women and I would not wish it to be portrayed as such. Ultimately, my view is that women's emancipation comes from ***the right and ability to choose*** and <u>not</u> the actual individual choices they make – which should be those which are right for them and which they can live with (Appendix B).

2. LITERATURE REVIEW: WOMEN AND WORK

2.1 The Increase in Women's Employment

We live in a patriarchal capitalist society where, in all classes, men tend to dominate women, and rightly or wrongly there has undoubtedly been an underlying and persistent assumption that women *should be,* or would be, primarily wives, mothers and homemakers (Beechey 1987: 150; Brannen and Moss 1991: 28; Nieva and Gutek 1982: vi; Goodwin and O'Connor 2003: 6). This gender-specific assumption, (the strength of which should not be underestimated), has a multitude of far reaching implications. It influenced the creation of the 'feminised' part-time workforce (Jenson, Hagen and Reddy 1988: 21; Beechey 1987: 165) and the types of work women perform (s2.1.1; 2.1.2). Undoubtedly, women's workplace *coercion* has been into a severely constrained *subservient* 'choice' of roles that are predominantly a natural extension of their 'caring' wife and mother leanings (e.g. nursing and teaching) and/or which (being part-time), accommodate their present or future childrearing responsibilities (Beechey 1987: 1; Chapman 1987; Brannen and Moss 1991). E.g., sociological writing of the 1960s responded to fears that the family was under threat from the increased participation of women in the workforce by pointing to teaching as an ideal and jointly beneficial arrangement of work, marriage and motherhood where childcare responsibility could be particularly met (Thomson and Kehily 2011: 233-245). In this vein, Hakim purports that the majority of women who are teachers and nurses are '*adaptives*' who have chosen these occupations so they can 'fit paid work around their domestic role, rather than vice versa' (Hakim 2000: 167).

According to Hakim's 'preference theory', *adaptive* women returning to work after maternity don't do so because they are motivated by career and work reasons (particularly those returning part-time as their reduction in hours is seen as being synonymous with a reduction in work attachment; as demonstrating that they are not 'work-centred') but return predominantly for financial reasons, undertaking work which will fit around their childrearing role (Hakim 1998: 138). However, research by Davey, Murrells and Robinson (2005) into UK nurses doesn't support Hakim's view. Their research found that it was full-timers who had the greater propensity to give *financial* need as their reason for returning after maternity leave and part-timers didn't differ qualitatively from full-

timers in their work motivations (Davey, Murrells and Robinson 2005: 339). However, we should note that although 'Hakim draws a distinction between full-time and part-time workers, she acknowledges that some *adaptive* women may work full-time because part-time is not available to them and some home-centred women may work because of financial need' (Davey, Murrells and Robinson 2005: 339). What Hakim perhaps overlooks here is the impact of factors such as gendered moral rationalities on which people in society make decisions (Duncan and Edwards 1999). These are defined as 'collective and social understandings about what is the proper relationship between motherhood and paid work' (Duncan and Edwards 1999: 3). The influence of these is evidenced in Duncan and Edwards' (1999) research findings on lone mothers. Here, where one would expect economic necessity to be particularly important, economic cost-benefit calculations were found to be secondary to moral and social norms (Duncan and Edwards 1999: 3).

Whilst we know some women have always had to manage paid work and childrearing (Miller 2010: 362-79), the 1980s witnessed the key turning point in women's emancipation with a dramatic intensification of their workplace participation (Doucet 2006: 696-716). This was born from simultaneous and cumulative factors coming together to invoke fundamental change. These included, firstly, transposing occupational structures and the effects of the 'demographic time bomb' (Abercrombie, Hill and Turner 1994: 457); secondly, the success of feminism in countering dominant ideologies and securing the introduction of contraception (Apter 1985); and thirdly, changing Government policy on childcare. Building on the rapid growth in women's employment in the preceding boom decades, these came together in the 1980s to create an environment and circumstances both favouring and encouraging women's employment amidst the stirring of societal acceptance of it. This gave rise to 'a different sense of what women *could* be, and of what they *wanted'* or actively could choose to be (Apter 1985: 1; Nieva and Gutek 1982: vi; Brannen, Meszaros, Moss and Poland 1994: 4). However, it is of note that this increase in individual choice (or at least women's view as to their right to have it) hadn't yet infiltrated younger female mind-sets and career aspirations. In fact, it was not until the arrival of the reflexive and post-structuralist perspectives in the 1990s and the emergence of the youth transition *navigation* phase that scope for *individuality* rather than 'preordained homogeneity' in transition processes and thus women's career

paths, became a reality (Roberts 1995; Skelton and Valentine 1998; Cieslik and Pollock 2002: 8).

Nevertheless, as women's participation evolved in the 1980s it was neither seen as a career or as long-term. It was assumed to be a 'stop-gap' prior to ceasing work altogether or reducing their participation to part-time (Chapman 1987; Barrett 1980: 156; Thompson 1993: 203). Even in the long boom of the 1950s, 60s and early 70s when women's participation was necessary for capital, women were viewed as nothing more than 'helping hands' (Jenson, Hagan and Reddy 1988: 22; Beechey 1987: 151) or 'reserves' (Beechey and Perkins 1987; Bruegel 1979). Thus capitalism and/or patriarchy gave rise to a structure of work that disadvantaged women. This position was reinforced by a multitude of other factors and influences such as, e.g., Government policy and ideologies which were particularly anti maternal employment throughout the post-war period and into the 1980s (Kingdom 1994: 113) – although in the 1980s, the Government's belligerent reluctance to interfere in the family and increase the affordability and availability of childcare (one of the largest impediments to women's employment) was purely to maximise scarce job opportunities for the 'male breadwinner' during economic recession (Lewis 1992; Crompton 1999) rather than any strong belief in the 'sentimental notions of the *family*' they espoused (Apter 1985: 2). Thus, whether arising directly from Government assertions or not, the effect of post-war child psychologists and/or motherhood discourse (Gerson 1985: 4; Brannen and Moss 1992: 92; Beechey 1987), ideologies and societal views have had a persisting dominant influence which continues today (Milkie *et al* 2015; s2.6.1).

Notably, despite the increase in maternal employment, national surveys in the 1980s still found that there was significant opposition to it (Brannen and Moss 1991: 12, 93). Factors such as Government ideology and policies, social structures and normative constraints all have a persuasive influence on women's choices – and indeed what they perceive their choices to be (Clausen 1991; Goodwin and O'Connor 2003; Roberts 1975). They include women's own identities (their 'inner voices', maternal scripts and the 'mother knot' (Apter 1985:2)), gender relations in the family and husband attitudes (Flaherty 2012; McRae 2003: 329). It is reported that in childhood and adolescence in particular, family and/or parental influence including characteristics and background are highly significant (Furlong 1986: 66; Strathdee 2001). Like Clausen (1991), Gecas (2003: 374) shows us

that the extent of one's self-efficacy arises from developmental contexts, such as family, peers, school, race, class and gender (Flaherty 2012: 243). Therefore, in attempting to understand why women end up in the jobs they do, it is important to appreciate the cumulative and reinforcing effect of factors such as these in the context of the patriarchal-biased structure of work and society. However, whilst Flaherty (2012: 251) states that 'agency is conditioned by its cultural context and serves to reproduce social structure', there are those who argue that there has been a relaxing of structural conditions of choice towards the millennium and beyond (Beck 1992; Beck and Beck-Gernsheim 1995). But is the latter merely an ineptitude by them to recognise people's inability to 'make sense of the connections between their own personal lives and the structural forces that shaped their lives' (Brannen and Nilsen 2005: 423) or is it as Clausen (1991: 805) states and 'life course is a creation of the person'. If so, are women increasingly becoming 'agents of their own lives' (Flaherty 2012: 239)?

Whilst women's growing employment in inter-war England was 'crucial in the emergence of the modern, independent young woman' (Todd 2004: 3), it was not until the 1950s, 60s and 70s onwards that there was a *rapid* increase (Woodruffe 2009; Thomson 2015; Abercrombie, Hill and Turner 1994: 457). This growth in the 'reserve army' (Beechey and Perkins 1987; Bruegel 1979) is commonly attributed to a shortage of male labour during this period of long boom. However, this is not wholly borne out in reality as women's employment persisted in the subsequent years of recession and was as resilient as men's during the economic crisis in the early 1980s (Jenson, Hagen and Reddy 1998: 4; Beechey 1987: 1, 155; Brannen, Meszaros, Moss and Poland 1994: 4; Hakim 1993). The growth is partly explained by the effects of the 'demographic time bomb' and transposing occupational structures. These came together in the 1980s to increase the environments and circumstances both *favouring* and *encouraging* women's employment. Traditional *male dominant* industrial sectors collapsed. Manufacturing employment halved in the 15 years to 1994. Simultaneously there was a definite shift towards the traditionally 'female' service sector because of its importance for economic prosperity. Consequently, 1980s Britain presented fertile ground in which the *demand* for female employment expanded, particularly regarding women with dependent children (Thomson 2015: 1; Gallie, Penn and Rose 1996: 39; McIllroy 1995: 387). However, this increased participation in the UK labour-market is characterised by inequalities both in terms of levels of pay and conditions and in the continued gendered division of labour in the home

(Perrons *et al* 2007: 135). Notably, the dramatic increase was practically all in part-time work (see Hakim 1996: 61-2; Martin and Roberts 1984: 1; Dex *et al* 1996). In the mid-1980s, few women resumed full-time work after maternity leave and, for those who did, very few with children under three worked full-time (Brannen and Moss 1991: 1). The question is therefore about the degree to which these decisions arise from, or are influenced by 'agency' with its emphasis on *individual* action/choice, or from limitations arising from 'structure' – or from a complex combination of both (Doucet 2016; Flaherty 2012; Cook and Waters 1998: 315; Adler 1993; Barrett 1980; Brenner and Ramas 1984).

2.1.1 Part-Time Employment

Rightly or wrongly, there is unquestionably an underlying and persistent assumption which has had a significant impact on women's work opportunities and choices. The assumption is that women are, and to varying degrees over the course of the last 60 years *should be*, primarily wives, mothers and homemakers (Beechey 1987: 150; Brannen and Moss 1991: 28; Milkie *et al* 2015). The myriad of implications arising from this are far reaching, as reflected in the complexity of the discourse surrounding women and work, not least of all regarding the fundamental construction of women's paid work which Beechey (1987) purports is '*unquestionably associated'* with this assumption (*Emphasis added*. Beechey 1987: 150). This is evidenced in the views of Brannen and Moss (1991: 28) who purport that part-time employment opportunities were **specifically created** as part-time to attract (or facilitate) the employment of women with dependent children who represented a much needed, unused labour resource during the boom periods. Based on their gender-specific assumptions about the amount of hours women were able (or would choose) to work, employers thus created part-time jobs to suit what ***they*** perceived to be **women's preferences** (Beechey 1987: 165). However, in contrast, there is a less altruistic view of the 'male' employer in that the expansion of part-time working was not based on accommodating **women's preferences** for the good of women but instead because that was what patriarchy dictated they *should be permitted* to work and/or due to **employer preference** for it as an organisational form (Jenson, Hagen and Reddy 1988: 96).

It is argued that part-time work aimed to create 'flexibility' so that labour utilisation could be aligned more cost-effectively with fluctuations in work flow. The aim was to heighten the ability of the organisation to improve efficiency and compete in the highly competitive economic environment. However, whilst there was a business justification for the creation of part-time work, the fact that the gender composition of the resultant part-time workforce was undoubtedly and demonstrably a 'feminised one' is less palatable (Jenson, Hagen and Reddy 1988: 21) - particularly given its inextricable link with 'occupational segregation' (Jenson, Hagen and Reddy 1998: 22; Beechey 1987: 151; Thair and Risdon 1999: 3; Adler 1993), vertical segregation (Thair and Risdon 1999: 3) and the associated lesser pay (Perrons *et al* 2007: 135*;* Woodruffe 2009; Thompson 2011; Abercrombie, Hall and Turner 1994: 458; Smithson, Lewis, Cooper and Dyer 2004).

In 1987, Beechey purported that employers utilised 'gender-specific means of attaining flexibility within their labour forces' (Beechey 1987: 165). This is borne out by the fact that part-timers (women) were less protected by employment legislation and trade union collective agreements. Thus although this isn't the case today regarding part-time work rights[3], at the time, part-timers were therefore cheaper to hire, easier to dismiss and generally less well paid (Robinson and Wallace 1984: 396; Abercrombie, Hill and Turner 1994: 457). With regard to earnings, this still remains the case with the legacy of women's part-time pay and full-time pay vis-a-vis men being endemically and persistently less than men's (Perrons *et al* 2007: 135; Woodruffe 2009; Thomson 2015). Nevertheless, women entering the workforce at that time may therefore not have *actively* chosen to work part-time, but been coerced into doing so because that was what was on offer. Part-time work was not created to facilitate women's best interest but instead 'burden' or intentionally exploit them to accommodate *male* or *organisational* ends (counter to the views of neo-classical economists). However, 'sometimes women's part-time work is explained as the result of women's own preferences ('voluntary' part-time), reflecting family responsibilities and choices about how to spend time' (Jenson, Hagen and Reddy 1988: 21). Nieva and Gutek (1982) advocate that 'whether women choose part-time or full-time is heavily dependent on their *individual* assessment of how much time they want (or feel they need) to spend with their children, how much money they need to earn, and the availability and affordability of childcare' (Nieva and Gutek 1982:

[3] Part-Time Workers (Prevention of Less Favourable Treatment) Regulations 2000. See www.acas.org.uk

31). With regard to earnings, successive studies undertaken by Martin and Roberts (1984), Healy (1999) and Davey, Murrells and Robinson (2005) all confirm that the main factor driving women to return to work after maternity leave is economic necessity. Regarding the latter research, this supports Nieva and Gutek's view about the dependency between working hours *choices* and earnings requirements. In Davey, Murrells and Robinson's (2005: 338) study, 19% of nurses had returned full-time compared to 81% part-time and there was a clear correlation between financial need and *hours of work* with full-timers scoring more highly than part-timers in terms of financial need.

With regard to the contribution that childcare makes to women's work choices, it is well understood that the availability and affordability of childcare is a predominant pre-requisite to employment (Dex *et al* 1996: 71; Gatrell 2005; Hobson and Fahlen 2009). In research by Miller (2012), the difficulty of organising (acceptable) childcare was given by mothers as a reason to either work part-time or to not return to work at all (Miller 2012: 39-52). Research shows that mothers are implicitly expected to take responsibility for arranging childcare (Gatrell 2005; Hobson and Fahlen 2009), often changing their own work hours to part-time (and on occasion their jobs) in order to accommodate caring responsibilities. Miller (2012: 39-52) similarly found that organising childcare was an 'exclusively maternal undertaking'. Therefore 'the whole problem of childcare is one that looms over working women like a nightmare' (Chapman 1987: 30).

Whilst the position today is significantly changed, in the 1980s the cost and lack of institutional childcare in Britain was a major disincentive to women seeking paid employment. In this context, on the one hand we can argue that part-time employment was vital in facilitating British women's participation in the workplace, enabling them to combine it with childrearing (Walker 1988 in Jenson, Hagen and Reddy 1998: 94; Beechey 1987). On the other hand one could argue that the Government's approach to childcare provision and employers' *exploitation* of women to achieve organisational competitiveness came together to intentionally limit women's choices (or indeed the Government's approach intentionally sought to assist employers to meet their business requirements, contrary to some women's interests). However, this paints women as helpless victims and does them a disservice. Research shows that, counter to Government and business views about the flexible labour force, a large number of women view part-time working as serving their needs (VanEvery 1995: 89). However, this choice comes

with a price or burden attached (Brannen, Meszaros, Moss and Poland 1994: 1). 'Part-time employment during early motherhood may be of familial benefit initially but it sets mothers on the path to lifelong economic disadvantage and latent poverty' (Grace 1998: 3).

2.1.2 Occupational Segregation

By the 1990s there was little doubt that part-time work and women's work was synonymous. Given its inextricable link with the existence of 'occupational segregation', this presented the danger that women would continue to be nothing more than 'helping hands' in the workplace (Jenson, Hagen and Reddy 1988: 22; Beechey 1987: 151). In comparison with men, women's employment in Britain is occupationally segregated (Thair and Risdon 1999: 3; Adler 1993). Historically it is also vertically segregated - although by the turn of the millennium there were signs of progress evidenced in the rise of women employed in the top two social classes (Thair and Risdon 1999: 3). Furthermore, despite equal opportunities and equal pay legislation, women generally earn less (Perrons *et al* 2007: 135; Abercrombie, Hall and Turner 1994: 458). Thus, whilst some of the women employed in 81% of all part-time jobs in the UK at the millennium (Thair and Risdon 1999: 3) *chose* it for whatever reason, it nevertheless damaged their career prospects. As research has found (see Smithson, Lewis, Cooper and Dyer 2004: 115) flexible working arrangements reinforce the gender pay gap, have a 'clear impact on current and future salaries for women' (Perrons *et al* 2007: 135; Woodruffe 2009; Thomson 2015) and damage the potential for career advancement (e.g. Cook and Waters 1998 and the discrepancy found in promotion rates). As the campaign organisation The Fawcett Society purports: 'becoming a parent marks the start of the great divide between women's and men's pay. Motherhood has a direct and dramatic influence on women's pay and employment prospects, and typically this penalty lasts a lifetime' (Woodruffe 2009 in Thomson 2015: 1). With regard to promotion, 'women are constrained in terms of career progression because the gendered concept of career means that the model of full-time continuous working with progressive upward mobility is considered the norm and many women's career patterns, with career breaks and periods of part-time working, are considered inferior' (Davey, Murrells and Robinson 2005: 330. Referring to Dex 1987 and Evetts 1994). Certainly, e.g., 'in the NHS, the dearth of part-time jobs at managerial

grades is seen by some as institutionalised discrimination' (Davey, Murrells and Robinson 2005: 330). It is thus perhaps not surprising that 'until recently, it was recognised that the NHS was neither a 'woman friendly' nor a 'family-friendly' organisation' (Willis 1991 cited in Davey, Murrells and Robinson 2005: 228).

However, the question of whether part-time work equates to less job satisfaction and/or the dual burden is not absolute. In the context of 'orientation to work' discourse, whilst 'objective' consideration of the work situation of part-timers might, on the face of it, lead to an assumption of job dissatisfaction, this is not always the case. In Davey, Murrells and Robinson's (2005: 339) research about NHS nurses, the number of working hours were not seen to be synonymous with career or work motivations and attachment. Furthermore, a study into car workers in Luton unexpectedly found considerable job satisfaction in their part-time workers. This is explained by Goldthorpe *et al* (1968) as arising from the part played by 'prior orientations' which contextualise and impact on women's level of satisfaction in the workplace (Goldthorpe 1966 and Goldthorpe *et al* 1968 in Crompton and Harris 1998: 122). My interpretation of this is that women's satisfaction with their 'work situation' is based on their personal perspective as to their life 'in the round', i.e. if their satisfaction arises from mothering, the context in which they personally assess, either consciously or sub-consciously, their work/career needs are reduced because their dominant or sole contributor to 'life' satisfaction comes from elsewhere (Goldthorpe *et al* 1968: 184 in Crompton and Harris 1998: 122). In the converse, where mothering does not, to varying degrees, satisfy a woman's needs, the importance of paid work for their wellbeing and fulfilment is heightened. It is in this context that there is discourse and disagreement about whether women's variations in their 'orientations to work' or levels of attachment represents an independent variable which, to some degree, explains or contributes to women's employment patterns (Hakim 2000; Crompton and Harris 1998).

2.2 Traditional Socialisation and Education Influences

There is strong evidence and viewpoints which purport that career paths are significantly influenced by the family and/or parental characteristics and background (Strathdee 2001; Anyadike-Danes and McVicar 2003: 19; Hoffman 1974; Evan and Furlong 1997: 23). Whilst not wholly determinative, women's aspirations on mothering and work (or both) are strongly derived within normative constraints with the 'family' having a determinative effect on career aspirations (Furlong 1986: 66). E.g., having parents that left education later, a father from a managerial or professional occupation or being born later in the mother's life increase the likelihood of post-compulsory education (Anyadike-Danes and McVicar 2003: 19). Given the strong evidence linking qualification attainment or long-term (further, higher and vocational) education with workplace career advancement and achievement (Anyadike-Danes and McVicar 2003: 1), these are important factors. E.g. for girls, maternal *influence* is particularly pervasive. This is evidenced in Goodwin and O'Connor's (2003) analysis of hitherto unanalysed data from 1960s school girls (Goodwin and O'Connor 2003: 6). This found that, whilst there were occasions where the life path of 'Mum' had a counter effect (i.e. girls not wanting to become their mothers) on the whole, girls *tended* to follow in their mother's footsteps (Goodwin and O'Connor 2003: 14; Roberts 1995: 57). In the context of the aforementioned historical and contextual setting of 'women and work', girls' mind-sets throughout the post-war period were thus encouraged towards traditionally female leanings both regarding mothering and work. In relation to work, the strength of the generation-to-generation conditioning is evidenced by the fact that, even during the 1980s, the inclinations of girls continued to fall into a 'narrow range of stereotypically feminine occupations' (Nemerowicz 1979; Spender 1982; Best 1983; Adams and Walkerdine 1986 in Francis 2002: 3). This is perhaps because family persuasions were being reinforced in careers advice. At the time this was highly gendered, and for girls 'stamped out any career aspirations for non-traditional or high status jobs' (Bennett and Carter 1981 in Francis 2002: 3) and so with it, educational ambitions.

It is well understood that until the late 1980s parents, teachers and careers advisers had lower expectations of girls vis-à-vis boys (Delamont 1980 in Furlong and Cartmel 1997: 22). Careers advice was counter to the emancipation of young women and instead acted to 'reinforce the perception that girls should only apply for 'suitably female jobs' even in

the *rare* situations when job aspirations were counter to that' (*Emphasis added*. Griffin 1985: 31). The argument was that it was preferable to provide realistic advice based on what jobs might be available rather than allow school-leavers to *indulge* in broader career horizons which they ultimately may not be able to secure (Roberts 1987; Goodwin and O'Connor 2003: 19). Thus the socialising or conditioning of girls through influences at home, school and social milieu interactions (Evans and Furlong 1997: 19), as well as issues relating to the underlying dominant construction of masculinity and femininity (which we draw on, resist and engage with throughout our lives in our construction of identity) served to create and perpetuate the 'gendered dichotomy' (Francis 2002: 5, 11). Arguably, girls' career aspirations were nothing more than *self-fulfilling prophecies* derived from 'intergenerational transmission of values and work roles from parent to child' (Evans and Furlong 1997: 30). The result was the continued entry of women into subservient, occupationally segregated jobs from one generation to the next (Goodwin and O'Connor 2003: 14; Roberts 1995: 57).

However, by the new millennium, the changing viewpoint of 1980s women started to have a knock-on effect on the next generation and the strong influence of 'Mum' began to work to greater positive converse effect than had previously been the case. This is evidenced in Francis's (2002) analysis of gender and career choices which found that girls' occupational aspirations had become much more ambitious (Francis 2002: 3, 8) – growing from being 'more willing' (Riddell 1992) to being 'increasingly interested' in a much wider range of occupations. These included careers which required academic qualifications such as doctor or solicitor rather than the former stereotypically female occupations (Francis 2002: 7, 75, 80). This represented a dramatic shift from the situation twenty years earlier (Lightbody and Durndell 1996 in Francis 2002: 7) as reflected in 'seminal feminist studies' at the time (Francis 2002: 11). In keeping with the changed mind-sets of a growing number of adult women in the 1980s about paid employment (Apter 1985: 1; Nieva and Gutek 1982: vi; Brannen, Meszaros, Moss and Poland 1994: 4) and the opening up of increased workplace opportunities for women, the work aspirations of girls were no longer limited to 'stop-gap' employment or 'secondary' earner (Francis 2002: 11). Instead girls were seeing occupational choice as 'reflecting their identity' and sought longer-term 'careers' in a larger range of occupations – many requiring post-compulsory qualifications (Riddell 1992; Sharpe 1994 in Francis 2002: 11). High qualification attainment and/or long term post-compulsory education has a

strong *positive* determinant effect in all social classes and to a large extent, certainly in the middle and upper classes, this applies regardless of gender (Anyadike-Danes and McVicar 2003: 20-21). The result is that, despite women's labour market position remaining disadvantaged overall, the number of women in professional and managerial occupations has grown (Biggart 2002: 148). Today, whilst the relative labour market position of disadvantaged and/or working class girls vis-à-vis boys remains 'considerably more risky' because 'their male counterparts continue to benefit from protected entry points' (Biggart 2002: 158, 160), gender differential in employment for *high* educational attainers has noticeably diminished (Egerton and Savage 2000).

It is thus encouraging that young women today recognise that high educational attainment is a key enabler to their emancipation. In the 1960-70s young women's work transitions were heavily gendered and boys outperformed girls in school education (Furlong and Cartmel 1997: 22). However in the 1980s, although the reasons for it are unclear, girls' educational achievement was transformed (Furlong and Cartmel 1997: 21) and they became the 'educational high flyers' in both primary and secondary education vis-à-vis boys (Furlong and Cartmel 1997: 22; Roberts 1995: 47). In addition, more girls were participating in post-compulsory education than boys – an important factor given the pre-requisite importance of qualifications in today's modern labour market (Biggart 2002: 145, 146; Tinklin *et al* 2001) with its direct link to future occupational success. This is evidenced in the findings of Howieson and Iannelli's (2003) examination of the 2002 Scottish School Leavers Survey longitudinal data – albeit their choice of method is not without controversy and criticism (Abbott and Tsay 2000, Levine 2000 and Wu 2000). Today more girls than boys attend university and they also outperform them there (Thomson 2015). This educational success, together with the dramatic change in occupational structures favouring women's employment (Wilkinson 1994; Metcalf 1997; Robinson 1997; Raffe *et al* 1998 in Biggart 2002: 147; Furlong and Cartmel 1997: 29) and the present day acceptance (in fact, a growing expectance) of it (Ludwig-Mayerhofer *et al* 2011: 367-383), makes for promising prospects for women's future workplace advancement if that is what they want – as more women participate in continued education, succeed in the labour market and become the mothers and important role models for future generations (Francis 2000 Biggart 2002: 148). One of the implications of this might be a resultant delay in motherhood for the majority (Thomson 2015: 2).

2.3 What Women Can and Want to Do: Preference Theory

The doctrine of preference theory is that women are not homogeneous in their preferences or priorities (Hakim 2000: 4). Rather, they make genuine choices about how they wish to live their lives based on their **individual** personal preferences towards family or work; and importantly, that these can be fully realised free from any major constraints that might limit or force their choice in any regard (Hakim 1996: 17-18; Hakim 2000: 18; Hakim 2000: 169; Hakim 2002: 274). Categorising women into 'work-centred', 'family-centred' or 'adaptive', Hakim argues that women's 'lifestyle choices' are **the** overriding factor determining their work patterns rather than the constraints associated with social structure or other macro-level influences (Hakim 1996: 17-18; Hakim 2000: 168 in McRae 2003: 318). However, whilst personal preference undoubtedly influences women's choices, the lack of any serious consideration of the institutional structures within which those choices are made (Clausen 1991: 806) and/or the potential effect of constraints on women's ability to enact those lifestyle preferences is a weakness of the theory (Crompton and Harris 1998: 123; Thomson 2015: 2; Gatrell 2005; Crompton 2006; Armstrong 2010).

Contrary to Hakim, Crompton and Harris (1998) do not agree that 'orientation to work' is the *major* independent variable explaining women's employment patterns (Crompton and Harris 1998: 119-131). This is evidenced in the existence of a continuum of work-family preferences; that women with similar preferences, but with differing degrees of capacity to overcome constraints, have very different labour market careers – longitudinal data simply does not support the central argument of preference theory about there being free choice (McRae 2003: 317). Consideration also needs to take into account the context in which women determine their preferences in the first place and the fact that this, and their personal situation and 'views change over time in negotiation with partner, family and the market' (Thomson 2015: 1). As Epstein (1970) states: 'once past the initial barriers, a woman may be forced repeatedly to review her decision to work as she faces successive conflicts between her personal life and her employment' (Epstein 1970: 1; Thomson 2015: 1).

In taking the stance that women have absolute choice, Hakim arguably confuses voluntary action with genuine or unconstrained choice (McRae 2003: 333). As McCrate (1988) purports: 'women chose to *learn to prefer* mothering over auto mechanics for the same

reason that one would choose to learn to enjoy winter rather than summer sports in a cold climate' (McCrate 1988: 237 cited in Bruegel 1996: 175). As studies of worker attitudes have demonstrated, people tend to adapt to what is realistically available for them and thus adjust their preferences, either consciously or sub-consciously, to the realities of that situation (Blackburn and Mann 1979 in Crompton and Harris 1998: 123). Thus *preferences* have already been *constrained*, i.e. women determine their preferences based on what they believe they can and should realistically achieve. Therefore these are not *unrestrained* but 'self-limited' *preferences* arising from learnt behaviours and expectations including from influences associated with maternal scripts, ideologies and gendered moral rationalities etc. We might therefore excuse Hakim for believing that women can fully realise their *preferences* – Hakim's shortfall being a lack of appreciation that those *preferences* are not born from freely determined thought processes or expectations of free and achievable choice. I am saying that women's constrained *preferences* become 'self-fulfilling prophecies': they achieve the *preferences* they think they can reasonably expect to achieve. Women's *individual* choices are therefore doubly impacted by the effects of *differing* constraints at inception and subsequently when attempting to enact their preferences (McRae 2003: 317). These include normative constraints, i.e. women's own identities (their 'inner voices'), gender relations in the family and the attitudes of husbands (McRae 1993 in McRae 2003: 329). These arise from a myriad of factors and influences, not least of all ideologies which impact directly and indirectly on women's choices.

2.4 Ideological and Governmental Constraints

2.4.1 Ideological Developments: 1900-1980

Two paradoxical developments in the position of women occurred simultaneously in the first half of the twentieth century: the increase in working women and the strengthening and reinforcement or 'consolidation' of the ideology of female domesticity (Gerson 1985: 4). With its roots in the nineteenth century notion of "true womanhood", the ideology viewed women as being 'uniquely endowed with the emotional qualities necessary to oversee the private sphere and thus to safeguard society's moral fabric from the corrupting influence of industrialism' (Welter 1976 in Gerson 1985: 4). By the 1950s, 60s and early 70s the main perspectives concerned with women's work in Britain were the 'dual role'

and subsequent 'separate spheres' approaches (Beechey 1987: 150). Typically, both approaches conceptualised the two spheres (home and work) as a set of constraints that are *external* to the actor and analysed the basis of women's social position arising from the unavoidable and subjective tensions of the 'feminine dilemma' (Beechey 1987: 27) associated with 'Women's Two Roles' (Myrdal and Klein 1956) at the *individual* level (Brannen and Moss 1991: 6).

Within the separate spheres framework, (due to the processes of socialisation), men are associated with the world of work and women are *naturally* and unquestionably attributed to the home and childcare (Miller 2013; Brannen and Moss 1991: 5; Beechey 1987: 149). This is women's primary role with employment seen as subservient to it (Brannen and Moss 1991: 5). Consequently, part-time work (as heralded by Myrdal and Klein in the 1950s) was considered as an important lever facilitating women's participation in employment (Beechey 1987: 150). As Jean Hallaire (1968) put it, 'for some years now and for millions of married women in Western countries, part-time work has been a factor making for *equilibrium* between the duties of a wife and mother and *economic necessity*' (*Emphasis added.* Quoted in Beechey 1987: 15). Looking at the subtleties within this statement, it is perhaps poignant and in tune with the ideological context at the time that Hallaire only seeks to attain a *balance* between women's two roles (that the mothering requirement or their *duty* must nevertheless be met by women) and that the justification for work is born from 'economic' necessity rather than women's self-fulfilment. In research conducted by Molm (1978) and Parnes *et al* (1975) it was established that 'negative attitudes are related to women's work behaviour **only** if the woman has a choice about working or not' (Neiva and Gutek 1982: 31). However, we know from the findings of Duncan and Edwards (1999: 3) that cost-benefit calculations are not necessarily the primary focus in women's work decisions. Nowadays, there is an expectance on women to contribute to family income (Ludwig-Mayerhofer *et al* 2011: 367-383) which might, in the converse, act to impact their ability to choose to mother full-time. Nevertheless, questions continue to be asked about 'whether it is right to put career before motherhood' (Forbes 1997: 10) as beliefs about optimal childrearing continue to fuel the dispute between working women and homemakers about the selfish and harming effects of working women's absence from their children (Milkie *et al* 2015: 355).

There is no doubt that financial drivers have played a large part in women's increased presence in the workplace. Early assertions that women worked outside the home for 'pin-money' (Beechey 1987: 183) seem nonsensical today (Ludwig-Mayerhofer *et al* 2011: 367-383). Such is the increase in the extent of dual-earner families that an entire body of research and academic discussion has developed exploring, for example, household financial organisation, systems of money management (Ashby and Burgoyne 2008; Pahl 2008; Vogler et al 2008; Ashby and Burgoyne 2008) and the power and identity issues in the home related to these (Ludwig-Mayerhofer *et al* 2011: 367-383). The reality is that economic necessity has always required increasing numbers of women to manage paid work and childrearing (Miller 2010: 362-79; Matlin 1987: 151; Chapman 1987: 9). In the 1980s most women sought employment due to economic necessity, their 'wages being essential to the income of the whole family' (Jenson, Hagen and Reddy 1988: 4) and, perhaps increasing fuelled by consumerism, this is even more so today (Ludwig-Mayerhofer *et al* 2011: 367-383; Burgoyne 2007). The importance of women's contribution to the household income can been seen from its influence around their maternity leave decisions. As evidenced in the findings of Martin and Roberts (1984), the main reason women look for and/or return to work is financial. E.g., Healy (1999) found that although women returning to teaching after maternity leave were motivated by a strong attachment to work, financial reasons were the main motivator. Similarly, a later study of 112 UK nurses by Davey, Murrells and Robinson (2005) found that whilst the reason for returning to work after maternity leave was more complex, financial need remained the strongest single motivator. However, it is important to note that where respondents had identified multiple 'motivators' for returning to work, financial need did not score as heavily and represented the lowest percentage with 27% of respondents rating it 'equally as important' as one of the other three factors; these being 'work situation identity' (43%), 'lifestyle' (39%) and 'career' (33%). This reflects the findings of a study by the Roffey Park Institute in 2002 which found that 'many women are not at work solely as a means of supporting their family'. There are more 'ambitious, highly career orientated women who are actively committed to progressing their careers and succeeding in the workplace'. However, this doesn't mean that they have no interest in being part of a happy, thriving family unit – they do. 'It just means that they want both' (Glynn, Steinberg and McCartney 2002: 13).

Nevertheless, Hallaire's (1968) view and the findings of the aforementioned research evidences the shift away from the male breadwinner mind-set and model (Scherger, Nazroo and May 2016; Ludwig-Mayerhofer *et al* 2011; Crompton *et al* 2007; Miller 2012; Wall 2007), despite it still being the most fundamental pillar of male identity (Morgan 1992; Warin et al. 1999; Hatten, Vinter and Williams 2002; Dermott 2006). This has placed an increasing burden on more women to make an essential contribution to family income (Burgoyne 2007; Ludwig-Mayerhofer *et al* 2011; Miller 2010). In this context, we can see how part-time work, which in effect facilitates women's employment, could be argued to ensure that women experience the *burden* of part-time work (s2.1.1). Furthermore, as they continue to retain the major responsibility for childcare, particularly when they are part-time, they experience the 'dual burden'. The question therefore arises as to why more women don't look to reduce the dual burden by working full-time as this is associated with more sharing of childrearing and with better career potential. Part of the answer is that, regardless of whether there is structural opportunity to do so and a growing societal *expectance* to contribute to the household finances (Ludwig-Mayerhofer *et al* 2011), 'mothering ideologies' and maternal scripts (both previously and to the present day) effect a **powerful** and **unavoidable** 'emotional dimension' in women's *free will* in relation to their *psychological* ability to choose. In fact, such is the strength of these that even 'work-centred' (Hakim 1991, 1995, 1996) full-timers don't work guilt free.

As early as the beginning of the twentieth century, motherhood and approaches to mothering were under the influence of experts who espoused their views about how children should be raised. Initially, this was by the medical profession who purported the need for 'iron hard discipline' but by WWII this became unfashionable and new experts - child psychologists - transformed the focus to the psychological (Brannen and Moss 1991: 91). One of the largest influencers, John Bowlby (1953), espoused that children required 'constant attention, day and night, seven days a week, and 365 days a year' or they would suffer psychologically (Gerson 1985: 7). The study of childrearing thus focused almost exclusively on the importance of stable, full-time mothering with the detrimental effects of maternal separation, or 'attachment theory' becoming the prominent post-war child development theory (Brannen and Moss 1991: 91). Normal motherhood was thus seen as a full-time responsibility precluding employment (Brannen and Moss 1991: 92).

There have been a number of theoretical approaches to the study of dual earner households with young children. 'The most influential and persistent has been the debate conducted largely within the psychology of child development – an approach which is often termed the 'working mothers debate' (Brannen and Moss 1991: 2). Here, as a consequence of 'attachment theory', it is presumed that 'the employment of a mother is disruptive of the family and damaging to the child' with 'shared childrearing being discussed in the context of maladjustment – typically whether day-care leads to insecure attachment in children' (Brannen and Moss 1991: 2). Whilst the impact of maternal employment on children's outcomes appears negligible (Milkie *et al* 2015: 355-372), it is perhaps telling of earlier societal norms that the reference to 'shared' childrearing does not relate to sharing it with the father. 'In the weaker forms of the debate the concern is to examine the conditions under which mothers may undertake employment without completely disturbing their maternal responsibility by emphasising ways in which mothers *balance* work and childcare – typically by working part-time' (Brannen and Moss 1991: 3). Arguably, it is debates such as these and the dual roles and separate spheres approaches that led employers to assume that part-time work is what women *can* and *want* to do – and have thus hitherto served to constrain women's work choices. There is therefore credence in the view that part-time work was developed by employers to facilitate women's employment *preferences* – perhaps originating from *male* assumptions borne from predominant ideologies – rather than purely for organisational need (s2.1). It is of note that 'Wang (2013) has shown that the number one source of happiness for mothers (whether they work outside the home or not) is spending time with their children' (referred to in Kalil and Mayer 2016: 262-265). The challenge born from the 1950s ideologies, however, is that it was assumed that women's fulfilment came **solely** from mothering to the exclusion of everything else, including paid work.

From the 50s onwards, 'a new development in the motherhood discourse became discernible' (Brannen and Moss 1991: 91) whereby the 'ideal of femininity and women's "proper place" was translated into the belief that mothering is every woman's ultimate fulfilment and should be every woman's highest priority' (Gerson 1985: 4). This meant that it was not sufficient for mothers to merely be 'constantly available' to their child (s2.6.1; 4.1.6(iii)), they *must* also derive personal enrichment and joy from their devotion (Brannen and Moss 1991: 91; s4.1.6(i)). In this context women who sought an independent identity through employment or who lacked a strong desire to establish a

family first and foremost were seen as having something wrong with them (Epstein 1970: 31). Thus, although none of the 'happy and fulfilling' (Gansberg and Mostel 1984) and 'blissful' (Matlin 1987) stereotypes of motherhood perpetuated by the media 'capture the rich variety of emotions that mothers actually experience' (Matlin 1987: 372), the strength and impact of such images should not be underestimated. Despite research findings demonstrating that maternal employment *per se* does not negatively affect children (Milkie *et al* 2015; s2.6.1), the myth that employment is damaging to children and family life has persisted and given rise to the situation espoused by Brannen and Moss (1991: 3) whereby women who fail to spend every moment of the day with their children are condemned to feeling guilty. As recently as 2012, in research by Miller, female respondents articulated work and caring decisions in narratives which conveyed a sense of 'guilt' in contrast to men who were able to talk more freely and acceptably about the importance of work to their identity (Miller 2012: 39-52). An element of this may arise from the fact that, despite the progress which has been made, and the expectance on women today to contribute financially (Ludwig-Mayerhofer *et al* 2011), the deep rooted maternal scripts and socialising influences of the past linger in the criticism of women by women (Milkie *et al* 2015: 355). Decidedly, men, and the patriarchal capitalist society we exist in are not women's only enemies, 'the enemy is also within, and therefore, the enemy is everywhere' (Apter 1985: 6).

2.4.2 Government Policies from the 1980s

Although more women were joining the workforce at that time, mid-1980s Britain was not a supportive society for mothers who sought to work full-time. Dominant ideologies were constraining, employers did not offer much, and the Government sought to impede, rather than encourage, women's employment through both psychological and practical constraints. Government policies were particularly anti maternal employment (Kingdom 1994: 113). At the same time as economic crisis and occupational restructuring, major political changes happened with a new conservatism, neo-liberalism, espousing 'family values' (Jenson, Hagen and Reddy 1998: 6). The assumption was that women should be available and ***want*** to perform the caring role in the home (Jenson, Hagen and Reddy 1998: 11). This was reinforced through 'sentimental notions of the *family'* (Apter 1985: 2) *encouraging* women to remain at home. If they didn't, women could be blamed (not

least of all by full-time mothers) for all society's ills such as low educational standards and juvenile delinquency etc. This was irrespective of the fact that the question of whether more maternal time is better for children continues to be unresolved (s2.6.1; Miller 2012: Presser 1995). Nevertheless, this allowed the Government to absolve themselves of any such blame (Kingdom 1994: 113) as well as enabling scarce job opportunities to be more available to men (Apter 1985: 2). This was reinforced through Government policy which limited the availability, and societal acceptability, of formal childcare provision.

Regardless of the traditional British thinking that politicians should not encroach on the family (Hantrais and Letablier 1996), *Government ideologies* and *policies* around taxation, welfare, housing and education impact on family life and influence the way people manage their domestic arrangements. In the 1980s, the Government capitalised on this to achieve its own ends. By espousing non-intervention in private sphere arrangements, promoting 'family' ideologies, encouraging the belief that childcare is a private responsibility to be managed within the home without external support, and similarly, not taking steps to increase the affordability and availability of childcare, it was in fact, encroaching and influencing family (notably women's) domestic choices, very cleverly by double-edged *stealth*. The reasons were to limit women's employment to part-time at best, thereby maximising scare full-time jobs for men (Brannen and Moss 1991: 94) in line with their affiliation with the 'male breadwinner model' (Crompton 1999; Lewis 1992). If you look at childcare in particular, research on households and labour markets shows that childcare obligations are the driving influence in determining women's home and work roles (VanEvery 1995: 60; Kiernan 1992; Witherspoon and Prior 1991). Thus the lack of external childcare facilities (David 1982; Randall 2000), together with the accumulated influence of dominant ideologies in the 1980s limited to varying degrees the capacity of individual women (both practically and psychologically) to choose to work. Regarding the former, the availability and affordability of external childcare is clearly a key pre-requisite to women's ability to work. Regarding the latter, whether arising directly from Government ideologies or not, in the late 1980s, national surveys evidenced that there was widespread **hostility** in society towards maternal employment, with nearly half of all women being opposed to it 'without reservation' (Brannen and Moss 1991: 12, 93). Thus, it is grossly naïve to infer that it is structurally constructed part-time work *per se* which ensures women experience the double burden,

when the expectations of society and the views of 'women' themselves, clearly play a significant part (McRae 2003). The UK has 'powerful societal ideas of what mothers and fathers 'do', set within particular – morally underpinned – normative constructions of motherhood and fatherhood' (Miller 2012: 39-52) and 'women face hydraulic social pressure to conform to societal expectations surrounding gender' (Williams 2010: 149. See also Bianchi *et al* 2000). Is the question therefore the extent to which these are shifting (Doucet 2015), giving rise to changes in decision-making and behaviours at the individual level? Notably, Miller reports that change has been slow especially regarding societal and individual expectations of how caring and work should be organised (Miller 2012: 39-52; Miller 2013: 260). Whilst societal expectations regarding fathers continue to see work as necessary, expectations around mothers are more ambiguous with contrasting societal expectations coexisting in the UK regarding how mothers can be 'serious' or committed workers and whether they should be (Gatrell 2005 and Perrons *et al* 2007 in Miller 2012: 39-52).

Nevertheless, as Britain entered the 1990s, although there was not positive approval, a growing, if grudging, acceptance of maternal employment began (Brannen and Moss 1991: 93) and predictions indicated that children were starting to hold a less central place in many women's lives (Gerson 1985: 8). Over more recent years, we have witnessed immense change in organisations and 'huge societal changes'. More women than ever are now actively engaged in the workplace and the role of men in society is changing, as highlighted in the final report of the 'Commission on the Family' which stated that: 'expectations are changing about what it is to be a good father. It is no longer presumed that the father is the sole breadwinner or that his role is simply to provide the weekly wage packet in exchange for female housework and caring' (Ludwig-Mayerhofer *et al* 2011: 367-383). Despite recent studies concluding that breadwinning is still their main form of commitment to the family (Warin et al. 1999; Hatten, Vinter and Williams 2002 in Dermott 2006: 619-624), as female employment rates across Europe continue to rise alongside recognition of some change in attitudes and behaviors, we are witnessing the 'the unravelling of the male breadwinner model' (Scherger, Nazroo, and May (2016); Crompton *et al* 2007; Miller 2012; Wall 2007). Simultaneously, there is a presumption that today's fathers will want to be present at the birth of their children, to be emotionally involved with them and subsequently to take an interest in their schooling and to share the housework' (Glynn, Steinberg and McCartney 2002: 13; Miller 2011; Crompton *et al*

2007; s2.6). Today men contemplating first-time fatherhood envisage being involved in hands-on and emotional ways that are different than was the case for their own fathers (Miller 2012: 39-52) as reflected in the increase from 8.5% in the 1950s (Lewis-Stempel 2001) to 90% (Kiernan 2003) of married or cohabiting fathers present at the birth of their child(ren). However, this change hasn't happened by chance.

During the 1980s and 90s, a key UK policy concern regarding men centered on how to tie them into families, enforcing parental responsibilities (Lewis 2002: 30 in Miller 2010: 362). Resulting policy shifts included the introduction of statutory unpaid parental leave for fathers as well as mothers and, more significantly in 2003, men's entitlement to two weeks' paid paternity leave. More recently this has been followed in 2011 by shared paid maternity leave. These represent a move away from the 1970s practice of 'good' fathering which focused purely on economic provision to a position which (whilst still requiring men to economically provide) recognises that men's caring involvement in fathering should be facilitated to the benefit of all the family (Miller 2010: 362; Miller 2013; Wall and Arnold 2007). However, whilst European and UK policy directives encourage mothers' increased workplace participation and discourses of involved fatherhood are more in evidence, realising the changes implied in these is proving difficult to achieve at the individual or household level. 'This is because amongst other factors the 'choices' and micro-negotiations involved in managing work and family life are not made in a vacuum, nor are they value-free, especially in relation to caring for babies and young dependent children' (Miller 2012: 39-52). If we look purely at the disappointing uptake by fathers of the new provisions (Hobson and Fahlen 2009: 217) we could be excused for thinking that any change brought about by Government policy has been limited, but a look at the employment rates of men and women in the UK perhaps says something different.

Whilst Government policies and ideologies of the past acted to constrain women's employment, they in no way restricted women's employment altogether, no matter how powerful they were. Women's participation in the labour market intensified in the post war years and during the 1980s, regardless of the contrary ideological aura, covert Government intervention and the societal views that formed the context in which women made their decisions at those times. By 1998, 33% of full-time jobs were being

undertaken by women (Thair and Risdon 1999: 3). By September 2015[4], the number of women working full-time had reached 39.38% of the 31.09 million UK employed population. However, what is more consequential, and relevant to discourse about 'new fatherhood' (s2.6.2), is the changing gender balance relating to part-time working.

In May 1992 women represented 87.5% of the part-time employed population. By July 2015 (Office of National Statistics 2015) this had reduced to 77.6% (6.18 million) with the corresponding increase in the percentage of men working part-time moving from 12.5% to 22.4% (2.18 million). Whilst some of this increase in men's part-time employment can be explained by the fact that 26.2% of them were not able to secure full-time work, the remainder relates to a choice to work part-time. In an Industrial Relations Survey (IRS) survey conducted in 2001, ten out of 94 employers reported that they provided part-time working opportunities partly in response to the demand from fathers (Glynn, Steinberg and McCartney 2002: 15). Thus, arguably, whilst some of the increase in male part-timers is related to the recent changing organisational context, i.e. even greater tendency towards more *flexible* workforces (Glynn, Steinberg and McCartney 2002: 15), perhaps there is evidence after all of the changing role of men within the 'dual parent' household (s2.6), changing societal views regarding childrearing and a greater interest in achieving work-life balance for both sexes (Glynn, Steinberg and McCartney 2002: 13). Arguably, other Government policies e.g. the provision of free institutional pre-school childcare and the right to request flexible working (that includes part-time) are therefore not as ineffective as has been inferred above. Importantly, in contrast to the 1980s, these are supportive of women's employment and thus are now in line with women's increasing desire for workplace participation (Glynn, Steinberg and McCartney 2002: 13). There is no doubt that feminism has played a significant part in bringing this change about.

2.5 Feminist Theory

Within the household, women's domestic labour supports men and the wider capital environment (Abercrombie, Hill and Turner 1994: 308). Women provide services that are necessary for the survival of the family and ultimately the larger economic system (Gerson 1985). Their work in the home facilitates men's unconstrained freedom to actively and fully participate in the workplace and, as it is unpaid, an expense is avoided

[4] http://www.ons.gov.uk/ons/rel/lms/labour-market-statistics/september-2015/table-emp01-sa.xls

which would otherwise fall on capital (Abercrombie, Hill and Turner 1994: 308). In short, the male breadwinner provides the weekly wage packet in exchange for female housework and caring (Ludwig-Mayerhofer *et al* 2011: 367-383). In Marxist terms, the "use" of women's domestic labour is therefore commanded but there is no "exchange" **value** attributed to it (Gerson 1985: 26). Thus, contrary to being seen as adding to their 'human capital', this "non-work" *devalues* women in that respect (Grace 1998: 5). Outside the home, women are also exploited because the capitalist system segments the labour market by sex as previously discussed (Gerson 1985: 26; s2.1.2).

According to the 'domestic labour debate' we live in a patriarchal capitalist society where, in all classes, men (as the owners of the means of production) tend to dominate women. There are those who purport that the British culture is sexist. However, this stress on capitalism and male domination 'underestimates women's *active* role in creating their own lives' (Gerson 1985: 29; Clausen 1991). Whilst 'feminist social theory' has informed women of the subordinate social context in which they exist, since the 1900s it is the 'feminist movement' that has succeeded in doing something about it. Through its actions it has contributed to the increase in women's employment. However, one might argue that this is counter-productive to women's wellbeing overall with regard to, for example, the dual burden it can generate, or the more recent expectance that mothers should contribute to family income whether they wish to or not (Ludwig-Mayerhofer *et al* 2011: 367-383). Nevertheless, the feminist 'battle' has not been easily won, least of all with women themselves who, as a gender and as individuals, are often their own worst enemies (Apter 1985:6). Influenced by, for example, normative scripts, women continue to disagree about whether children are harmed when their mothers have too much time away from them (Milkie 2015). This is reinforced by policy and academic debate which voices concerns about employment hampering mothers' capacity to care, with less emphasis given to the benefits of working. In contrast, 'theories of child mental health often view fathers' employment as beneficial, indeed necessary, for children's wellbeing, and few problematise fathers' capacity to combine work and care' (Strazdins *et al* 2013: 99). Clearly, moral rationalities remain gendered (Doucet 2015; Duncan and Edwards 1999) and, as such, despite assertions about 'new fatherhood' the related 'role of fathering may not follow the model of motherhood' (Dermott 2005: 89-103; s2.6).

At its 1960s peak the women's movement approach was to identify and exterminate female traits. Feelings of weakness or helplessness and dependency on males were considered learned behaviours arising from the teachings of males as a means to maintaining their dominant position over women. Thus, motherhood was viewed as an invention created by patriarchal psychologists and psychoanalysts who espoused either that 'the mother needed the child for *any* sense of fulfilment' or that 'the child needed the mother so desperately that *any* separation she enforced to fulfil her own selfish needs' would harm them (Apter 1985: 27). Even today the ideology of intensive mothering remains central to debate about whether maternal employment harms children (Milkie *et al* 2015: 355; s2.6.3). In retaliation, feminist 'anti-mothering' statements challenged 1960s social values, specifically the notion that women's happiness comes only from motherhood (VanEvery 1965: 65). Simultaneously, feminist studies concentrated on the work of mothering, the associated isolation and the disparity between the social images portrayed about motherhood and women's actual experience of it (VanEvery 1995: 60). Thus feminism is said to have created the opportunity for the negative aspects of mothering to be *voiced* (VanEvery 1995: 60) and as a consequence 'a different sense of what women *can* be, and of what they *want* to be' (Apter 1985: 1). However, despite it being 20-30 years later, Miller (2012: 39-52) advises that it is unlikely that mothers will speak negatively about their early mothering experiences (in contrast to men) as 'voicing them would be interpreted as inappropriate maternal behaviour' (Miller 2012: 39-52). Notably, feminist efforts existed in the face of dominant, well-entrenched and persistent counter ideologies, and although there was perhaps a glimpse of societal acceptance of employment at that time, without the introduction of contraception and the resultant sharp decline in women's fertility, feminism would have done nothing more than raise women's workplace aspirations without providing the opportunity to realise them (Gerson 1985: 2; VanEvery 1995: 65). Importantly, contraception provided women with the opportunity to *control*, to some degree, the psychological and practical constraints related to childrearing and childcare provision which *unavoidably* accompany the choice to have children. However, contraception did not result in a whole-scale exodus of women away from the home.

With the introduction of contraception, the 1970s feminist movement espoused that 'motherhood would change beyond all recognition' and more women would choose not to have children (Apter 1985: ix, 12). However, they clearly underestimated women's

maternal instincts and desires; the '***emotional dimension***' of childrearing and the need to 'be there' (Boyd 2002: 3). In reality the main shift arising from the feminist movement was the acknowledgement that women could *not expect to*, and/or were *not required to* derive their **total** fulfilment purely from motherhood (Apter 1985: ix). Instead employment started to be seen as important to their identities and satisfaction; it became more central to their lives and women became more strongly attached to it (Furlong and Cartmel 1997: 22; Glynn, Steinberg and McCartney 2002: 7-9). Recent research supports work being equated with women's self-esteem and their sense of 'pre-baby self' (Miller 2012: 39-52). Workplace participation was also seen as a means to end women's housebound isolation (Hooks 2004) and the key to their emancipation (VanEvery 1995: 89, 90). However, employment was not considered the panacea by all. Firstly, 'most working women feel torn between their domestic responsibilities and their paid work' (Miller 2012; Chapman 1987: 9). Secondly, employment as a means to women's emancipation was criticised by black and working-class women for its failure to recognise the nature of the paid work many women did (VanEvery 1995: 90). This is because, without the accompanying institutional change and changes in the contribution of fathers at a household level (s2.6), increasing women's workplace participation merely leads to the **double burden** of work in both spheres (Peter and Brown 1994: xiii). 'Across Europe women still do more domestic and caring work' than men (Crompton *et al* 2007, emphasis added, in Miller 2012: 39-52) irrespective of the fact that women account for 39% of all full-time workers (ONS, May 2015).

Although the discussion thus far might suggest otherwise, 'motherhood' has not held a preferred position among feminist topics (Apter 1985: ix). Early feminist writings focused on 'mothering' and its link with housework (VanEvery 1995: 60). They intentionally ignored motherhood, because 'the prospect of pitting oneself against one's children was too awful' (Beechey 1987: 6) – the *emotional dimension* too powerful. Therefore, whilst it was acknowledged that relieving or reducing women's responsibility for young children would provide them with the means to economic independence through employment, feminist writers knew that tactically depicting childrearing as the 'problem' to be overcome would be met with resistance from women (Grace 1998: 12, 13). So they attacked men because they were seen to hold the strings of power and for arousing needs in women counter to those relating to paid work; notably women's desire for children which in turn arouses their affection and protectiveness of them as their

priority (Apter 1985: 6). However, 'man' is not women's only enemy and perhaps not the biggest. Arguably it is the unavoidable, instinctive and powerful *emotional dimension.* It is the *inner voice,* women's maternal needs and desires and the associated maternal guilt. Whilst limited opportunity, biased education, and social disapproval (Doucet 2015) have played their parts in binding women to the domestic sphere, the key element holding women back who wish to work is their susceptibility to the pleasures and value of nurturing children (Apter 1985: 2) – their number one source of happiness (Wang 2013). As Thomson and Kehily (2011) advise, mothers' work choices need 'to be understood in relation to the intensive reflexivity produced by the permeable boundary between working and maternal identities and practices' (Thomson and Kehily 2011: 233-245). This is evidenced in their research findings relating to three women who were chosen as richly illustrative exemplars of the *flow* between professional identities and personal lives. In each case the birth of a first child produced intense forms of reflexivity that called for a reconfiguration of work-life relationships (Thompson and Kehily 2011: 233-245). E.g., one teacher 'narrates her pre-mothering self as able to give unconditionally to her pupils'. However, 'with motherhood this generosity can no longer be afforded' and the respondent did not return to work in the early years of motherhood (Thomson and Kehily 2011: 233-245) despite her former 'work-centred' leanings (Hakim 1996, 2000).

Thus, one could argue that the real impediment to women's emancipation from the home (should they wish it) comes from the 'mother knot' – from their desire to have children, and thence their bond to those children and the *emotional* need or necessity to put them first. As was said in the 1980s: '*Mothering* means something different from *fathering*. To father is to be a biological parent. To mother is to bear a child, but also to nurture it, to care for it, to love it as a particular sort of person' (Apter 1985: 12). However, such statements are reflective of the moral and social norms at play at the time (Duncan and Edwards 1999) and today are increasingly open to challenge (Hays 1996; Miller 2007, 2010, 2011) as will be considered below (s2.6). Nevertheless, mothering has held an almost 'holy status' which women have been resistant to share (Grace 1998: 3). Despite the success of the women's movement in increasing the perception that children have 'two parents' (e.g. Doucet 2009), maternal scripts have been such that most women have been very protective of their privileged position as mother and even though they increasingly expect their partners to assist in taking care of their children (s2.6), there has been a persistence in the view that in the end, they know best and are the best at taking

care of them (Apter 1985: 97). Whether this 'natural' ability (perhaps arising from embodiment) is a reality (Doucet 2006) or not (Miller 2010), women continue to *want*, and choose, to care for their children themselves. Where this *emotional dimension* is strong, even those who are 'committed' to work and do so - whether 'work-centred' or 'adaptive' (Hakim 1991, 1995, 1996 in Crompton and Harris 1998: 188) carry the associated maternal guilt into work with them. Arguably, these internalised beliefs don't exist in men (Shaw and Burns 1993 in Wearing 1996: 132 in Boyd 2002: 7) – even in modern 'good' fathers (Miller 2011). Therefore, even if women are prepared for the physical and practical demands of working motherhood (Grace 1998: 5; Gilding, 1994: 113 in Grace 1998: 5. See Wolcott and Glezer 1995 Australian study, *Work and Family Life: Achieving Integration*), if they can't overcome this 'unavoidable' *emotional dimension,* ultimately it ensures that they continue to be constrained by this *guilt laden* impediment to choice (Triedman 1989: 59 in Boyd 2002: 7).

2.6 Modern Parenting

2.6.1 Quantity versus Quality Maternal Time

The amount of time that women should spend with their children has been a constant matter of debate (s2.4). According to current beliefs about optimal childrearing, maternal time with children is still thought to be 'especially important, even irreplaceable, for the wellbeing of children' (Milkie *et al* 2015: 355). In fact, as Milkie *et al* (2015: 355) purport, the persistent ideology of intensive mothering continues to fuel the dispute between working and non-working mums – with the former accused of being selfish and harming their children by being away from them too much. However, whilst the debate origins might have been more heavily focused on the quantity of time, (i.e. 'attachment theory' purporting that children needed their mothers 24/7), as women's employment has increased (perhaps not coincidentally) research has increasingly also considered the **quality** of time. E.g., research by Milkie *et al* (2015) assessed two types of maternal time: (a) *accessible time* (relating to *quantity* of time; of 'being there') and (b) *engaged time* (relating to the *quality* of the interaction). In relation to this, although they do not articulate what *quality* time or intensive parenting is, they infer that it is quality rather than quantity that matters. In support of this, Bianchi (2000) also suggests that it is *engaged* time, as opposed to *accessible* time, that may matter for child outcomes. If this

is the case, then it may provide the answer to why the overall impact of maternal employment on children's outcomes appears negligible (Milkie *et al* 2015: 355-372) in that although more women are employed (ONS, May 2015), mothers actually spend more time *engaged* with their children today than they did in the 1970s (Milkie *et al* 2015: 355-372). Notably, a study by Moro-Egido (2012) and several others e.g. Bono *et al* (2015) also found that it is *quality* of time that is of consequence. These 'have shown that time spent in developmentally relevant activities matters very much for children's development' (Kalil and Mayer 2016: 262-265). For instance, 'studies have found that maternal education time with a child had a direct causal effect on maths scores' (Villena-Rodan and Rios-Aguilar 2011) and reading test scores (Price 2000). Thus, counter to Milkie *et al's* (2015) view that the extent of maternal time has no significant impact overall, other research has found that *mothers'* time does matter. Notably, the longer the maternal work hours, the worse their children's test scores tend to be (Waldfogel 2016: 266-269).

However, I would question whether the outcomes here are about the specific input of *maternal* time, or whether nuanced research into the *quality* interactions of **both** parents with their children would result in evidence that it isn't the contribution of one parent over another, but developmental time *per se* which provides positive outcomes. Interestingly, some scholars such as Lam *et al* (2012) purport that 'father time' in particular, because it is viewed as special (Milkie, Simon and Powell 1997), may also provide 'an important boost to children relative to the more ubiquitous, normative time spent with mother' (Milkie *et al* 2015: 355; s2.6.2). However, despite this, culturally the pressure remains on mothers to 'be there'. This is particularly the case for *younger* children. It is therefore somewhat ironic that research has found that it is in adolescence, as opposed to childhood, where intensive mothering is important – when there is the need for shaping and guiding teenagers through a more stressful time (Larson and Ham 1993; Rudolph and Hammen 2003; Bianchi and Milkie 2010). Adolescence has also been seen to benefit from joint parenting time with the amount of family time being associated with several positive adolescent outcomes: fewer externalising problems, higher maths scores, less substance use, less delinquent behaviour (Milkie *et al* 2015; Barnes *et al* 2007) and a positive effect on academic achievement (Crosnoe and Trinitapoli 2008). Thus 'new fatherhood' may not only assist with the practical side of childcare but arguably paternal contribution may be better for their children overall.

2.6.2 New Fatherhood

'Ideas about childrearing are socially constructed and vary according to the culture and organisation of the society' (Hays 1999 in Milkie *et al* 2015: 355-372). In the last five decades, significant changes have occurred in gender divisions of caregiving and breadwinning across many countries (Doucet 2015). E.g., there has been increased labour force maternal participation (Doucet 2006; ONS, May 2015) including rising rates of breadwinning mothers (Parker and Wang 2013) as well as fathers' increasing commitment to caregiving, as demonstrated by the rising numbers of stay-at-home fathers, single fathers, and gay father households (Chesley, 2011; Goldberg 2012; Livingston 2013). However, whilst it is reported that there have been *dramatic* changes in gender division of housework and **parental care** with slow but steady changes in gendered divisions of time and task, there isn't consensus. Some research on UK dual-earner couples with pre-school children has 'demonstrated a higher level of [father] involvement with children' (Gatrell 2007: 360), while others report that 'despite growing acceptance of a "new fatherhood" urging fathers to be engaged in family life, men's relative contribution to housework and childcare has remained largely stagnant over the past twenty years' (Collett, Vercel and Boykin 2015: 3345-364). However, whilst there may be differing views about the extent of changes regarding fathers' childcare time and tasks, there is more concerted opinion regarding the more resilient problem of **parental responsibilities** (Doucet 2015).

Despite aspersions about "new fatherhood", "good fathering" and "shared childrearing", research by Miller (2010) shows that organising childcare remains an 'exclusively maternal undertaking' (Miller 2012: 39-52). Mothers continue to be implicitly expected to take parental responsibility for arranging childcare (Gatrell 2005; Hobson and Fahlen 2009), often changing their own work hours to part-time and/or non-standard hours (and on occasion their jobs) in order to accommodate childcare. In contrast, as little as a decade ago survey data on hours of work among men in Britain did not provide evidence that men's status as fathers has a causal effect on their working hours - either in relation to the idea that men take on breadwinning and work longer hours or that they reduce their hours of work to have more involvement with their children (Dermott 2006). However, the situation may be changing as reflected in the more recent increasing numbers of men

choosing to work part-time (ONS, May 2015). Furthermore, 'regardless of men's primary focus, research shows that the overwhelming majority embrace some form of the "new father" model and expect to be present in their children's lives' (Edin and Nelson 2013; Harrington *et al* 2011). The challenge is addressing the 'lag in fathers' desire for parenting and/or the new expectations for them' (Wall and Arnold 2007) and what they actually do (Collett, Vercel and Boykin 2015; Dermott 2008: 19) – 'culture and conduct are not always well aligned' (Swidler 2001).

Ahead of the birth of their children, Miller's (2010) male respondents talked of taking "a day off work a week to be a father". It is of note that even though these were predominately dual-earner households, all the men expected to be the primary economic provider (Miller 2010: 362-79). The identity of men as 'father' is therefore not all-consuming or conflated in the ways it is understood in relation to women and mothers. Through intense reflexivity (Thomson and Kehily 2011: 233-245), women experience changes in their identities, particularly after childbirth, whilst men's sense of self (as 'worker' and economic provider) remains dominant (Miller 2010: 362-79). This has been found to be the case even when their wives/partners can earn the equivalent or more than them (Dermott 2008; Plantin *et al* 2003) as men generally assume that the woman will take primary responsibility for the child(ren) (Miller 2011). Thus, rather than changing their work hours, men talk about "fitting in" fathering around the demands of their employment (Miller 2011: 275 in Fox 2011). Given the time constraints associated with this, it is perhaps not a coincidence therefore that the focus for fathers is *quality* of time rather than *quantity*, with them not seeing length of time spent with children as a way of measuring good fathering (Dermott 2005: 89-103).

'Those who argue that the ideology of breadwinner has been replaced with a nurturing father model suggest it is the **quality** of the father-child relationship and childcare that is increasingly prioritised by men, and some authors (e.g. Bjornberg 1992; Cohen 1993) contend that it is this *quality* element in men's construction of their fathering persona which is increasingly dominant' (Dermott 2006: 619-624). In fact, 'caring about' rather than 'caring for' is seen as most significant (Dermott 2005). The focus is on negotiation and development of a strong relationship with their children – often through physically active and play-centered parenting rather than the more mundane aspects of childcare and *quantity* of time (Messner 2002; Doucet 2013; s2.6.3). It is therefore not surprising that

'previous studies have found that not only do men spend less time with childcare than women but, in contrast to them, the time fathers do spend with them includes a higher proportion of play than child-related domestic tasks' (Parke 1996; Lewis 2000). These emotional and pleasurable elements of parenting may be intrinsically tied up with the self-identity of the father role and a result of their own 'male' upbringing (Dermott 2005: 89-103). In addition, in line with the quality focus of fathering, times of special significance or important events in their child's life are seen as a particular requirement of fathering as opposed to 'being there' in more day-to-day general terms (Dermott 2005: 89-103). As such, research has shown that 'some child tasks were imbued with a deep significance for the fathering role with attendance at school events, for example, being seen as a basic obligation of parenting' (Dermott 2005: 89-103). Whilst these might occur only once a year they hold 'a symbolic value which meant they were more highly regarded than the total amount of time committed to them would imply'. This reflects the focus on *quality* rather than *quantity* of time parenting (s2.6.1) regarding what it is to be a 'good' father.

Men have differing views about what it is to be a "good father" (Miller 2011) from ensuring their child(ren) have 'everything they need' materially, to just 'being there', through to being a more practical hands-on and emotionally engaged parent. In part, this is due to shifting definitions of fatherhood at the cultural level which gives rise to a more flexible understanding of the role – thereby influencing how fathers and others evaluate their performances (Dunning, Meyerowitz and Holzberg 1989; Miller 2011). Unlike mothering, the definition of fatherhood is in flux and therefore there is no specific identity standard to live up to. Notably, at an individual level the definitions of fathers also have varying degrees of clarity. Those with specific definitions tend to contribute more to housework and childcare, whilst 'men with vague expectations/definitions, fail to move beyond "being there" often leaving the day-to-day labour of parenting to their partners' (Collett, Vercel and Boykin 2015: 345-364). This vagueness in the identity standards for fathers therefore has negative consequences for their behaviour and related outcomes, perpetuating many men's lack of involvement and impacting the parenting approach and/or model within the household (Collett, Vercel and Boykin 2015). As men's definitions and thus contributions within the home vary, 'how successful the individual heterosexual woman might be in achieving equality in relation to domestic labour and childcare then becomes a private affair'. In short, 'choosing well from a range of partners may serve to her advantage in the context of her life plan' (McRobbie 2007: 18).

However, regardless of the fact that work still has first claim on men's time (Dermott 2001) which limits the time they can spend with their families, there is evidence of new fathers being more involved in caring practices than in previous generations – even if this means juggling, balancing and fitting them around work demands (Miller 2010: 362-79). Speaking with soon-to-be fathers, Miller (2010: 362-379) states that 'as their narrative trajectories are initiated in the pre-natal interviews, significant involvement and (sometimes equal) sharing of caring for their children is optimistically envisaged'. However, once baby is born, practices over time come to reveal a different and more complex story – good intentions don't necessarily become the reality (s2.6.3).

2.6.3 Mothering versus Fathering

Helped by the introduction of paternity leave, there is a growing acknowledgement that today 'the arrival of a child usually requires men to take some time away from work' (Dermott 2001: 155). This provides the opportunity for new fathers to develop a bond with their child and learn the skills of caring for their newborn at the same pace as their partner. However, whether earning and breadwinning remains a central part of hegemonic masculinities and men's identities or not (Doucet 2006; Latshaw 2011; Townsend 2002; Williams 2010), after the initial two week period of paternity leave 'men's jobs stand in the way of sharing infant care' (Miller 2011: 276). In fact, their return to work means that their pattern of (possible) caring involvement changes. The potential for 'shared' and/or 'equal' caring to the degree that it was possible during paternity leave is greatly reduced thereby reinforcing entrenched styles of maternal and paternal involvement.

In earlier work focusing on the expectations and experiences of motherhood, assumptions were made about women's "natural" and "instinctive" caring capacities (Bobel 2002; Hays 1996; Oakley 1979; Rich 1977). However these are increasingly being brought into question, not least of all because they neglect 'the circumstances, power relations and interests that made women primarily responsible for mothering' (Hays 1996: 156). It is argued that "natural" traits such as bonding and feeling responsible for the unborn fetus have been engineered (Duden 1993). Several authors also challenge the taken-for-granted and "natural base" on which such discourse is premised, revealing the 'layers upon layers

of socially constructed elaboration and reinforcement of this *natural base*' (Hays 1996: 13; Bobel 2002).

Whilst I would not go so far as to contend that mothers and fathers are interchangeable, disembodied subjects (indeed they are quite the opposite (Doucet 2006)), there is weight to the argument that at least some of women's *natural* childcare ability is learned – the inference being that men could 'learn' this too if they had the opportunity to develop those same skills (Miller 2010: 362-379). However, returning to work after paternity leave marks the start of an unavoidable distancing from obtaining and practising caring responsibilities to the same degree as their partners. In contrast to the fathers, as they remain at home on maternity leave, women's proficiency in caring for the infant continues to develop in tune with their child's changing needs. It is argued that this leads to a perception that women "instinctively" know how to respond to their baby's demands unlike the father whose learning lags behind. As such, fathers become 'out of touch' and ever more secondary. With the need to look to their partners as the 'experts', their involvement becomes much more mediated through them as they remain at home 'immersed in the minutiae of everyday caring' (Miller 2010: 362-379) which affords them a somewhat 'privileged' expert position (s2.5; Apter 1985: 97). This is evidenced in the research findings of Miller (2010) who found that under one model of 'shared' childrearing, the male partners of women who had changed to non-standard hours of working were taking on more solo caring of their children. However, all the men in the study said this required debriefing and/or instructions from their partners in order for them to be able to manage these pockets of childcare. Many scholars therefore call for 'gender parity in caregiving time in the first year of parenting as a way of moving towards long-term gender equality in work and care responsibilities over the life course of women and men' (Doucet 2009). More recent legislation regarding the sharing of maternity leave may go some way to contributing to this – albeit uptake of this has been low, demonstrating that legislative 'directives and discourses can be difficult to achieve at the individual/household level' (Miller 2012: 39-52). This is because, amongst other things, the 'choices' and micro-negotiations involved in managing work and family life are not made in a vacuum, nor are they value-free, especially in relation to caring for babies and young dependent children' (Miller 2012: 39-52). Furthermore, it is questionable whether mothering and fathering could ever be gender agnostic when you factor in embodiment (Doucet 2006a, 2006b, 2009a, 2009b, 2011, 2013).

In research by Doucet (2006), an overwhelming majority of parents expressed profound belief in distinct differences between mothering and fathering in relation to both identities and embodied experiences. Firstly, these are in relation to the influence of female embodiment regarding pregnancy, birth and breastfeeding. Despite the increasing involvement of men in pre-natal, birth and postnatal processes, men have no such *physical* anchor (Draper 2003: 765) and feel distanced from the process (Draper 2002a, 2002b; Lupton and Barclay 1997; Reed 2005). There is also the metaphoric example of a 'mothers hug' being longer, tighter and deeper – this having greater emotional weight in caring for young children (Doucet 2006: 696-716). Secondly, as embodied subjects, fathers and mothers 'move through domestic and community spaces with intersubjective, relational, "moral" and normative dimensions framing those movements' (Doucet 2013: 284-305). Doucet's (2006) research on men who were primary caregivers in the 1990s and early 2000s revealed many awkward moments where men felt like misfits or threats in "estrogen-filled worlds" (Doucet 2013: 284-305). Thus, despite social acceptability regarding men and women being equal, fathers continue to be seen as secondary and less competent carers particularly of babies – although this reduces as children get older (Doucet 2009: 89). Thirdly, embodiment is evident in the parenting style of fathers which is distinctly physically active and play-centered (Doucet 2011; s2.6.2).

There is a plethora of evidence supporting the view that the parenting and/or childcare style of men differs from women's (Doucet 2009; Brandth and Kvande 1998; Plantin *et al* 2003; Messner 2002). In a study undertaken by Doucet (2006), an overwhelming majority of fathers talked about how they make it a point to get their children outdoors as much as possible, to do lots of physical activities with them and to be very involved with their children's sports. This tendency to care for their children outside of the home may be one factor contributing to the persistence of employed wives' primary responsibility for domestic housework (Kan *et al* 2011: 236; Bianchi *et al* 2000: 197). Nevertheless, although there is a consensus across studies that gendered tasks and time are shifting towards greater equality (Doucet 2015; Coltrane 2000; Coltrane & Adams 2001; Perry-Jenkins, Newkirk, & Ghunney 2013; Shelton & John 1996; Sullivan 2013) and men are showing a willingness to spend more time with their children (Bittman 2004: 168), 'change has been very slow and the proportion of men assuming equal responsibility is currently very small' (Bittman 2004: 168; Bianchi *et al* 2006; Fox 2009). This is despite

50-50, 'equal shares' or egalitarian division of domestic labour being seen as the ideal model (Hochschild 2012; Gornick and Meyers 2009) – even if it hasn't yet been fully determined what "50-50" means or how it might be measured (Deutsch 1999; Doucet 2015).

However, whilst the provision of formal childcare, flexible working, expectations around greater 'father' involvement and the rhetoric around the new 'family worker model' are seen as a means to improving women's workplace situation, the reality is that whilst men are increasingly contributing to the 'domestic' work, some studies have found that it is less the case regarding child-related tasks and actual 'childcare' (Lazaro, Molto and Sanchez 2004: 3, 9). Furthermore, the need to 'be there' for their children themselves remains a powerful internalised belief for women. Thus, even if women are prepared for the physical and practical demands of working motherhood (Grace 1998: 5; Gilding 1994; Wolcott & Glezer 1995) and their partners may be starting to contribute more, the 'unavoidable' *emotional* demands can still take a toll.

However, despite female *emotions* 'women have resisted efforts to turn back the clock' (Jenson, Hagen and Reddy 1988: 5). The patriarchal 'conspiracy against women' and women's own views (Milkie 2015) have not been strong enough for decades to impede truly determined women. 'As much as a woman needs to see the wellbeing of her children secured, she also needs to satisfy herself' (VanEvery 1985: ix). Work has become more central to their lives and women are becoming progressively more strongly attached to it (Furlong and Cartmel 1997; Glynn, Steinberg and McCartney 2002). So, 'there is no going back, no prodigal's return to the kitchen, no fond farewell to the outside world' (VanEvery 1985: ix). Despite existing in a working world created for man but having a mother's responsibilities and emotions, women wish to go forward (VanEvery 1985: ix). The strength of their desire for paid work is evidenced paradoxically, in the fact that their workplace existence has continued to grow and more recently in relation to full-time work. By 2015 women accounted for 39% of all full-time workers (Office of National Statistics, May 2015)[5]. This is in spite of our lingering patriarchal capitalist society origins (Apter 1985: 6), the persistence of 'mothering' *ideologies* (Gerson 1985: 4), the practical difficulties associated with childcare, and the strength of women's *inner voices* and

[5] http://www.ons.gov.uk/ons/rel/lms/labour-market-statistics/september-2015/table-emp01-sa.xls

emotions which, **if they let them**, would pull them in the opposite direction. In short, the economic, structural, societal and ideological context in which we now live as well as changing male attitudes do appear to be opening up more opportunity and thereby making the balancing of the '**best of both worlds**' potentially more viable. However, as will be seen from the findings of this research, this is only if women **want** to make it a reality (s4.1) and **can** overcome the myriad of constraints (s4.2).

3.0 METHODOLOGY

3.1 Form of Empirical Work

This empirical research is qualitative thereby capitalising on the 'unrivalled capacity' and distinct contribution that it (with its associated methods) can add to knowledge (Mason 2010: 1). My bias has been to study the *individual* woman, her choices, decisions, behaviours and difficulties. Earlier theoretical analyses of gender centred on the differences between men and women *per se*. However, the psychological and social differences among women are large, significant and consequential. By examining the differences among women, this study views them as social science has always viewed men; not as a homogeneous group but as *individuals* existing in variable social contexts bringing differing resources and degrees of power to their situations (Nieva and Gutek 1982; Gerson 1985). I assume the standpoint whereby the respondents are regarded as individuals *actively* constructing their own lives and not, as they are often depicted, as 'passive objects caught between external constraints which act upon them, with no power to determine their own lives' (Brannen and Moss 1991: 4). However, I do not do so with an ineptitude for recognising the connections between one's own personal life and the structural forces that shape it (Brannen and Nilsen 2005: 423). Instead I recognise that whilst women are increasingly becoming 'agents of their own lives' (Flaherty 2012: 239), their choices are subject to their capacity for agency (Gecas 2003: 374) or self-determination (Flaherty 2012: 251) within the constraints of 'the institutional structures within which the person must fit' (Clausen 1991: 806). Adopting feminist methodology, the research has been conducted through the analysis of data obtained from semi-structured qualitative interviews (s3.4).

3.2 Access to Respondents and Research Approval

The research was conducted within EEAST whilst I was employed with them and was approved at the time of my university application for the doctorate programme, and thereafter, by both the organisation's Research Department (Appendix C) and the Chief Executive, Dr Anthony Marsh. This included approval for access to any and all relevant workforce data, the respondents and use of communications materials, such as photographs.

3.3 Research Method and Sample

In line with the value ascribed to qualitative research and the associated epistemological standpoint, I chose a purely *female* sample because the intention was to examine, *close up and subjectively*, from the inside, at the micro (agency) level, the human experiences and choices of working mothers from **their** viewpoint; through their 'eyes', as individual active agents who are directly 'living' those experiences (Bryman 2008: 152-3, 384). The aim was to generate the *subjective* knowledge – to generate *meaning* and/or *understanding* (Potter 2000: 179).

Taking a phenomenological approach, qualitative interviews were consciously used to make it possible to 'see and understand the world from the position of the research subjects' (Abbott and Wallace 1997: 288) and provide the opportunity for feminist sensitivities to come to the fore. The aim was to allow 'women's voices to be heard' (Abbott and Wallace 1997: 288), for their stories to be told *in their own words* and be *contextually interpreted* (Mies 1993). In doing so, participants were viewed not as wholly 'powerless' or 'passive' (Potter 2000: 75) but as individuals capable of making decisions about, and 'constructing', their own lives (Gerson 1985: xiv) albeit not free from social constraints (Clausen 1991: 806; Crompton and Harris 1998; Flaherty 2012; Brannen and Nilsen 2005; Goodwin and O'Connor 2003; Roberts 1975).

The sample of 20 respondents all worked as qualified paramedics with EEAST. All were mothers aged 21-65 years and working in a paramedic or paramedic manager capacity **requiring 365, 24/7 shift pattern working** (Appendix D). I consciously didn't undertake the sourcing of respondents myself as a means to giving potential respondents the 'space' in which to make a decision and not feel influenced or obliged due to my position in the organisation.

Having been provided with a list of all female paramedics and their work locations, the respondents were secured by networking within the organisation. This was necessary as, although we had a list of female paramedics, there was no data on which to determine who were mothers. Therefore, station managers were contacted and asked to help identify any paramedics in their stations who were mothers so that my Business Support Officer might make contact with them. The station managers were not interested in the details of

the research as such (they are very busy individuals). They were only advised that I was undertaking research for a thesis and looking to speak to paramedic mothers about their work and motherhood experiences. It is important to appreciate that paramedics work 'out in the field' and so there was a reliance on station managers to assist in securing an initial telephone conversation with potential respondents. This included obtaining, with their permission, a contact phone number and a convenient time to have a first conversation. Once engagement with the potential respondents commenced, they themselves helped us identify other paramedic mothers who might be willing to take part, and often, whom they considered to have a *story to tell*. Such was the momentum that more respondents wanted to take part than could be accommodated including several male paramedics who wished to share their *parenting* experiences. This may be an area worthy of further study in the future.

Due to the nature of the job, all interactions with the respondents took place predominantly outside of their working hours and the vast majority of interviews took place in the respondents' own homes. During the initial telephone conversations with them they were advised that the research was being undertaken for a degree thesis. They were informed of my part as researcher and the capacity under which I was conducting the research. The title of the research was not discussed. The focus here was on outlining the informed consent parameters of the research. All the respondents contacted wished to take part and were then sent an informed consent letter and form with more detail (Appendices E and F). Again, no respondents wished to withdraw and thus subsequent telephone calls were arranged with all of them to obtain the pre-interview information and to schedule their interview (Appendix G). As all the women who were initially contacted took part in the study, I would argue that their decision to take part in the research was made without the potential to be influenced by the title or detail of the research – albeit I acknowledged, that having received details within the informed consent letter and form which was subsequently sent to them, there was the opportunity to withdraw had they wished to. The option to withdraw had been stressed to them throughout – not necessarily for this purpose but again due to my position as Associate Director of HR within EEAST.

The pre-interview information telephone calls were conducted by my Business Support Officer for the reason already outlined and to optimise use of my time to conduct the

interviews themselves which were undertaken across 7,500 square miles of the east of England. The pre-interview information obtained over the phone proved very valuable for collecting core information, optimising the use of interview time and obtaining insight into the individuals on which I could build initial rapport at the start of the interviews.

When I initially set out to undertake the research, it was my intention to only include full-time paramedics as my question centred on women who were successfully combining a professional career and motherhood in the fullest and most challenging sense. However, after ten interviews, I was struck by the somewhat lower level of emotion shown by the respondents compared to my former experience when undertaking research into the work and motherhood choices of women (Leghorn 1998). In my earlier research, the effect of having children had resulted in all the eight respondents either leaving the workplace or going part-time and/or moving away from their former careers into more menial jobs. During the interviews they had been **very** emotional in relaying their *individual stories* and the *sacrifices* they felt they had made. I was intrigued therefore to find out whether the lesser level of emotion shown by the first ten full-time respondents reflected a change in women's opinions over the course of nearly two decades; whether it related to the characteristics of paramedics in particular (given their strong and determined character, and also, the nature of the job they do which requires a high level of *personal resilience*); or whether it related to the fact that they perhaps hadn't experienced any 'real' sacrifice as having children had not brought with it the need to give up their career – they were therefore not *dissatisfied* with their lives to the extent that my earlier respondents had been. I therefore decided to include four part-timers, making the proportion of respondents synonymous with the percentage of full-time versus part-time female paramedics in the organisation's workforce. However, I would wish to make clear that the intention was not to undertake a narrative analysis (see s3.5). My reference to the emotions of the respondents here relates to my wish to explore whether those with more emotion (and based on my previous research experience this related to part-timers) had a different story to tell which I could then compare, for example, to the full-time cases (Shukla, Wilson and Boddy 2014). **For ease of identification, part-time respondents are shown in *italics* within the referencing.**

After completion of thirteen interviews, I made the decision to also include two women with more years of experience as paramedics whose child/children were now grown up

or post school age. Both Sylvia and Elizabeth work full-time and have children who had left home and made them grandparents – adding a further dynamic to the research analysis across the cases (Shukla, Wilson and Boddy 2014; Braun and Clarke 2006) and with regard to the longevity of their experiences. All the other respondents still had at least one child of school age or below. The interviews with Sylvia and Elizabeth proved very valuable in providing long-range views of the job (20+ years' experience in both cases), how it had changed and insight into the effect of the job (or not) on their now grown up children. These interviews contained a relaying of the intense reflexivity and 'reflection' about their life choices that they had undergone – triggered by the birth of their first grandchild – and the impact of this on their current day career and life decisions. Thus with regard to the final sample, when you take into consideration the age range of the respondents, the inclusion of full-timers, part-timers and paramedics with more years of service, I feel comfortable that they were representative of paramedic women. Despite the title of this research, the respondents relayed a range of 'warts and all' views and experiences about being working mothers. This included, for example, Elizabeth whose attachment to work was purely financial, Claire and Julia who spoke about having considered full-time mothering and Julia who, as a full-time paramedic and mother stated that: "it's not the best of both worlds" (Julia).

Finally, what became clear whilst sourcing respondents was that there appeared to be a significant proportion of paramedics who are not mothers. Exploration of why this is the case may be worthy of future research.

3.4 Data Collection

Respondent interviews were predominantly undertaken in their own homes. This was of benefit on several fronts. Firstly, I was very conscious about not wanting paramedics to be 'stood down' from duty to partake. It was important to myself and them that lives were not risked in any way in the process of undertaking this research. Secondly, even if interviews could have been arranged after shifts on base stations, there is no guarantee that paramedics can clock off on time. I was also mindful that paramedics generally work 12-hour shifts and are often physically or psychologically fatigued at the end of them and therefore not of their best to discuss matters which may be emotive and/or cause them distress. This may also have given rise to additional time away from their children and/or

the need for additional childcare. Thirdly, interviewing the respondents in their homes meant that they would have a level of ease arising from being in their own safe environment. Fourthly, it reinforced my assertions that the research was not connected with their employer. However, there were respondents who chose to be interviewed in the workplace and I was happy to accommodate this. My aim was to facilitate meeting with them where they felt most comfortable and where it was most practical and convenient for them.

Before each interview commenced, I re-shared the informed consent letter and form with them and talked through it – ensuring that I had a signed consent form for each respondent (Appendices E and F). I developed an Interview Schedule and Questions proforma (Appendix H) to guide the discussion where it was needed. However, I found that conversation flowed naturally and the areas that I wished to discuss were covered in the course of the interview with very little prompting required. This lack of researcher intervention meant that the respondents led the interview towards matters which were most relevant and important to them, providing unhindered deeper insights into their stories which might otherwise not have been achieved.

With the respondents' permission, all interviews were recorded and subsequently transcribed. This left me unhindered of note-taking and allowed me to fully engage with them. It provided for a more natural conversation. To a large degree, the data generated comprised of individual 'stories'. The interviews comprised of open questions (where these were needed) which intentionally encouraged them to *tell their story* (see Miller 2000 in Bryman 2008: 557).

3.5 Data Analysis Method

There are a range of qualitative analytical methods, each offering different forms of insight (Marks and Yardley 2004). In setting out on this qualitative study, the overarching question was thus which form of analysis to use. Whilst there is an increasing interest in the mixing methods for data analysis (Brannen 2005; Floersch *et al* 2010; Shukla, Wilson and Boddy 2014: 2), I decided to utilise only one method and opted for the 'foundational method' of thematic analysis (Braun and Clarke 2006: 78). My reasoning was twofold. Firstly, as a relatively new researcher, it seemed best to develop what is considered the

'core skill' for qualitative researchers (Braun and Clarke 2006: 78) as a foundation on which to develop my researcher skills both now and for the future, rather than attempt a more complex mixed methods approach. In opting to utilise one method, I also had in mind that this might provide the opportunity for secondary analysis of my data at a future point using an alternative method or mix of methods. Secondly, thematic analysis best suited my intended aim and requirements. Most importantly, I was looking to adopt a method which would be particularly useful for looking across cases, highlighting commonalities and differences across the dataset (Shukla, Wilson and Boddy 2014: 3) as opposed to focusing on an analysis of particularities within a case or cases which would necessitate the use of, for instance, narrative analysis (Braun and Clarke 2006). In line with my intentions, thematic analysis is a 'method for identifying, analysing, and reporting patterns (themes)' across cases within the data (Braun and Clarke 2006: 79).

Furthermore, knowing that there would be a huge amount of data to manage and given my relative inexperience, I was conscious of adopting a well-used method with a long history in social science (Shukla, Wilson and Boddy 2014: 2) and one which would facilitate the organising of the data as is the case in thematic analysis (Shukla, Wilson and Boddy 2014: 3). In deciding on my approach, I was cognisant of the fact that thematic analysis also provides a mechanism to describe your data set in (rich) detail, and, as was my intention, offers the flexibility to go further and interpret various aspects of the research topic (Braun and Clarke 2006: 79). Thematic analysis therefore supported my aim of not merely obtaining a recount of the life span but for respondents to identify specific episodes or events, to 'organize and forge connections between those events' and make sense of those connections (Bryman 2008: 553; Mishler 1986: 77). It is important as the research aimed to *understand* the connection between work attachment and individual life choices through the exploration of the connections and *understanding* of them in the context of the respondents' immediate situational circumstances as they exist and interacted with wider social and structural forces (Nieva and Gutek 1982). Thus, thematic analysis most closely met my requirements in being able to facilitate the organising of the data as well as having the flexibility to 'enable both surface (descriptive) and in-depth (interpretative) analysis as required' (see Braun and Clarke 2006: 78; Shukla, Wilson and Boddy 2014: 2) unlike other methods such as narrative analysis which is purely and always analytically interpretive. In short, my focus was on 'what' was being said in the recounting of their stories as opposed to 'minute analysis of the 'told' *and* the

'telling' (Riessman 2005). However, I appreciate that 'thematic analysis can – and has been – used in conjunction with other approaches such as narrative analysis' (Phoenix 2007; Riessman 2008) as has successfully been the case for Shukla, Wilson and Boddy (2014). Thus having developed my 'core skills', I will be considering whether a new analysis of my data adopting narrative analysis or a mix of it and thematic analysis might provide the opportunity to develop further understanding of women's work and motherhood choices in the future.

3.6 Reflective Log

After each interview I recorded a reflective log of what I felt important, or most prominent in my mind. This included my observations, thoughts, emotions and reflections on the interview. I found that this worked best when done immediately after the interview – often doing it on returning to my car when I could have a few quiet moments of contemplation and when the interview was still fresh in my mind.

It was the undertaking of this log which ultimately led me to extend the parameters of the respondent cohort to include part-time and more experienced paramedics. Given the 'rich' data obtained through those interviews and the added dynamic and insight these brought to the research, I found the process of a reflective log very valuable indeed.

3.7 Data Analysis Framework

Analysis of the interview transcript data was undertaken by way of thematic analysis (Riessman 2004b). After being anonymised, it was managed and analysed by being arranged into themes and sub-themes. In doing so I was mindful of not 'losing the context of what is said' (Bryman 2008: 553) and/or allowing the fragmentation of data to such a degree that the narrative flow of what people say is lost (Coffey and Atkinson 1996). Whilst a package such as NVivo or NUDIST could have been utilised, I considered it preferable and viable to do a manual analysis. This ensured that I could personally control the identification of themes and brought me 'close' to the data to a degree which facilitated my 'absorbing' of it. In order that I didn't over-represent some aspects of the data, my supervisor checked my themes and sub-themes.

3.8 Ethical Considerations

The research required utmost confidentiality and acknowledgement of the sensitivities which may exist. The very nature of the research necessitated a level of intrusion into the private thoughts/values/lives of the respondents and the actual (or perceived) effects of their life choices on their workplace experience(s).

There was the potential that participants might become emotional or upset when discussing their motherhood versus work life choices. However, the potential for this was minimised through my research experience and professional skills. In addition, respondents were reminded about the organisation's 365/24-7 Employee Assistance Programme. At the end of every interview, I advised the respondents that if they had anything further they wanted to add, that they could contact me, and I left my details. A small number of respondents went away after the interviews and reflected on our discussions and subsequently phoned or emailed me with further thoughts or points of clarification. I see it as positive that the respondents felt comfortable contacting me again and feel that this demonstrates the level of impact participating in the research had – which was such that it invoked a period of reflection on their life choices.

The key ethical dilemmas related to my close *proximity* to the participants and also with the research setting. In respect to the former, at the time of the research I was employed as the Associate Director of Human Resources within the organisation. However, I was very clear with my respondents as to my position as a 'researcher' and my undertaking of the research as a doctoral student of the University of Leicester – that the research was not being undertaken on behalf of, or in connection with their employer, or in my capacity as a senior manager and/or HR professional within the organisation. Regarding the latter, there were four somewhat inter-related dilemmas: a) can I secure and **maintain** the necessary permissions and access to the research setting and participants; b) whose interests will be served by the research; c) can I guarantee absolute confidentiality and anonymity; and, d) will I be able to maintain relationships with my employer if the research identifies serious concerns, illegalities, unpalatable findings or other matters which might give rise to conflict or reputational risk for the organisation?

In addition to organisational access which was provided even before I commenced on the doctorate programme, there was the matter of access to the participants themselves. For the purposes of my research, this was with their individual express permission and entirely voluntary as recommended by the Economic and Social Research Council's (ESRC) Research Ethics Framework in 2005 (Bryman 2008). However, I did not assume that my position within the organisation could, should or would elicit a greater willingness in them to: a) participate *per se*; or b) to participate on the more fundamental level needed to ensure that during my interactions with them, they felt that they could be open about their personal feelings and experiences – indeed I was mindful that my *proximity* and *power position* might give rise to the contrary. I was therefore conscious to ensure that the respondents understood the premise on which I was undertaking the research (as mentioned above) and, particularly during the interviews, of putting them at ease. I did so, for example, by not being overly formal, by dressing smart but casually for the interviews and by 'giving something of myself'.

Regarding power relation considerations at the organisational level, I was explicit about "Whose interests would be served by this research?" (Alderson 1999). I pointed out at the outset that the research was fundamentally aimed at developing knowledge regarding women's choices and not necessarily to serve the purposes of the ambulance service. In applying principles of *informed consent* and in accordance with the ESRC's Research Ethics 2005 Framework (Bryman 2008) for qualitative research, I made it clear that the research was independent and was explicit about any actual or potential conflicts of interest.

Bearing in mind the views of Bryman (2008) about *power relations* and respondent participation, I ensured that I took account of my position within the organisation to avoid any real or perceived *coercion* of potential participants. This was particularly necessary given the potential for *harm* to them arising from my senior and/or HR role. For instance, during the research participants could have disclosed attitudes or behaviours towards the workplace which could have informed an opinion by me of their inappropriateness for future career advancement. In the converse, an inappropriate level of empathy with an individual's situation might have had the potential to influence me to want to 'help them'. I was therefore extremely mindful to adhere to the applicable guidance and codes of conduct and ensure that any information or opinions I elicited were not transposed into

any decisions that I may be party to that could cause harm or detriment to the participant or that could have a knock on effect to other employees. It would be naive to consider that this was easy.

In considering confidentiality and anonymity issues, I applied best practice in all the practical measures which could be taken to maintain them throughout the research period (in relation to respondents and patients) and will continue to do so in its publishing – taking account of such suggestions as those made by Holmes (Holmes 2004 in Bryman 2008). However, in asserting these good practices and assurances to respondents, I was keen not to provide them with a dishonest or false sense of security. Whilst no identifiable personal data will be published and all participants have been given pseudonyms, absolute confidentiality and anonymity can never wholly be guaranteed (Bryman 2008). In obtaining 'informed consent' participants were made aware of this so they could make an informed decision to participate or not.

With reference to the confidentiality dilemma that Westmarland (2001) experienced when observing violence by the police towards people held in custody (Bryman 2008), it was possible that a point could have arisen during my research where it would **not** have been acceptable to maintain confidentiality. For example, if I had uncovered discrimination, bullying, harassment, H&S or patient safety issues. Here the ethical dilemma I would face would be set in the context of several competing demands including my personal values and job security; my responsibilities to the respondents, my employer and my HR profession; as well as my responsibilities as a researcher and to the research profession itself, in the context of the *consequentialist* argument that any disclosure could harm generations of future researchers (Israel and Hay 2004 in Bryman 2008). It is of note that during the course of my interviews, several personal matters did arise which the respondents had concerns or queries about which they wished to take the opportunity to discuss with me. When this occurred, I asked that these be left until the end of the interview, at which point, I stressed that the interviews were at an end and gave them the opportunity to discuss their concern and/or query with me in my professional capacity as Associate Director of HR. All such matters raised were ones which, with their explicit permission, I could, and did, subsequently address for them.

In ascribing to *deontological ethics*, I applied best practice principles of *informed consent* prior to the commencement of the research (see ASA *Code of Ethics*). This was not merely in respect to the meaningful relaying of what the research was about, why it was being undertaken and how it was to be promoted, but most importantly in the context of the ethical issues which might arise. Respondents were thus provided with sufficient information on which to make informed decisions relating to 'protecting their own interests'. This included providing them with the opportunity to withdraw either partially or fully from the research should they wish to do so (SRA *Ethical Guidelines* in Bryman 2008: 121). In dealing with this issue, in line with that recommended by Peel (2004), I utilised a comprehensive informed letter with combined consent form (Appendices E and F). Whilst it is argued that the use of these can deter some respondents from taking part (Bryman 2008: 123), I viewed this as providing the advantage of limiting participation to respondents who had made a fully informed decision and who, having given it full consideration, would be less likely to change their minds later on. This approach provided me with the additional benefits of acting to limit any *ethical transgression* and provided me with a signed record of consent if any concerns were to arise.

In considering further the essential requirement to obtain and maintain organisational level permission for my research and the need to maintain my relationship with the organisation during and after the research, I saw real merit in applying the principles of informed consent to address the potential dilemmas which might similarly have arisen in that context. Thus I discussed with them the potential dilemmas and/or issues which might come to light and how these would be addressed. Thence I gained explicit agreement regarding the research including the approach which would be taken should a serious issue arise and the basis on which the research would or would not continue, either in full or part, in that event. Whilst no serious issues arose, the act of undertaking this conversation ahead of the research meant that everyone was clear as to its parameters and ethical issues from the outset.

Regarding researcher and/or interviewer *proximity*, in order to tap into *meaning*, my method needed to get me *close* to the subject of the inquiry (Bogden and Taylor 1975: 13-14, emphasis in original. Bryman 2008: 16) – to *identify closely* with them. Perhaps "take the role of the other" (Lofland and Lofland 1995: 16 cited in Bryman 2008: 385), to become *absorbed* (CLMS M1, U4: 23) and/or to investigate by way of *conscious*

partiality (Mies 1993: 68 in Bryman 2008: 25). By necessity this will have given rise to increased *subjectivity* and a potential (positivist criticised) lack of *objectivity*, '*contamination'* and/or *bias* (see Tooley and Darby's criticism of this regarding educational research in Denzin and Lincoln 2003: 418). But, *subjectivity* is acknowledged as necessary by the qualitative researcher and the corresponding closeness is encouraged to varying degrees (Potter 2000: 108). However, that didn't mean that I took an 'anything goes' approach. Even ethnographic researchers look to minimise the impact of researcher presence (CLMS M1, U4: 20-21) and I was mindful to do the same. Whilst it is well-known and often argued that individual researchers cannot step outside their own social and historical standpoints (Denzin and Lincoln 2003: 412), I sought to ensure that 'wilful bias' or 'consciously motivated misrepresentation' didn't occur (Hammersley and Gomm 2000; and Hardy and Bryman 2004: 7 in Bryman 2008: 395). Further, I took steps to reduce the potential for any *unintentional* bias. To this end, I looked to Mason (2010: 7) and *active reflexivity*.

Finally, having received ethics approval through the University's Ethics Approval Process, this research was designed and undertaken in accordance with the University's Ethics Standards. In addressing any dilemmas and ethical issues, I was keen to listen to and apply the advice of my supervisors as well as adhere to the sound ethical practices and research guidelines of the University and to other recognised bodies including, e.g., the *British Psychological Society*, the *British Sociological Association* and my own professional body, the *Chartered Institute of Personnel and Development*.

4. FINDINGS

These findings comprise two sections. The first considers '**What Women Want to Do**' (s4.1). Starting with a brief look at the respondents' *journeys* into the service through to becoming paramedics (Appendix K), the section aims to provide a framework to provide the context in which paramedic careers exist and as a means of introducing the reader to the respondents. Primarily it outlines **why** the respondents **want** to work (and in particular, as paramedics). It explores their career ambitions (s4.1.1), economic and educational factors (s4.1.2), financial attachment (s4.1.3), work attachment (s4.1.4), and their strong drive to 'be there' for patients (s4.1.5). By looking at the reasons *why* they are attached to their job, the aim is to evidence the extent of it. This is followed by analysis of their **wants** and experiences regarding motherhood (s4.1.6); thereby providing a complete picture of their **wants** in **'both worlds'**.

The second section considers '**What Women Can Do**' (s4.2). It explores how the respondents **can,** and have, acted as *active agents* to overcome or minimise the factors, constraints and/or conflicts discussed throughout this thesis in order that they **can** optimise their workplace presence (or achieve their **wants**) whilst balancing those with their mothering needs. Consideration of the factors, constraints and/or conflicts is consciously focused on those issues directly pertinent to the respondents. They encompass childcare responsibility and gender dynamics within the home (s4.2.1), childcare choices (s4.2.2), hours of work and shift work (s4.2.3) and managing the psychological demands of the job (s4.2.4). At its heart, it aims to demonstrate the correlation between work attachment and workplace position by providing insight into the lengths to which the respondents are prepared to go as *active agents* so that ultimately they **can** balance their **wants** in both spheres and therefore attempt to have the '**best of both worlds**'.

4.1 What Women Want to Do

At the time of the interviews, the respondents were aged 31 to 57 years. Their *journeys* into the service and thence through to becoming qualified paramedics were characteristically *individual* and *protracted* (Appendix K). The average time period from leaving school to joining the service was 11 years (including Julia who was the eldest to

join at age 46). One could argue that they acted as *active agents*, taking the opportunity to 'experiment with their social identities and lifestyles' (Polhemus 1999; Muggleton 2000) as well as their work choices before consciously deciding on their chosen career (Appendices I and J).

The reality is a complex and *individual* mix of reasons for the somewhat lengthy journeys into the service including the fact that thirteen respondents hadn't known what they wanted to be at school age (s4.1.1). However, like their younger counterparts, once the desire to be a paramedic was triggered later in life, there is no doubt that they acted as very determined, often dogmatic *individuals* prepared to take risks in order to achieve their paramedic ambitions (s4.1.1).

> 'At the age of five I decided I was going to be in the emergency services and nothing was going to stop me, not even having a child at 16' (Elizabeth).

At a micro or individual level, this 'can-do' attitude included (with the exception of four unplanned pregnancies) making very conscious motherhood decisions around the timing and number of children, as far as it is ever possible to do so (s4.1.6(i); Appendix J).

4.1.1 Career Choices

There is no doubt that the 'emergency' nature of the job was the main or highly contributable factor drawing the majority of the respondents into the profession. However, once in the service they came to understand that the job isn't 'all flashing blue lights' (Julia) and having experienced the realities of emergency work, they wouldn't necessarily want it to be (s4.1.5).

Seven had been aware from a young age that they wanted to be paramedics [Abbie, Annie, Elizabeth, Grace, *Lisa*, *Rachel* and Zoe]. Not surprisingly, the three who knew at the youngest ages were the youngest to join the service [*Rachel* age 18, Elizabeth age 20 and Annie age 21]. Elizabeth had known at age five and Annie and Rachel at ages 7 and 11 respectively.

> ‘I was seven at school and I did a first aid course and I decided that I was only ever going to be a paramedic and that nothing else would do and so that was it; once I make my mind up, I’m quite strong headed’ (Annie).

Similarly Abbie, who had ‘always had an interest in being a paramedic’, joined relatively young at age 23 (vis-à-vis the average joining age of 27) after her initial draw solidified when she worked in a clerical role in a doctor’s surgery and was inspired by her interest in patient notes.

Counter to some views (Thomson and Kehily 2011; Hakim 2000; Chapman 1987: 30), there was no mention by the respondents of them *choosing* their careers with the future need of combining domestic and paid work in mind (s4.2.3). Furthermore, there was no mention by any respondent about their initial and/or subsequent career aspirations being in any way limited by gender-based occupational segregation (Riddell 1992; Sharpe 1994 in Francis 2002: 11) – none were deterred by the profession being highly male dominated. In fact, in their youth at least nine respondents had career aspirations associated with typically ‘male’ occupations (and achieved them) – seven paramedics, a fire-fighter and a police officer. Indeed, there was a gender-free philosophy across the respondent interviews. All spoke confidently and in a way that portrayed their view that they could make *individual* decisions or *preferences* regarding job choice rather than it being determined or limited by patriarchy, structure and/or other macro factors. In respect to this, *psychologically* they reflect Hakim’s stance that women have absolute choice (Hakim 1996, 2000, 2002). However, even if the respondents didn’t generally see it for themselves, their narratives and stories demonstrate that free choice isn’t a reality – agency exists with social structure (s2.2; 2.3) and a whole myriad of complex constraints were present (s2) which they found themselves having to navigate through (s4.2) whether they realised it or not.

Despite knowing in their youth that they wanted to be paramedics, three respondents were age 28-31 before they joined. For Grace, who’d always had a ‘morbid curiosity with blood and guts’, it was because there weren’t any vacancies. For Zoe, who had always had a ‘major fascination’ because of her involvement with swimming (and the associated life-saving training), she had been too young to join when she left school at 16 and ‘got stuck in a rut’ working at a council for 10 years.

For Lisa, who joined at age 28, it was a case of needing to mature.

> 'Through my teenage years it was always at the back of my mind. You go through puberty and that's a troubling time, I went off the rails a little bit. Then I went off travelling and it sort of empowered me and I thought "you know what, I can do whatever I like" and I'll do whatever it takes to become a paramedic' (*Lisa*).

However, thirteen respondents had not known they wanted to be paramedics in their youth. Of these, eight specifically stated that they didn't know what they wanted to do at that age [Tracey, Laura, Claire, *Jane*, Maria, Ellie and *Josephine*].

> 'I had no idea; no idea at all' (Tracey).

The other five respondents had initially had other career ideas and all took steps towards those. However, in all cases, their initial choices either didn't work out or meet their expectations.

For both Josephine and Maria, job opportunities simply didn't materialise.

> 'I did performing arts when I first left school, but it's ridiculous to think you're going to get a job in that field unless you're really lucky' (*Josephine*).

Julia had a negative experience with the police force.

> 'I always wanted to go into the police force and got in as a cadet. I stuck it out for nine months but there was an awful lot of bullying culture. I mean I'm 51 now and I was 18 when I went in, but there really was, it was very, very male orientated. So, I kind of felt intimidated, so I left' (Julia).

After completing sports science degrees, Jane and Charlotte found their jobs as fitness instructors 'boring'. Jane 'hated it with a passion' and Charlotte only enjoyed it when people attending the large sports centre got injured.

> ‘When people got hurt on the rugby or cricket pitches, they always called for me because I had a first aid certificate. I was like [*rubs hands together*], oh yes, dislocated shoulder! I had this weird obsession with people who’d hurt themselves. That’s when the seed was planted’ (Charlotte).

Not dissimilarly, it was the completing of a first aid course which sparked Josephine’s desire to become a paramedic [age 27] – as had been the case for Annie [when aged 5].

> ‘Ridiculously enough I got the opportunity to do a first aid at work course and jumped at the chance of three days out of the office. I got on the course and I couldn’t get enough. I was amazed; I was so interested in it. I was 28 and sat there on the course thinking “I need a change”; I need something different. It took me a year but I finally got in. That course changed my life’ (*Josephine*).

The desire to become a paramedic was also triggered in Joanne and Julia when they also had their first exposure to emergency care as voluntary community first responders and decided they wanted to do it as their job. Similarly, it was Tracey and Claire’s exposure to ambulance personnel in other areas of their life which steered them towards the career.

> ‘I had a lot of connection to the Red Cross, my Mum worked for them for a little while and through them I got to know one of the local ambulance technicians. I managed to get a ride out and was just smitten from that point so when I saw an advert in the paper, I thought “oh, yes” and dropped out of my psychology degree course to join the service’ (Claire).

There is a clear theme regarding the respondents’ ultimate career decisions whereby, as soon as their interest in being a paramedic was identified, they showed real determination in overcoming any constraints and making it happen.

> ‘When I left school I had absolutely no idea what I wanted to do for a living at all and I tried so many different jobs. […] It wasn’t really until I was in my early twenties that I realised that I wanted to be a paramedic and I’ve never looked back. I love it’ (Ellie).

As all the respondents joined from 1990 onward, they did so within the context of the changed mind-sets of adult women regarding paid employment that had existed from the 1980s onwards (Apter 1985: 1; Nieva and Gutek 1982: vi; Brannen, Meszaros, Moss and Poland 1994: 4). Their draw to work was in line with the present day context and women's increasing desire for workplace participation (Glynn, Steinberg and McCartney 2002: 13). Their paramedic aspirations were not about 'stop-gap' employment (Francis 2002; Thompson 1993: 203; Chapman 1987; Barrett 1980: 156) or 'secondary' earner (Ludwig-Mayerhofer *et al* 2011). Instead, economic independence was of significant importance to them (s4.2.3; Ludwig-Mayerhofer *et al* 2011: 367-383; Burgoyne 2007) and they were seeing this occupational choice as 'reflecting their identity' (s4.1.4(ii)) and as a long-term 'career' (Riddell 1992; Sharpe 1994 in Francis 2002: 11). What is of note is that, irrespective of their 'orientation' to achieve their new ambitions, they were not unhindered. Despite only five of them being mothers at the time (which gives rise to a whole additional set of constraints – Appendix M), it often took them several years to initiate their paramedic aspirations. In this respect, counter to Hakim's view, there was no such thing as *absolute free choice.* The age of the respondents on joining the service was related to when the 'trigger' occurred plus (in keeping with Crompton and Harris's views about constraints) the time period it took them to overcome any barriers and enact their career *choice*.

> 'I tried to get in the service for about twelve years; at times I would ring every week. I was waiting for dead man's shoes and then all of a sudden there was a massive recruitment drive in the paper. I saw it and thought "Do I, don't I?" and I did. Being a paramedic was what I wanted to be' (Grace).

Sarah and Jane's interests were triggered on seeing local paper job adverts. For Victoria, it required nothing more than a glimpse of a paramedic on TV.

> 'I literally walked into the living room and there was a paramedic on the TV. I thought it looked like an interesting job. He was saying that you could get on-the-job training while you're working. Because I had my own house and a mortgage on my own, I would never have been able to train without working so this just totally stopped me in my tracks and I thought, I can do that and that was it' (Victoria).

In light of the above, the respondents' age on joining the service should not be viewed as a lack of *attachment* to it. In fact, it should be seen as demonstrating the opposite. Regardless of whether they knew in childhood or came to the conclusion later in life, and irrespective of their age at the time, once they had made up their mind to be a paramedic they were very dogmatic and determined, and prepared to take *risks* to make it happen. 'It is often said that as women become older, they become more *masculine* – that is, more aggressive, more self-centred, more keen on beginning a goal for themselves' (Apter 1985). The actions of the respondents support this view.

> 'I had been at the council unhappy in my job for ten years. I thought, do you walk away from job security even though I've got mortgages and everything else? Do I move away from that? Then, I just thought, "yes, I've got to do it"' (Zoe).

Tracey said that once she made up her mind to be a paramedic, she was 'very determined' (Tracey). She wrote to various ambulance services and got offered a place away from home with Surrey. Lisa similarly relocated from the north of England.

> 'I came back from travelling determined to be a paramedic. I applied all over the country and when I got accepted in the east of England, I moved from the north west. I thought, I haven't got any ties, I've travelled all over the world, so I can do it' (*Lisa*).

For several including Sarah, it took more than one attempt to get into the service.

> 'It took me two attempts to get into the service. At the time, my four children were aged 7, 6, 4 and 3 years old and I knew that it was going to be a challenge once I got in, but I was determined I was going to do it' (Sarah).

> 'I got through the interview but then I failed the grip test on the fitness. So for a year every time EastEnders was on TV I sat religiously with grippies (those hand strength building things) and a year later I got in' (*Josephine*).

Grace's aspiration spanned more than a decade during which time she'd 'fallen into' being a legal secretary like her mum.

> 'I had wanted to get into the service for about 12 years but there had been no vacancies. Then I saw an advert and I thought, "I'm 30, do I change career course completely and drop the law degree that I was doing part-time? Do I take a risk and join the service? I thought, "yes" so I did it' (Grace).

As the above examples demonstrate, the respondents, albeit not joining the service as 'youths', acted in a manner aligned to transitions in the more recent *structured individualisation* or *rationalised individualisation* phase (Bynner, Chisholm and Furlong 1997) despite the fact that six of them joined before this phase began. Thus, whilst researchers have found that young people have often been unable to control or make the most of the new opportunities for self-actualisation that *individualised* transitions had brought (Cieslik and Pollock 2002: 9), the more mature respondents, with the 'life experience' they purport to be so vital to the job (s4.1.2; 4.2.2), had done so. The respondents were not to be *under-estimated*; whether it was the case previously or not, they had undoubtedly become akin to '*active agents*' capable of making decisions about their own lives (Flaherty 2012; Clausen 1991: Gerson 1985: 29) and turning them into reality despite the challenges.

Hakim argues that 'lifestyle choice', or orientation to work, is the factor that *determines* women's work patterns rather than constraints associated with, e.g., social structure/class or other macro-level influences (Hakim 1996: 17-18; Hakim 2000: 168 in McRae 2003: 318). Further, that women's *individual* personal preferences towards work can be fully realised free from **any** major constraints that might limit or force their choice in any regard (Hakim 1996: 17-18, Hakim 2000: 18, 169; Hakim 2002: 274). Having undertaken this research, I would go so far as to say that strong attachment to work and a propensity to realise one's ambitions is a key contributory factor in the achievement of career ambitions, but it is not an unhindered sole determinant by any means; there are a myriad of factors which contribute to women's work patterns. My findings thus concur with Crompton and Harris (1998: 123) in that we need to take account of the potential effect of constraints on women's ability to enact their lifestyle preferences (Crompton and Harris 1998: 123) irrespective of how strong their orientation to work might be – not to

do so is the shortfall in Hakim's theory (Hakim 2000). As is evidenced above, absolute free choice is a fallacy (McRae 2003: 317). The contextual factors discussed throughout this thesis do have varying degrees of effect at the *individual* level on the achievement of career ambitions. This depends on *individual* circumstances and certainly, once children arrive, micro-level factors become particularly influential (Appendix M). However, for truly *determined* individuals such as the *active agents* in this study, these **can** be overcome if that is what they **want** and choose to do (s4.2).

> 'I had the interview for team leader whilst I was very heavily pregnant [36 weeks] and had pre-eclampsia. My husband drove me to the interview because there was no way I could drive myself because I was too ill. I had the interview, got the job. When I got the phone call that afternoon I thought, "Great thanks very much". Then my husband took me to the hospital and I was in there for a week' (Tracey).

What is important to get across to the reader, is the level of emotion that the respondents portrayed when talking about their *individual journeys* into the service and beyond. In practically all cases, they spoke in a way and described their *journeys* as being challenging ones. They portrayed a real sense of accomplishment and pride in having achieved their paramedic ambitions. I would argue that this generated a greater level of job attachment than might otherwise have been the case – things that have taken effort to achieve having greater *psychological* value.

> 'I am proud to be a paramedic. I worked hard to achieve it' (*Jane*).

What is also clear is that they acted as 'work-centred' (Hakim 1998: 138) *active agents* navigating their way to their ultimate *career choice*, and once in it, irrespective of being and/or becoming mothers, their job attachment remained strong (or perhaps even increased – s4.1.5; 4.1.6) ensuring their workplace continuance. This was irrespective of whether they were full or part-timers. So what is it that draws women to **want** to be paramedics?

4.1.2 Economic and Educational Factors

There is no doubt that during the period the respondents left school (1972-1998) there occurred a 'dramatic' transformation in the UK's youth labour market with the average employment rate of 15-24 year olds dropping to 45% in the 20 years to 1998 (OECD 1999: 7). This contributed to a greater emphasis being placed on continuing education (Roberts 1999; Evans and Furlong 1997). However, concerns about unemployment did not factor into my discussions with any respondents about their work and education decisions on leaving school, perhaps because none had ever been unemployed.

At a micro-level, whilst pay was found to be a factor contributing to the respondents' workplace attachment *per se* (s4.1.3), their *individual* maternity leave periods and their decisions to return to work after becoming mothers (s4.1.6(ii)), it was not a factor which influenced their initial desire to join the service and become paramedics. Their draw to the profession itself was not financial – i.e. it was not derived from the pay associated with this particular profession (s4.1.1). However, micro-economic factors did heavily influence individual choice when choosing their actual **career pathway** into the service – with 19 of the 20 respondents opting for paid on-the-job training as opposed to the unpaid academic route chosen by Annie. However, this needs to be seen in the context of the historical development of the career.

Whilst it is becoming increasingly more commonplace, and a degree programme (akin to the well-established UK nursing career pathway) may become the only route into the profession at some point in the future, this has been far from the norm. In fact, the academic route into the profession only became available around 1999 and, although the number of universities offering paramedic degree programmes and the number of places available on them has gradually increased (building momentum in the last six years or so), at the time degree places were extremely limited in number and geographical location. Before then the only pathway to paramedic had been 'on-the-job' whereby individuals join the service in a variety of frontline and non-frontline paid roles (such as patient transport worker) and thence progress through to paramedic[6]. There is no doubt that this traditional 'on-the-job' career pathway contributed significantly to making the respondents' career aspirations practically and *financially* viable.

[6] For information on paramedic careers visit www.collegeofparamedics.co.uk

> ‘I have a career I wouldn’t have had; I couldn’t have gone to university or anything like that. I’ve got a career now where I’m a registered healthcare professional and I haven’t had to jump through any of the hoops of going to university or the cost. In that way I’m really lucky’ (Elizabeth).

Certainly, the joining ages of the respondents (ages 18-46 years) and the associated financial responsibilities make the viability of three years of unpaid full-time higher education progressively inhibitive for the older joiners (Appendix I).

> ‘I didn’t want to go to university. I wanted to start earning as soon as I could. I wanted to work and get a house and escape and be independent. So university wasn’t an option then, and it certainly wasn’t an option when I joined the service at 31. There’s no way I could have afforded to take 3 years out of work to do a paramedic degree’ (Grace).

Victoria also joined the service at age 31 and, like 18 other respondents, the ability to ‘learn on the job’ whilst getting paid was essential.

> ‘I had my own house and a mortgage on my own, I would never have been able to train without working’ (Victoria).

One might therefore argue that despite the respondents’ testing out of their social identities and lifestyles, including experimenting with other jobs first (Polhemus 1999; Muggleton 2000), once they identified their chosen career (as adults) it was a 1960s type transition into the profession that 19 *chose* or were drawn to – i.e. a simple ‘*one step*’ route into immediate employment with in-house training on-the-job (Coles 1995: 35) rather than one with a pre-cursory academic step or other careers of that ilk (Appendix L). However, this choice is now becoming defunct as paramedics will increasingly be required to enter the profession (as nurses do) via the higher education route like Annie did. This will have implications for future aspiring female paramedics.

> ‘I think the new paramedic university route is quite inhibiting for women especially those who might want to join the service when they are a little older. For those who wait till their children are off their hands, the option wouldn’t really

> be there any more because you'd now have to go back to university. Most people couldn't afford to do that. I think this is a real loss because we'll be missing a whole section of society with a lot of life experience - something that young graduates just don't have' (Elizabeth).

Given that the average age of the respondents when they joined the service was 27, Elizabeth's concerns, which were a consistent theme in my respondent interviews, are noteworthy. However, there is no turning back. EEAST introduced a compulsory requirement to obtain a higher education qualification as part of their 'on-the-job' paramedic pathway for new joiners from 2006 and two of the respondents [Zoe and Julia] mandatorily undertook this route. Akin to the trend in other professions such as nursing, as the career itself has become more professionalised, (ultimately becoming a 'registered profession' with a 'protected job title') [7] an increasing emphasis on academic qualifications has developed. However, this is yet to fully filter through to the ambulance workforce as a whole. This is reflected in the fact that despite the respondents having more than 255 years of service between them, at the time of data collection the only respondents with academic paramedic qualifications were Annie, Zoe and Julia (with Zoe and Julia having no choice in this because they joined after the introduction of the higher education requirement). However, I would argue that this predominantly reflects the non-academic origins and development of the profession, and the persistent cultural leanings and value placed on 'experience' and 'on-the-job' learning over academic qualifications as opposed to representing a lesser level of attachment or passion for the job they do (s4.1.4; 4.1.5). Although, in the context of the respondents' opposition to academia, it would be remiss to not at least acknowledge that the non-academic route afforded them may have influenced their draw to the profession or, at the least, their assessment of its viability as a career choice.

With regard to Annie, she transitioned directly through education straight into the service as a degree qualified paramedic at age 21 – the only respondent to do so. Advising that she was 'clearly influenced' in her academic *preference* by the fact that her mother (a

[7] The Health Professions Order (2001) required 'Paramedics' to register with the Health Professions Council (subsequently the Health and Care Professions Council (HCPC)), with effect from July 2003 when the initial Standards of Proficiency were issued. See DH (2001b) *The Health Professions Order*. London: Department of Health.

teacher) 'worked and was educated' (s2.2), at the time in 2002 Annie was the youngest female degree-level qualified paramedic in the UK, and most likely the youngest practicing paramedic *per se* having attended only the second degree programme ever to have ran and being the youngest person on them[8].

> 'For me, taking the academic degree route got me where I wanted to be quickest and with some education behind it – nothing was going to stop me becoming a paramedic' (Annie).

Like Annie, young women today are increasingly recognising that high educational attainment is the key to achieving their career ambitions (s2.2). Since the mid-1990s, more females than males participate in post-compulsory education (Roberts 1995). Therefore, whilst the introduction of a purely degree-level entry into the profession may constrain the entry of mature women (and men), it could ultimately result in larger numbers of (younger) women vis-à-vis men joining the profession – leading to an even higher proportion of female paramedics in the workforces of the future.

4.1.3 Financial Attachment

Whilst financial considerations contributed to the respondents' choices about working hours (s4.2.2; Appendix M), the pay associated with being a paramedic did not influence their career choice (s4.1.1), nor did it factor in their level of attachment to being a **paramedic** (s4.1.4).

> 'I need the money, but I love the job, this job' (Tracey).

> 'I'm not just here for the money. I love my job and I actually want to be here' (*Rachel*).

However, the desire and need to earn money did/does factor significantly into the respondents' motivations to work *per se*. On the whole, the paramedics are confident,

[8] Prior to the paramedic degree, the youngest viable age to become a qualified paramedic was 23-24, i.e. minimum joining age of 21 plus minimum on-the-job training of 2.5 years.

independent women and, in line with findings from other research and academic discussion in this area (Ludwig-Mayerhofer *et al* 2011; Pahl 2008), they showed a strong propensity to want to be financially self-sufficient in both their early working lives and thereafter.

> 'I could never not work, never. Working is very important to me. I had my first mortgage at age 18. I have always worked and been financially self-sufficient' (*Josephine*).

Like Josephine, Victoria and Zoe also solely owned their own homes from a relatively young age. Furthermore, with the exception of Elizabeth (who needed support with her young child), very few respondents stayed living with parents once they started work, and even fewer once they joined the service (including two who relocated away from home). Thus, financial drivers played a large part in the respondents' presence in the workplace *per se* (Ludwig-Mayerhofer *et al* 2011; Pahl 2008). Much of this was born from the respondents' psychological need to not be financially reliant on men – perhaps reflecting the progress of the women's movement in that regard (Apter 1985) as evidenced, e.g. in the increasing number of breadwinner mothers (Parker and Wang 2013). Charlotte, Julia, Sylvia and Josephine spoke most strongly about this.

> 'I've never relied on a man ever; I've always worked' (Julia).

> 'I couldn't be that woman at home and not work. Definitely not. I do value my independence financially, definitely. I couldn't be phoning up my husband saying "I've seen this and I want to buy it, can I buy it?" No way! I've always worked and been financially self-sufficient, so I could never be that person' (*Josephine*).

In contrast to dated 1980s assertions (Beechey 1987: 183), none worked outside the home for 'pin-money'. In fact, with the exception of Ellie, Laura and Sarah who are married to 'higher earners', it would be more accurate to state that, in line with the general trend, their wages had become essential to the income of the whole family (Ludwig-Mayerhofer *et al* 2011: 367-383). My findings were thus in line with modern dual-earner household economies (Burgoyne 2007) and the related money management which, in this case, predominantly centred on the system of 'partial pooling' (Ashby and Burgoyne 2008).

> ‘My husband obviously earns more than I do but I put the same amount into our house bills as he does. It’s important for me to contribute as much as I can within my earnings capability’ (Charlotte).

In fact, whilst approaches varied, there were clear tendencies towards the individualisation of money within household financial organisation as has been found in studies by Pahl (2008), Vogler et al (2008) and Ashby and Burgoyne (2008) – a contributory factor to this perhaps being that the majority of respondents did the same job and thus earned the same as their partners. Furthermore, discussion with the respondents brought to light the identity processes involved and associated with money management within the home and earnings (Burgoyne 2008). For example, whilst Sylvia does not need to work financially due to her husband’s income level, she nevertheless wants financial independence and said:

> ‘It’s been important to me to be self-sufficient. When I got divorced before joining the service, I had been quite dependent on my husband so it became really important to me to be self-sufficient. To feel if anything happened I could earn enough money, I could cope, I could manage on my own; that is important to me’ (Sylvia).

Financial independence was also something they wanted for their daughters and, as has been found in other research, they felt that working demonstrated their competence as a mother and a provider (Duncan *et al* 2003; Reynolds 2005; Gillies 2006; Armstrong 2010) counter to gendered moral rationalities (Duncan and Edwards 1999:3) – arguably this being more akin to that of male identities and moral scripts (Doucet 2006; McMahon 1995; Mauthner 2002).

> ‘I want her to be independent and to be able to look after herself financially and not have to rely on anyone else. I want her to be able to provide for her family one day’ (Julia).

Reflecting the views of some of the other respondents, Julia and Charlotte spoke at length about the ‘better life’ [financially] that working brings for women and/or the ‘family’

even though it may mean sacrificing some time with their children. This is in line with other research findings where working towards a specific standard to provide children with 'everything they need' has positive effects on the commitment of both women and men (Collett, Vercel and Boykin 2015: 345-364). Thus, whilst some mothers have always had to work through economic necessity (Miller 2010), the respondents' motivations to provide a good quality of life went beyond that and they made no excuse for it.

> 'It's not been easy; it's hard work to get things to fit into place. It's important to work and earn money to have the quality of life that you're looking for. We've got a nice house we enjoy and people say we're lucky. No! It's because we've worked damn hard' (Charlotte).

Such has been women's emancipation from the ideologies of Jean Hallaire's time in the 1960s, that none of the respondents felt the need to *justify* their working as 'economic necessity' – unless we consider that 'economic necessity' includes the strong desire to provide a 'better life' and all the material things of modern existence for their children.

> 'When I first went in the ambulance service, my daughter was only seven. I know that she has missed out a bit. She's missed out on my time. She used to say to me "Mummy I wish you did another job. I wish you worked 9 to 5". I used to say to her "If I didn't work, we wouldn't be able to have the holidays and you wouldn't be able to have the material things that you like". She's 13 now and so isn't as bothered. She appreciates that it gives us a better life and she can have things teenagers want. By the time you're 13, material things are quite important' (Julia).

Despite this, findings in successive studies undertaken by Martin and Roberts (1984), Healy (1999), and Davey, Murrells and Robinson (2005) all confirm that the **main factor** driving women to return to work after maternity leave is economic **necessity**. However, their findings are not wholly reflected in mine. Whilst financial self-sufficiency is a significant factor in their propensity to work *per se* and thus can't be discounted (s4.1.3), it was stronger factors such as their draw to do the job (s4.1.1 and 4.1.4), their connection with patients (s4.1.5) and, to a lesser degree their mothering experiences (s4.1.6), from which the highest proportion of their work attachment and propensity to return to work after maternity leave arose (s4.1.6). This is evidenced in their views regarding not being

stay at home mums (s4.1.6(iii)). The very fact that the respondents spoke freely about their genuine reasons for working means that women today are less concerned with avoiding the potential for 'negative attitudes' which arise when women *choose* to work (see Molm (1978) and Parnes et al (1975) in Neiva and Gutek 1982: 31). Indeed, despite the shift away from the male breadwinner (Crompton *et al* 2007; Miller 2012; Wall 2007) and today's societal expectation on women to contribute to family income (Ludwig-Mayerhofer *et al* 2011: 367-383), they clearly didn't feel the need to use this socially acceptable reason as a means of justifying their desire to work – although, given the job they do (and the level of public reverence it attracts (s4.1.4(i)), one could argue that focusing on their draw to do the specific job attracts social acceptability in a way not afforded other non-life-saving professions. Where financial considerations did play a significant part however, was regarding 'affordability' decisions about their length of maternity leave (s4.1.6) and, to varying degrees, the hours they returned on (s4.2.3). However, regarding the latter, this was not representative of their level of attachment to the job as evidenced in Section 4.1.4. Thus in congruence with the findings of research by the Roffey Park Institute in 2002, my respondents were 'not at work solely as a means of supporting their family' (Glynn, Steinberg and McCartney 2002: 13).

4.1.4 Work Attachment

Having spent nine years in the service, most recently as the Associate Director of Human Resources (Appendix A), and undertaken this research involving more than 25 hours of *intimate* respondent interviews, there is no question in my mind that on the whole, and somewhat exceptionally vis-à-vis other occupations, female paramedics have an extraordinarily high level of *attachment* to their job. **This applies to part-timers and full-timers alike** as is evidenced in the *voices* and actions of the respondents shared throughout these finding. Furthermore, contrary to other research findings (Martin and Roberts 1984; Healy 1999; Davey, Murrells and Robinson 2005), although there are always *individual* exceptions [Elizabeth], their attachment goes well beyond financial attachment or need (s4.1.3). Notably, it is the existence of this exceptionally high level of *attachment* in these 'work-centred' (Hakim 1991, 1995, 1996) respondents which provides the unique opportunity to explore Hakim's and Crompton and Harris's views on the subject and contribute to knowledge in this area.

(i) The Job and 'Being There'

After 23 years of service, Elizabeth's job attachment had become purely financial and she would 'probably change careers' if she weren't 'stuck in the money trap' (Elizabeth). However the remaining 19 respondents, including all the part-timers, spoke very *positively* and *passionately* about their job, the meaning they attached to it and why it meant so much to them – although I would categorise Claire and Maria as having a more 'normal' attachment level vis-à-vis the other 17 'highly attached' colleagues.

> 'Even if I had the luxury of someone who could afford to keep me at home, I would never give up being a paramedic' (Sarah).

Whilst the respondents had a level of attachment to working *per se* (e.g. as evidenced in their need to be financially self-sufficient – s4.1.3), their heightened attachment is derived from the **actual** job they do.

> ‘For me working is about being a paramedic because it is my dream career – doing all the nice little things for people and the sexy stuff and obviously there’s the not-so-nice stuff; that’s what I love’ (*Lisa*).

> ‘It’s more than the need to work, I absolutely love this job’ (Victoria).

Hakim purports that the majority of female nurses are ‘adaptives’. However, if we draw comparison between paramedics and nurses (as similar job types), paramedics do not fit Hakim’s description of ‘adaptives’, i.e. those who return after maternity predominantly for financial reasons, undertaking work which will *fit* around childrearing (Hakim 1998: 138).

> ‘You wouldn’t choose this job because you think that it’s a good wage, or that you can fit your home life in with the hours. That’s not a reason you do this job. You do it because it’s the job you want to do’ (Abbie).

In discussing their careers, the respondents talked about their love of the job, the autonomy and variety of it. This is positive given that jobs that are characterised by autonomy have been found to ‘develop parents’ skills, attitudes and knowledge; benefiting children by improving the quality of their care, bolstering the family’s human and cognitive resources and providing income’ (Strazdins *et al* 2013: 100).

> ‘I’d miss this job if I couldn’t do it. I enjoy the autonomy, variety and the uncertainty of what the day will bring. You can go from picking an old lady up off the floor to picking a limb off the road. That’s why I enjoy it, because you don’t know what you’re going to get next. I don’t think I could replace this job with anything else’ (*Josephine*).

Several, including Elizabeth, Grace, Jane, Julia, Laura, Sarah and Victoria spoke about autonomy in the context of being ‘out there’ on the road, free of 9-5 job constraints (a factor that contributed to career choice – s4.1.1).

> ‘I like being out and about, I like being autonomous. I like making my decisions about my patients. I really couldn’t go back to being stuck behind a desk or

> working 9-5. I would be the person at the window silently screaming, "Let me out, let me out"' (Laura).

The propensity to be 'out there', spoken about by practically all the respondents, is predominantly synonymous with 'being there' *caring* for patients – it is from this content of their job that their overriding attachment to the job derives (s4.1.5).

> 'I was offered a job in 111 [non-emergency call handling] but I knew I'd miss the contact with people and patients. You can't get that over the phone. So I turned it down because I love being *out there with patients*' (Julia).

The strength of the draw to delivering patient care is such that a further six respondents said that they would not go into management and/or progress further if it would take them away from patients.

> 'I don't want to go into management. I want to be *out there* looking after my patients the best I can. Being a manager takes you away from that' (Julia).

Many 'couldn't image doing anything else' (Tracey). It was something they would never want to 'let go' of (Victoria). Annie, Rachel and Tracey said they would be 'devastated' if they couldn't do their job. In all respects, this was again about the strength of their desire to be there for patients.

> 'I'd be devastated if I could never see a patient again' (Annie).

All the respondents spoke about being proud to be paramedics in one respect or another. However, they tend to be very humble individuals who generally don't seek (in fact they go to great lengths to avoid) the 'paramedic limelight' including the public reverence and fascination which is often associated with the job.

> 'I am proud to be a paramedic; I really am proud. The mums I meet down at the school, they're in awe of me because I'm a paramedic but I don't see myself as amazing when people say that's an amazing job' (*Jane*).

> ‘I think we do try and hide the fact that we are paramedics because people are overly fascinated. They always want health advice or to know about your most gruesome job’ (Zoe).

With the exception of Sarah and Josephine, the respondents rarely spoke openly about being a paramedic outside of work and family.

> ‘I tend not to mention the job. Sometimes I lie. I hate the whole hero worship that comes with it’ (*Rachel*).

What was strongly evidenced is that their attachment does not come from extrinsic influences such as public reverence or acclaim (from **what** they are). Instead it comes from **who** they are and their propensity to want to help people/patients (s4.1.5).

> ‘I love being a paramedic. But it’s not about people looking up to you in some way or anything like that. It’s about what you get out of doing the job and that position you’re in of being able to help someone’ (Zoe).

(ii) Sense of Identity

Whilst *extrinsically* the respondents did not wish to be defined/described as ‘paramedics’, at an *individual* level nine respondents [Abbie, Charlotte, Grace, Joanne, *Josephine*, *Lisa*, Sylvia, Tracey and Victoria] spoke proudly, passionately and emotionally about the job being their ‘sense of identity’ – that a *paramedic* is not **what** they are but **who** they are; that it **defined** them. In this way, their job is ‘important to their identities’ (Apter 1985).

> ‘Being a paramedic defines me in so many ways’ (Tracey).

This sits comfortably with Davey, Murrells and Robinson’s (2005) findings regarding multiple ‘motivators’ and the contributory ‘important’ factor of ‘work situation identity’ found in 43% of cases. However, their level of *attachment* goes well beyond this such that many derive their *personal identity* from being a paramedic as opposed to anything else including motherhood (s4.1.6), despite this being counter to powerful and enduring

traditional motherhood scripts (Milkie *et al* 2015; Doucet 2006; McMahon 1995; Mauthner 2002).

In fact, my findings are somewhat counter to those of other research (e.g. Thomson and Kehily 2011) given the extent to which the respondents were not (to varying degrees) subsumed under the traditional motherhood scripts. Whilst their narratives clearly evidence the reflexivity which generally occurs after childbirth and a love for their children (s4.1.6(i)), their identities remained strongly biased toward their job as opposed to motherhood becoming the be-all and end-all in line with traditional motherhood scripts (Thomson and Kehily 2011: 233-245); they retained their 'work-centred' leanings (Hakim 1996, 2000). Notably, no respondents talked about 'being mothers' as defining who they are and/or giving them a sense of identity, including the part-timers – this being counter to Hakim's assertions about part-timers' 'primary identity' being 'homemaker' (Hakim 1996: 74). Additionally, three respondents specifically said that they are a 'paramedic first' (Grace, *Lisa* and Tracey).

> 'I'm a paramedic first. I'm also a mum but that doesn't define me' (Tracey).

When the respondents spoke about their home lives, they referred to being 'Mum, wife and **me**' (*Jane*) as separate entities. This is in absolute contrast to the contribution that being a paramedic brought to their sense of identity – the way they spoke about this often being portrayed as one and the same thing.

> 'Being a paramedic is a big part of who I am. When I got pregnant I was a bit upset and concerned about losing that and being just a mum and not being *Abbie the paramedic*' (Abbie).

For at least three respondents [Charlotte, Victoria and Joanne], the extent of their *personal identity* as a paramedic meant that they struggled with knowing 'who they were' when on maternity leave and were keen to get back to their 'normal self' (Joanne). This supports other research which has found that work is equated with women's self-esteem and their sense of 'pre-baby self' (Miller 2012: 39-52).

> ‘When I was on maternity leave it was horrible. Trying to get my head around being a mum; it was humongous. I just felt like I didn’t belong anywhere. I didn’t know who I was, which was really weird. So coming back to work was a must for me, definitely, because that’s where I belong and who I am’ (Victoria).

In line with research by Strazdins *et al* (2013: 100), for the majority of the respondents their ‘jobs are foundational to identity and self-esteem’.

Seven respondents [Charlotte, Elizabeth, *Jane*, *Lisa*, Sylvia, Tracey and Victoria] talked about being ‘two people’ – one at work and one at home (s4.2.4). Furthermore, that they were different people in each domain with different persona, behaviours and characteristics – albeit their experiences in both domains impacted on how they behaved in the other (s4.2.4).

> ‘I am a different person when I’m at work than when I’m at home. Stronger, more confident at work. At home I’m just fairly quiet and subdued and go along with the flow. But not at work’ (Tracey).

The majority spoke about their propensity and/or need to keep their ‘*two worlds’* separate (s4.2.4). Whilst they are strongly attached to their job, due to the nature of the work they do and the psychological challenges arising from that, they are very reluctant to ‘take it home’. In a similar vein, they spoke of the need to not take their ‘children’ to work either.

> ‘At home I’m Mum but at work, that’s me. I wouldn’t say I don’t think about my children when I come to work but I block them out. They’re safe, so you haven’t got to think about it and you can just get on with doing the job and what’s best for your patients’ (Grace).

The extent of the *identity* that the respondents derive from the job is reflected in their *identification* with, or attachment to, the uniform. When I asked Tracey how she made the transition from one world to another she said:

> ‘I put the uniform on, it’s as simple as that. I’m different in my uniform. At night, I could get sent to any job. On my own as a female. I could go in to anything and

> I do it including attending drunks in night clubs. I just walk straight in without thinking. But if me and my husband ever go out for a drink I'm too shy to walk in the pub first' (Tracey).

Five other respondents [Elizabeth, *Jane*, *Josephine*, *Lisa* and Victoria] also spoke about the transition that occurs when they put on their uniform.

> 'It's strange meeting you today as I'm not in my uniform. I'm not in uniform so I suppose I feel a bit naked today' (Victoria).

The adornment of a physical thing is having a psychological effect.

> 'I have a different identity when I put the uniform on and do the job. […] as soon as the uniform comes off, I'm back to being Mum and wife' (*Jane*).

Five respondents mentioned about the uniform giving them a different persona, more confidence and sense of control.

> 'I feel like a different person in my uniform. I'm not as confident in normal day-to-day life. When you put your uniform on you have a different persona - you're almost behind your uniform' (Elizabeth).

Such is the respondents' attachment to the job [uniform], that they are prepared to adopt a 'role' and the persona they associate with it whilst at work to the extent that they have a different *identity*.

> 'At home I'm laid back but I'm a different person when I put my uniform on. I have to be in control. I think it's because of the public perception; that you're going to turn up and you're going to know what to do. I can't say I know everything because I've not seen everything, but I certainly know how to keep that calm face even if underneath I'm like the duck paddling under water. You may be dealing with a time-critical patient and with very emotional people. They need to see that you are in control' (*Lisa*).

Discourse in the 1990s said that the opening up of increased workplace opportunities meant that girls were seeing occupational choice as '**reflecting** their identity' (*Emphasis added.* Riddell 1992; Sharpe 1994 in Francis 2002: 11). Arguably this is an 'outward' projection of the individual's identity which they wish to align to a career choice. In contrast, well beyond this, female paramedics (to varying degrees) **derive** their identity **from** the career - from the 'outside' in. I would argue that it is this propensity to align themselves 'proudly' with the profession that contributes significantly to their heightened level of job attachment and the *adapted* personas which they equally seem drawn to – as being *preferential* and *superior* to their otherwise identity/person, i.e. they enjoy being more confident, more in control.

(iii) Sense of Community

A further contributor to job attachment comes from being part of the 'ambulance community'; the strength of which (having been part of this myself) should not be underestimated.

> 'I still see working as a break. Getting out of the home environment and having adult contact time. I think that's important. As lovely as it was bringing the children up, it gets to you after a while. You need to get out of the door and have a bit of a change of environment and work provides that. All the friends that I work with are great, you go to work and have a laugh with your friends' (*Jane*).

The respondents spoke positively about the comradery and the 'unique sense of humour' amongst them and their colleagues. This is acknowledged within the services as being a positive influence on personal resilience and mental health. As purported by Strazdins *et al* (2013:100) 'employment is a source of family status and inclusion as well as income; support from workmates and colleagues can be protective of mental health'.

> 'I think we see ourselves as a bit of a different breed and we do have a very sick sense of humour. But it is obviously our way of coping with the demands of the job' (Zoe).

> ‘We develop a kind of weird humour about things. Sometimes I realise I can’t say things to others; you can only share it with colleagues because it could be misunderstood as being a bit hard. I’ve certainly learnt that lesson, even with my husband’ (Sylvia).

This ability to share *intimate* and potentially distressing aspects of their job freely with colleagues (in a way that they can’t with others) clearly provides a mechanism for coping with the psychological demands of the job (s4.2.4). In the case of my respondents, it also added to the sense of *belonging* or ‘family’ and generated a higher level of attachment to colleagues and ‘team spirit’ at station level than perhaps is evident in other non-emergency careers and settings. Furthermore, given their reluctance to mix outside of the ambulance world, the job also gives them their social life (both inside and outside work) as well as a career.

> ‘It’s not just a job being a paramedic; it is a way of life’ (*Lisa*).

> ‘You become encompassed in this ambulance world. You live and breathe it. You socialise but all your friends are in the job’ (Annie).

Arguably, whilst there were a minority of respondents who don’t allow the service to become so heavily present across all aspects of their life, the vast majority gravitated toward the ‘ambulance family’ – it is of note that 11 of the respondents are married to paramedics themselves. In this respect, the job *infiltrates* their lives well beyond the job itself to an extent that (with the exception of their families), to varying degrees, they become somewhat isolated from the ‘outside’ world. This serves to increase their attachment to the job to such an extent that when they take periods of time off (including maternity leave) they feel particularly isolated and without their sense of identity and social ‘support’ networks (s4.1.6(ii)).

4.1.5 Making a Difference and Caring for Patients

When I explored the reasons **why** the respondents are paramedics, the conversation immediately and unequivocally became ‘patient’ orientated. In relation to this, several said that being a **paramedic** gave them a ‘sense of worth’ (Sylvia). Eight [Abbie, Annie,

Charlotte, Ellie, *Jane*, Sarah, Tracey and Zoe] talked about the 'huge' level of 'job satisfaction' they get from 'helping' patients and 'making a difference' (Charlotte). In four cases, this specifically came from saving lives [Annie, *Jane*, Tracey and Zoe].

> 'You get more satisfaction from doing this job than any other. I think it's because of the level that you can go to and help someone. Say I've gone out to a 25-year-old who has gone into cardiac arrest and I manage to get them back and you see that relief on the whole family's face. There's nothing like it' (Zoe).

The respondents spoke constantly about 'being there' for people and patients. Annie talked about her need to 'be there' when she knows a difficult job is happening that she isn't at. She spoke about a road traffic accident where two young parents had been killed leaving their two-year-old child orphaned and critically ill.

> 'It was a horrible, horrible, job and you can't help but think, what if I was there, what if I could have saved mum or dad or both' (Annie).

In line with the tendencies of paramedics, her desire to 'be there' (even at jobs which weren't assigned to her) demonstrates their high propensity to want to 'make a difference'. In this case, this was manifesting itself in her wondering whether **she** could have 'made **the** difference'.

There is no doubt that a high level of their job attachment derives from the unquestionable satisfaction they get from 'saving lives' or 'making a difference' in life-critical situations.

> 'Sometimes you are helping people who are involved in the most horrendous situations that you could ever imagine, that you hope would never happen to anyone ever. You see some horrible things, but when you do make a difference, it's a very good feeling' (*Lisa*).

However, counter to their perceptions of the 'emergency' nature of the job before joining the service (s4.1.1), in reality the vast majority of the work paramedics do is <u>not</u> life-critical.

> ‘Everybody thinks our jobs are very exciting but it’s not what it looks like on TV. The reality is that we pick a lot of old people up off the floor, make them a cup of tea and sit with them for half an hour and talk about all the photos in their house. But I love that bit of the job as well’ (Charlotte).

Therefore, on joining the service, there was a period of adjustment as the respondents (like all other ‘new starters’) faced the realities of ‘emergency work’ first-hand and came to understand the extent to which the job comprises non life-critical work. What is apparent from the respondents is that two things occurred. Firstly, they developed a tendency to frown upon those who would wish others injured in order to feed their ‘hunger’ to do ‘emergency’ work. Many said that whilst they love putting their emergency training into practice on the ‘big’ or ‘sexy’ jobs (*Lisa*), once in the service they were glad that this wasn’t the majority of the work.

> ‘The job is different than I thought it would be. There’s no way you can prepare. When you come out of training school you think it’s going to be all cardiac arrests and it’s going to be like watching Casualty but it’s nothing like that. Thank God. I couldn’t cope if it was all bombs and coaches that have crashed with 75 people injured. I couldn’t deal with that’ (*Josephine*).

> ‘You get these new young paramedics who love a good trauma job. I’m really not seeking a good trauma job, it’s somebody’s relative that is stuck under that bus’ (Sylvia).

Secondly, having acquired more accurate insight and experience of the job with regard to non-life-critical *caring* work, it was very clear that their primary focus (and in line with it, their job fulfilment) shifted from their initial ‘theoretical’ draw to more ‘male’ emergency work towards the more ‘female’ leaning of *caring* for patients.

> ‘Our job isn’t how it’s perceived on the television. It isn’t all glory jobs. But I found that I actually liked caring. Before joining, I never realised that I loved to care for people. But I actually like looking after people, especially the elderly. I love the elderly, they’re my favourite patients’ (Julia).

> ‘When you see an ambulance rushing on blue lights, you think someone is dying but 90% of our work is attending the elderly who have fallen. So the job wasn’t what I expected. I think that’s everyone’s misconception about the service. But I’ve found that I really care about them. I can’t bear to think of an elderly person on the floor waiting for help’ (Sarah).

Thus, non life-critical, *caring*, work took on heightened importance or meaning and the new-found fulfilment they get from *caring* for patients forms the major part or **the** main contributor of their exceptional job/patient attachment. It was clear that it brings them an extraordinarily high level *of self-fulfilment.* The respondents spoke consistently about this side of the job, and their love of it, at great length. Thus, I would argue that after their initial perceptions about the emergency nature of the job didn’t wholly materialise, their continued presence and attachment to the job, as a woman, *naturally* re-focused towards non-emergency work. This might be explained in two ways.

Firstly, Beechey (1987) and others purport that women are coerced into roles that are predominantly a natural extension of their ‘caring’ wife and mother leanings (Beechey 1987: 1; Thomson and Kehily 2011; Chapman 1987; Brannen and Moss 1991; Barret 1980: 156; Thompson 1993: 203). There is no doubt that the respondents’ draw to the more ‘caring’ (rather than emergency life-saving) work was heightened **once** in the job. Thus, whilst the *caring* aspect of the job did not ‘coerce’ them into it originally (s4.1.1), it appears that the ‘caring’ aspect of the job acted to ‘coerce’ their **ongoing** attachment. In the 1980s there was an assumption that women should be available and **want** to perform the caring role in the home (Jenson, Hagen and Reddy 1998: 11). Perhaps women will always have leanings towards ‘caring’ (Beechey 1987: 1; Chapman 1987; Brannen and Moss 1991) but it may be that some professions can act to emancipate women by fulfilling some of that tendency but in the ‘un-isolated’, paid workplace as well as at home (Gerson 1985: 26). An alternative explanation may be that the paramedics *chose* to ‘learn to enjoy’ the non-emergency *caring* side of the role and/or allowed their *feminine side* to come to the fore, in the same way that ‘one would choose to learn to enjoy winter rather than summer sports in a cold climate’ (McCrate 1988: 237 cited in Bruegel 1996: 175). As studies of worker attitudes have demonstrated, people tend to adapt to what is realistically available for them and thus adjust their preferences, either consciously or sub-consciously, to the realities of that situation (Blackburn and

Mann 1979 in Crompton and Harris 1998: 123). I expect that it is a complex and *individual* combination of both.

However, irrespective of the source of their *caring* attachment, the respondents spoke consistently and very passionately about their need to 'be there' and do the very best for **all** their patients; to 'make a difference'.

> 'Whether you're helping people who are involved in the most horrendous situations that you could never imagine and that you hope would never happen to anyone ever or just picking a little old lady up off the floor and putting her back to bed, when you do make a difference to anyone's life, it's a very good feeling' (*Lisa*).

> 'I love to put people's minds at rest and if I can help someone in the tiniest of ways, even just with one sentence I say to them, that means a big thing to me; that I've made a difference to them' (Charlotte).

Even in situations where the outcome is not a good one, they are driven by a need to ensure that they have 'made a difference' and 'done the absolute very best for that person' (Victoria).

> 'There are jobs that will stay with you for the rest of your life in your mind [*pause*] but even if the outcome for the patient isn't good, any tiny bit of difference that you can make to help somebody cope with what's happened to their loved one means a lot' (Charlotte).

What came through clearly and consistently is that a paramedic's overriding loyalty or attachment is to their patient(s).

> 'I'm very passionate about my job. When I make a decision I'm making it for the benefit of the patient, I don't care whether it makes someone else late off; that's just tough. I'm in the clinical corner waving the flag for the patient every time and they won't ever take that out of me' (Annie).

The need to give the 'absolute very best' (Abbie) in clinical patient care was reflected in their keenness to keep their clinical skills up-to-date and with this, their job confidence. Eleven said this was a concern for them, particularly when they were off frontline duties whilst pregnant and on maternity leave. The extent of this is evidenced in the 'fear of loss of skills' contributing to their maternity leave decisions (s4.1.6(ii)).

> 'I was so worried that I was going to come back to work and fail people because I wouldn't know what I was doing' (Abbie).

> 'I took ten months off based on what I could afford but I wouldn't have taken any longer anyway because I wouldn't want to be out of the loop too long. When you're off, you start to get nervous about patient contact. I didn't want to go away too long and come back and have forgotten everything' (Charlotte).

It is without doubt that the biggest contributor to the respondents' exceptional level of work attachment is that related to their desire to 'be there for patients' in both life-critical and *caring* situations. Above and beyond anything else this gives rise to their exceptional level of work attachment and their need to be 'out there' in the workplace. It is this which provides the unique opportunity to test theory and add to knowledge in the area of 'women and work'.

4.1.6 Motherhood

(i) Propensity to Mother

Counter to views that women should have a 'strong desire to establish a family first and foremost' (Epstein 1970: 31) and traditional motherhood scripts (Thomson and Kehily 2011), six respondents had not wanted children initially [Grace, Julia, *Lisa*, *Rachel*, Victoria, Zoe].

> 'God no, I never wanted to be a mother at all' (Grace).

However, all six subsequently became susceptible to their *maternal instincts* and desires and had *planned* children (Boyd 2003: 3) demonstrating why the 1970s introduction of contraception didn't change motherhood 'beyond all recognition' (Apter 1985: ix, 12).

Like Victoria with her 'biological clock' concerns (Victoria), Grace became worried that she might regret not having children.

> 'The only reason I had them and this sounds really stupid is that I didn't want to get to 45 and think "I wish I had". Then you can't do anything about it. I'm glad they're here though, they're quite nice [*laugh*]' (Grace).

Julia, Lisa and Zoe's maternal needs were 'aroused' by their husbands (Apter 1985).

> 'Before I met Andrew, I was always very much "I don't want children". Then I met him and I just saw how good he would be as a Dad. My sister had a little girl and it was just "wow"; we could have this. So despite me always saying "no, no, no", I think Andrew always knew that I would come around to it' (*Lisa*).

Rachel had 'fertility trouble' when she decided to try for a baby but decided against IVF. She subsequently became pregnant naturally but remained philosophical about it in contrast to the 1960s social notions that 'women's happiness comes only from motherhood' (VanEvery 1965: 65) and more in keeping with women's growing attachment to work and the self-esteem and sense of self they derive from it today (Miller 2012: 39-52; Furlong and Cartmel 1997: 22; Glynn, Steinberg and McCartney 2002: 7-9).

> 'There's a parent route and a not parent route. It doesn't mean your life is over does it? I think either way we would have been happy but it's nice to have kids. I think you feel a lot more complete really. It's nice to have a bit of everything; the career and the kids, juggling them' (*Rachel*).

The remaining 14 had known that they wanted children. For five [Annie, Charlotte, *Josephine,* Laura, and Maria] there was an air of inevitability about it.

> 'Yes, I knew I would want children eventually' (Laura).

The remaining nine displayed the greatest propensity to mother and with this came more certainty about what they wanted.

> ‘Being a Mum was always one of my ambitions in life. I didn’t know when, or how many I was going to have, but I always knew that I was going to be a mother; that was what I wanted’ (Sarah).
>
> ‘Two was always my life plan’ (Claire).

For the six respondents that I asked how important being a mother was to them on a scale of 0-10, all responded with a ten [Claire, Charlotte, *Jane*, Laura, *Lisa* and Sarah] although this needs to be contextualised by the fact that not doing so might be ‘interpreted as inappropriate maternal behaviour’ (Miller 2012: 39-52).

> ‘Being a paramedic is a ten but being a mother that’s definitely a ten as well. Although I’m not an earth mother, they bring such joy. You look at them and your eyes just well up and you get that sensation, physical feeling for them. You just don’t know what that feels like until you’ve had children. I wouldn’t swap that for the world. It brings a whole different side to your life; it completes the whole thing; it completes it’ (Laura).

In determining when they would become mothers, four respondents had unplanned pregnancies – all were amongst the respondents with the greater *mothering* propensity. These included Abbie who at age 29 was the only one of them already in the service and the three youngest mothers age 16 [Elizabeth], 21 [Sarah], and 21 [Sylvia].

> ‘I used to say that I would have my career first and then my children, I’ve mainly done it the other way around. Amy came along unplanned but then we had three more before she was four. Then at nearly 40, I got pregnant with Leah with my second husband. We all totally adore her. My career has never interfered with the children, and having children has never interfered with the job’ (Sarah).

For the other 16, they had all *chosen* to start trying for a baby at specific times. Decisions around further children and the timing of them were also *conscious* decisions – whether that was to have more or not.

> ‘Our plan was to have a two-and-a-half-year gap. You’ve got the first one independent a bit before you go in for the second one. Everything went to plan, so it worked out really quite well’ (*Rachel*).

> ‘I love my daughter but the thought of having more children just turned my stomach’ (Annie).

The respondent age range when becoming mothers was 16-39 with 15 of them being over 25 (Appendix J). Only five respondents were mothers before joining the service [Elizabeth, Ellie, Julia, Sarah and Sylvia] and of these, only Elizabeth had known that she had wanted to be a paramedic at the time [aged 16]. Of the remaining 15, twelve became paramedics before *choosing* to take an average of a further four years to become mothers (with the exception of Abbie who became pregnant unplanned three years after qualifying). Two became paramedics then mothers in the same year, leaving only Grace who was still a technician at the time of becoming a mum and who didn’t qualify as a paramedic for a further five years (Appendices J and K).

Discounting the five who were mothers before joining the service and Abbie whose pregnancy was unplanned, I would argue that the choices of the 13 (of 14) respondents who *actively* progressed their careers to paramedic ahead of becoming mothers signifies a high level of career ambition and attachment.

> ‘It really was quite important for me to be settled in life, have our home and make sure my career was kind of set before going on from there with the family. That’s the way we chose to do it’ (Charlotte).

However, counter to Gerson (1985: 8), this does not necessarily mean that once they had children they held ‘a less central place’ in their lives. The emotion and love with which the paramedics spoke about their children was unquestionable. Therefore, whilst I could not go so far as to assert that spending time with their children was their number one source of happiness (which Wang (2013) found to be the case for women whether they work outside the home or not), they did speak about enjoying spending time with their children.

> 'I think motherhood is pretty much what I thought it would be and what I wanted it to be. I love being part of a family and it's lovely spending time together. We really enjoy it when we are all together. There are those certain emotions that you didn't know you would feel. You just can't imagine them until they hit you. I love being a mum' (Maria).

Instead, it represents the fact that women are not helpless and powerless victims of the factors and/or influences discussed throughout this thesis, including their propensity to **want** to mother. In making conscious choices about when to have children, these respondents took control of their lives in an attempt to have the fulfilment that comes from both worlds. They are acting as *active agents* who are doing what they can to overcome the constraints in an attempt to 'fully realise' their individual *preferences* regarding mothering and, because they can choose when to become mothers (as far as that is reasonably possible to do), they can better manage their careers to a degree which facilitates their sustained presence in the workplace even after motherhood. To infer anything other than this would ultimately be underestimating these truly *determined* mothers.

(ii) Early Mothering Experiences and Maternity Leave

Despite their unquestionable attachment to their children – which is heightened given their propensity to *care* (s4.1.1; 4.1.4(i); 4.1.5), the value they place on human life and their exposure to catastrophic life changing events (s4.2.4) – I feel privileged that the respondents felt able to be unreserved in sharing with me all the dimensions of mothering. In this respect, feminism appears to have created the opportunity for the negative aspects of mothering to be *voiced* by my respondents (VanEvery 1995: 60) despite the fact that speaking negatively about mothering experiences can still be 'interpreted as inappropriate maternal behaviour' (Miller 2012: 39-52).

When mothering young babies, the challenges were mostly around the physical demands. It was perhaps therefore insightful of the male participants of Miller's study who all voiced a key concern about how their wives/partners would be able to cope with the (still unpredictable) demands of a new baby *alone* (Miller 2010).

> ‘I never imagined how hard it would be. It was relentless those first four months; nothing prepares you for that. But it’s rewarding isn’t it and in the end when I look at his little face and he’s all teeth now, I just think, “ah I’d do it again”. It’s life changing’ (*Josephine*).

> ‘The first three months of the colic were a nightmare – from five at night until eleven in the morning for three months. That’s when you think “God, did I make the right decision here? This isn’t like a puppy, you can’t give it back”. But it gets a bit easier over time and I’d never be without her’ (Zoe).

The respondents’ maternity periods ranged from 3-12 months with the majority taking six months or more. In a similar vein to their working hours decisions (s4.2.3; Appendix M) their maternity leave decisions were complex and *individual*. Factors included their work attachment needs (s4.1.4), the fear of losing skills and/or confidence (s4.1.5), their mothering experiences (s4.1.6(ii)), the availability of childcare (s4.2.2), the needs of their children, but most significantly financial considerations played the largest part.

> ‘I was back to work with both of them within four months in size 40-inch waist trousers. I’ve still got a pair and at 5’2” you don’t carry it well [*laugh*]. I had to go back for financially motivated reasons, because as soon as you drop down to just statutory maternity pay you can’t afford it’ (Laura).

Maria could afford to take a year off.

> ‘I had a year off. It was just right; it was lovely. We knew we could afford it and it all worked out right. We were a bit skint at the end of it, so it was good going back full-time after that. I think with your first you need a year off. It’s a massive adjustment and it took a long time to get used to it. I think if I had gone back any earlier I might have struggled but if we do have another one then I would not necessarily need a year off next time’ (Maria).

Some felt as though they would have liked longer. However, even Sarah with her **exceptional** propensity to mother advised that her maternity leave will be dictated by financial constraints as is the case for Joanne.

> 'I wish I had finished work later and then had a little bit more time with him but I could only be off until my maternity pay dropped to statutory' (Joanne).

However, for others the realities of caring for young children meant that, despite being able to afford it, they would have preferred to have returned earlier.

> 'Of course there is more to being a mum than baby TV and snot and nappies and that's why I didn't want to go back to work full-time. But I probably could have gone back at six months rather than nine months if I'm honest. It's hard being a Mum' (*Josephine*).

> 'I had nine months but by the end of it I was ready to kill. I was like: 'For God's sake I have to go back to work", and I went back full-time straight away. I couldn't stay at home any longer' (Annie).

Thus, in line with Goldthorpe *et al* (1968: 184) their 'dominant or sole contributor to *life* satisfaction' was not being derived from mothering, as is further evidenced in their discussion about not being stay at home mums (s4.1.6(iii)) and this heightened their workplace *attachment*.

(iii) Full-time Mothering Choices

During the interviews, twelve respondents shared their views about 'stay at home' mothering. Only Claire and Julia mentioned that this might be something they would *consider* although neither had acted upon it.

Counter to the 1980s assumption that women should make themselves available and **want** to perform the caring role in the home (Jenson, Hagen and Reddy 1998: 11), the other ten respondents [Annie, Charlotte, *Jane*, *Josephine*, Laura, Maria, *Rachel*, Tracey, Victoria, Zoe] said it would not be for them. Arguably, we would expect this to some degree given the respondents' extraordinary work attachment (s4.1.4). However, the **emotional dimension** should not be underestimated (Boyd 2002: 3). Irrespective of whether they saw motherhood as something key to their lives beforehand, having children generally

arouses women's affection and protectiveness of them as their *priority* (Apter 1985: 6) irrespective of whether they had 'work-centred', 'adaptive' or 'family-centred' inclinations beforehand (Hakim 1991, 1995, 1996). In line with Thomson and Kehily's (2011) assertions about the 'intensive reflexivity' which takes place between work and maternal identities and practices, Epstein (1970: 1) states: 'a woman may be forced repeatedly to review her decision to work as she faces successive conflicts between her personal life and her employment'. This was clearly the case with my respondents but not always in relation to drawing them further towards motherhood as the priority. For instance, the respondents' narratives provide insight into their motherhood experiences and, where these were not wholly positive, this heightened their draw to work in congruence with the views of Goldthorpe (Goldthorpe 1966 and Goldthorpe *et al* 1968 in Crompton and Harris 1998: 122).

> 'I couldn't be a stay at home mother. Psychologically I get a lot out of going to work and being my own person for some of the time and there is a lot to be said for that' (Maria).

> 'I couldn't be a stay at home mum, it would destroy me to be at home every day. As much as I love my girls, I couldn't do it' (Laura).

Several spoke about the need to get back to work after 'staying at home' on maternity leave - evidencing the disparity between the social images portrayed about motherhood and women's actual experience of it (VanEvery 1995: 60).

> 'I had 11 months off but I was itching to get back to work because that's kind of part of me. Getting back to work brought my sanity back. I enjoyed having kids but I didn't enjoy being "Mummy" full-time. I wanted half and half. I felt isolated. I couldn't be a stay at home mum. I couldn't do it at all' (*Rachel*).

Whilst other research, such as Thomson's (2011) involving 63 respondents, has evidenced a high level of uncertainty before and after childbirth about whether they would return to work (Thomson 2011: 7), this wasn't the case with my respondents.

> ‘There was no doubt that I was coming back to work. Being a mum changes your perspective and views on stuff but I was still definitely coming back to work’ (Victoria).

There is no doubt that maternity leave brought with it a high level of isolation and tedium. Tracey said that whilst she loves being a mum and ‘wouldn’t change it for the world’, working provides her with the means to ‘escape the mundane stuff at home’ (Tracey). Five others spoke similarly [Joanne, *Josephine*, *Lisa*, Victoria and Zoe].

> ‘There’s no way I could be a stay at home mum. It’s not enough for me; it’s amazing and it’s not that my son isn’t enough. It’s just the whole [*pause*], it’s just that it’s really quite monotonous and you haven’t got an identity. I’m so glad to be back at work’ (*Josephine*).

> ‘I could never not work. Yes, your children are your world but it’s pretty mundane being at home. You also need something else’ (Zoe).

My findings here reflect those of Hoffnung (1984) in that whilst motherhood may be one of the most meaningful experiences in women’s lives, it is clearly not enough to fill their **entire** lives (Hoffnung 1984: 134). Notably, my findings reflect the importance which women today increasingly associate with work (Furlong and Cartmel 1997: 22; Glynn, Steinberg and McCartney 2002: 7-9) to the extent that, as is the case for men, jobs are increasingly becoming ‘foundational to identity and self-esteem’ (Strazdins *et al* 2013: 100; s4.1.4(ii)).

> ‘I feel I’m a good mother but I still do want to feel that I am something else other than a mother (Sarah).

It is important to note that when talking about whether they would be ‘stay at home mums’, none cited financial reasons for not wishing to be. This shows that despite the shift away from the male breadwinner (Ludwig-Mayerhofer *et al* 2011; Crompton *et al* 2007; Miller 2012; Wall 2007) and the expectance on women today to contribute to family income (Ludwig-Mayerhofer *et al* 2011: 367-383), their work attachment is about more than ‘economic necessity’. With reference to my findings in Section 4.1.3, it is noteworthy

that none of the respondents felt the need to use present-day social acceptance and/or expectations around their financial contribution (Ludwig-Mayerhofer *et al* 2011: 367-383; Burgoyne 2007) to *justify* their choice to not stay at home and/or avoid any potential negative attitudes related to that decision (Nieva and Gutek 1982: 31) – such has been women's emancipation from the 1960s ideologies of Jean Hallaire's time (Nieva and Gutek 1982: 31; s2.4.1).

However, despite their own *personal* career attachment, there was a clear theme that their children were a very important part, or the most important part, of their lives and ultimately their priority for whom they would make sacrifices. For example, having become mothers, Annie and Tracey said that if for whatever reason they needed to become stay at home mums for the benefit of their children, they would put their children's needs first.

> 'I haven't found motherhood very easy at all. I'm not destined to be a stay at home mum. I would die for him today but I would struggle to stay at home. But if it was between my job and him, I wouldn't think twice. You will never take the paramedic out of me but ultimately he does come first' (Annie).

Fundamentally, it's not about making a mutually exclusive life choice (Nieva and Gutek 1982), it's about finding the right balance.

> 'I think having the best of both worlds is about finding that balance for me as a person. I'm Mum and that's the most important thing, of course it is, but I definitely need other things in my life to balance things out. It's all about balance for me and at the moment, I think I have it' (Victoria).

(iv) Maternal Guilt

It was somewhat striking that throughout the 20 interviews little reference was made by the respondents to any maternal guilt about working *per se*. Only five respondents [Abbie, Claire, *Lisa*, Maria and Sylvia] spoke about maternal guilt in that context.

> ‘I do feel guilty sometimes that I love my job and want a career as well. I know that I’m not alone in that’ (*Lisa*).
>
> ‘When you work, you do have a guilt thing. But I think if you’re honest with yourself and look at it, you shouldn’t feel guilty about working even if we all do’ (Sylvia).
>
> ‘The hardest thing for me is when I do certain shift patterns and I don’t see Bethany for two days. It’s hard when I don’t see her because you get a separation anxiety thing and you feel guilty’ (Maria).

However, whilst the respondents appeared, on the whole, to be reconciling their *inner voices* regarding being away from their children to work (s4.2 evidences **how** psychologically, practically and physically they **can** attempt to do that), maternal guilt rose to the fore regarding **how** they choose to spend their time when at home (s2.6.1). Whilst the quantity of time was important (s4.2.3; 2.6.1; 2.6.2), their *inner voices* were much more susceptible to the ‘motherhood knot’ (Apter 1985) regarding the ***quality*** of their time and interactions with their children. This perhaps instinctively reflects the positive outcomes that quality time has been found to have on children and most certainly aligns with the growing interest from researchers in the *quality* of maternal time (s2.6.1; Bianchi 2000; Price 2000; Villena-Rodan and Rios-Aguilar 2011; Milkie *et al* 2015; Bono *et al* 2015; Kalil and Mayer 2016). More than ten respondents spoke about it in one form or another.

> ‘It’s hard to keep on top of things at home because when I’m at home I want to be with the kids, I don’t want to shun the kids and spend all the time cleaning, washing, ironing and everything. They might as well not be there if I don’t spend time with them when I’m at home’ (Tracey).
>
> ‘I don’t think I spend enough time with them when I’m at home and I beat myself up about that quite a lot […] It makes me feel massively guilty’ (Laura).
>
> ‘I think as working mums you always have a little thing, that perhaps you should have given them more time and attention, especially when you are at home with

> them. Don't we all have those feelings? I think you have this vision of motherhood as baking cakes with them every day and finger painting and you don't do you? But mums who are at home don't either really' (Sylvia).

The need to 'be there' had thus moved from a need to be there more generally and the quantity of time with their child(ren) to being focused on quality 'home time' and what they considered to be key events. One might be excused for thinking we are researching men (Dermott 2005; s2.6.2) in that their work commitments mean that the quantity of time with their children is restricted, arguably giving rise to a necessary focus on quality of time. In this way, they appear to be adjusting their mothering definitions (to being more akin to their male counterparts) and arguably making the associated 'mothering' standards achievable. In this respect, their 'life course is a creation of the person' (Clausen 1991: 805). Are they not, (either consciously or subconsciously) creating a platform on which to counter traditional motherhood scripts and moral rationalities (Duncan and Edwards 1999)? Indeed, proliferation of this adjustment to mothering definitions could mean that moral rationalities become less gendered in the future despite present-day evidence to the contrary (Doucet 2015).

Returning to the matter of maternal guilt, it was thus the quality of time and not working *per se* that was the prominent area from which their maternal guilt arose. With regard to key points or events in their children's lives, these took on greater 'symbolic' importance giving rise to a heightened and disproportionate amount of maternal guilt. This again has similarity with men's fathering definitions which give significance or importance to events in their child's lives as opposed to 'being there' in more day-to-day general terms (Dermott 2005) – although whether men are susceptible to feeling guilty for non-attendance is not known. In relation to mothering, other more day-to-day events such as bedtime in particular also symbolised an important time in their children's lives that they felt **compelled** to be there for (whenever possible).

> 'I don't like finishing late now as it's the difference between seeing my daughter before she goes to bed and not seeing her at all until the next day. That's hard' (Maria).

Tracey said that missing your children's sports days and events 'can be absolutely heart breaking' (Tracey) and the respondents spoke emotionally but pragmatically about the lengths they go to in order to 'be there' whenever they can.

> 'My son was in a music concert which was in the evening and I was on nights. As the school was in my work area, I was able to agree with control to stand by there and the head teacher arranged for me to park in the disabled parking bay right near the gates in case I got a job so I could just dash out. On the way down there I got a job so I was late but I did see him, then discreetly left and got back to work. I wanted to be there for him at his concert. At age seven, it's important. He needs to know that mummy and daddy are both there for him' (Tracey).

In a similar vein, the need to demonstrate to themselves that their children were not 'missing out' meant that special occasions such as birthdays also took on heightened significance.

> 'I will make it a point of not missing my kid's birthdays. If I have to beg, borrow or steal to get the day off, then yeah, I will do anything' (Claire).

However, despite the importance they espoused regarding 'being there' for their children, the respondents' need to 'be there' (no matter how strong and how challenging the *inner battle*) never went as far as to impact on their absolute sense of responsibility to patients – evidencing their extraordinary job/patient attachment (s4.1.4; 4.1.5).

> 'Obviously you don't get lots of notice with the school plays and sports days. I've always had really good managers who have helped me have the time off in one way or another. But there was the one time where I was just not allowed time off. I did think, "well you know what I'm going to go sick", but I just couldn't do it. The service has been good to me as far as the children are concerned and at the end of the day, someone has to be there for our patients' (Sarah).

However, the pull to 'be there' and *maternal guilt* rises to a whole new level regarding Christmas. This is the key area where any 'resentfulness' regarding 'missing out' presented itself.

> ‘If there was one thing that I would want to change, it would be to always have Christmas with the kids. Before I had the kids I didn’t mind and I used to work every single Christmas to allow people who did have kids to have the time off. Now that I’ve got the kids **I want to be at home**’ (Tracey).

> ‘I don’t mind missing some things. But Christmas is really important to me. If I have to work, I try to make it that I work Christmas Eve night. Then I stay awake all day and then go back to work Christmas Day night if I have to. I’ve done it before because it’s important to me. I’d be gutted if I couldn’t have Christmas with my kids. I don’t ask for anything else, but I do want Christmas’ (Sarah).

However, it often doesn’t work out. Christmas Day is a particularly busy day and limited amounts of staff can be off. Whilst it doesn’t reflect their desire to be there with their children, which was no less than for their colleagues, five respondents [Annie, Abbie, Charlotte, *Josephine* and *Lisa*] dealt with it by being resigned to the fact that ‘what will be will be’ (*Josephine*) and it being an unavoidable ‘part and parcel of the job’.

> ‘You can’t have everything. You can’t enjoy your career and want to have shift work and then not expect to work Christmas. You are going to have to work Christmas at some point so you just have to adapt. If that means us having our Christmas on the 23rd because that’s when we’re all at home, then that’s what we’ll do’ (Charlotte).

However, for the more mature respondents, they had very much come to regret the Christmases they had missed. Notably, becoming a grandparent had given rise to an intense period of reflexivity regarding their life choices. They showed a noticeable level of emotion reflecting back on their lives and it was clear that, whilst they felt proud of the difference they had made to patients, they had a high level of regret about themselves and their children ‘missing out’ and were determined not to repeat this with their grandchildren. As a grandmother myself, this concurs with my own experiences.

> ‘The time with your grandchildren is far more precious because you have come to know how precious time is. I don’t know whether it’s because you’re forever

> with your children just treading water when you're bringing them up; you get by day to day. You never really stop and take stock; there's never time to. Whereas I suppose now you do. The whole missing Christmas and Easter, I think now that it was a hard thing to do. I don't think she suffered from it, she's never said to me "Oh I hated it because you weren't there". But I do think about it. I missed a lot of Christmases and Easters and I regret that now' (Elizabeth).

Thus, as is evidenced within this section, despite their commitment and 'work-centred' job attachment (Hakim 1991, 1995, 1996), paramedics are as susceptible to the *emotional dimension* of mothering (the 'motherhood knot') as other mothers. However, along with earlier women, they have 'resisted efforts to turn back the clock' (Jenson, Hagen and Reddy 1988: 5) by going to significant lengths to 'make it work' both practically and psychologically for them and their children – to the extent that their narratives evidence an adjusting of their mothering definitions. In relation to my respondents, the actions they have taken to make it work are evidenced in the final section of these findings (s4.2, What Women **Can** Do). By 'sharing' their childrearing and childcare with their partners/husbands (s4.2.1), making childcare choices that they are happy with (s4.2.2), maximising their quantity and quality of time with their children (including optimising their ability to be there at key times and events) through working hours decisions and most predominantly shift work (s4.2.3) and by separating their worlds as their means to minimising the psychological challenges associated with both (s4.4), their actions aim to minimise the 'dual burden' and *guilt laden* impediment to, or disablement of, their ability to enact their choices with the aim of potentially having the '**best of both worlds'**.

4.2 What Women Can Do

4.2.1 Childcare: A 'Shared' Responsibility

Mothers live in a physically immobilising situation. They aren't even free to walk out of the door and breathe fresh air without considering the fact that they are leaving their child(ren) unattended. For every second a mother spends out of the house working, she must have a replacement carer who she trusts to take her place. In 1987 Chapman (1987: 2) advised that women had the major responsibility for childcare and successive research (e.g. Gatrell 2005; Hobson and Fahlen 2009; Miller 2012) demonstrates that this is predominantly unchanged (s2.1.1). However, the picture painted by my respondents was wholly different both in a practical and psychological sense.

Chapman (1987) purports that: 'the whole problem of childcare is one that looms over working women like a nightmare' (Chapman 1987:30).

> 'Childcare is a thing that's really hard. You don't think it's going to be hard until you get round to it and you're trying to find childcare that you feel happy with and works with the job' (Abbie).

However, whilst it perhaps continues to be a 'nightmare', it has predominantly become a 'shared' one for my respondents. Only three didn't have childcare support from a husband/partner and in all cases these were divorcees. The remaining 17 respondents advised that their husbands/partners took an active part in raising their children including caring for them whilst they were at work. In two cases [Annie and Grace], their ex-husbands provided all their work childcare - Grace's ex-husband being retired from the armed forces and Annie's ex-husband being financially able to choose to work part-time. Notably, there was a very clear positive theme regarding the extent to which husbands/partners participated.

Within the 'working mothers debate', the 'disruption' of the family and espoused maladjustment of the child through its *separation* from its mother was discussed in the context of whether **daycare** leads to insecure attachment in children. In the post-WWII period, 'shared' childrearing generally referred to the mother *sharing* her responsibility

with *daycare* provision as opposed to the father (Brannen and Moss 1991: 2). However, in building on the success of the women's movement in increasing the *perception* that children have two parents (Apter 1985: 12) and in line with more modern day parenting (s2.6), the respondents had turned the 1980s *rhetoric* into *reality.* They spoke about the raising of their children being a 'shared' activity, about them being a 'team' and about childcare **with the father** being 50-50.

> 'We're 50-50, the way we run things looking after the girls. We're a good team. We have to be' (Laura).

Three respondents [Charlotte, Maria and Joanne] advised that, due to their husbands/partners working normal office hours, their husbands/partners did 'a little bit more' than them, particularly around the 'dropping off and picking up'.

> 'Shifts do work but only if you can fill the gaps. My other half works Monday to Friday 9-5 and that takes a lot of the pressure away. He does a lot including most of the picking up and dropping off at nursery. It's the only reason that I can work full-time' (Maria).

More significantly, the respondents spoke about their husbands/partners not being 'your old school male' but being 'hands on' (Zoe) and capable of looking after their children without their intervention.

> 'If we need to get our son's bag together, my husband knows he'll need a snack, a bottle, a change of clothes, enough nappies etc. So you don't have to organise two people in your house' (Abbie).

My findings here are contrary to that of Miller (2010) where it was found that whilst some of the fathers interviewed did take on regular solo caring for their children during evenings and weekends to facilitate their wives' part-time working, all 17 respondents required *debriefing* and *routines* 'as an essential aspect of being able to manage pockets of childcare' (Miller 2011: 1103). Furthermore, my respondents' confidence in their husbands/partners extended to looking after babies which, despite the move towards shared parenting, continues to be an area where men are seen to be lacking and where

women's expertise is required (Strazdins *et al* 2013: 89; s2.4, 2.5). E.g. Tracey's husband had been a single dad for eight years before they met so when her son was born she 'didn't think twice about leaving him with him' (Tracey).

> 'It's not like he couldn't cope with a baby. He's been there and done it before' (Tracey).

Thus, in contrast to the somewhat tepid adoption of "new fatherhood" and "shared parenting" found in other research, my respondents tended to epitomise the ideal model of 50-50 'equal shares' or egalitarian division of domestic labour in the fullest sense (Hochschild 2012; Gornick and Meyers 2009) and perhaps through their narratives they contribute to defining what "50-50" is in a way that thus far has been elusive (Deutsch 1999; Doucet 2015). At the very least, my findings add to the consensus across studies that gendered tasks and time are shifting towards greater equality (Doucet 2015; Coltrane 2000; Coltrane & Adams 2001; Perry-Jenkins, Newkirk and Ghunney 2013; Shelton and John 1996; Sullivan 2013) despite the proportion of men assuming equal responsibility elsewhere being currently very small (Bittman 2004; Bianchi *et al* 2006; Fox 2009).

In the mid-1980s, Apter (1985) argued that most women were 'jealous of their privileged position as mother and even though they may consult experts and increasingly expect their partners to assist in taking care of their children (s2.6) they believe that in the end, ***they know best***, and that they are the best at taking care of' them (*Emphasis added*. Apter 1985: 97). Despite my findings regarding shared parenting being contrary to the latter, women today are still seen by their partners (Miller 2010) and in wider society (s2.4, 2.5) to be the experts (Doucet 2009: 89). However, the views of 18 of my respondents were again counter to this and they had instead relinquished their stronghold on this privileged 'expert' position.

> 'My husband has said he'd be happy to go part-time instead of me if that worked better for us, e.g., if I got offered a promotion first. In fact, he'd probably be a better house-husband than I'm a housewife! He isn't the typical macho bloke, who's like "I'm going to beat my chest". He looks after us and it is very important that he feels he is doing that; he's very much in touch with his feminine side. He's also always recognised that I want my career and he's supportive of that. We

> make the decisions together because there isn't any hierarchy in our home. It's all about how we want to achieve our ambitions and both be great paramedics' (*Lisa*).

In fact, only Sarah and Jane spoke in a way that reflected Grace's (1998: 3) view that women are resistant to share the 'holy status' of mothering.

> 'I wouldn't want my husband to be the main carer. That wouldn't work for me. I would feel as if I needed to be there for them as well. I feel that role is beholden to me, that it is my responsibility and I will do that role the best that I can' (*Jane*).

> 'It should be 50-50. Men should do housework and look after the children as much as women. However, I'm a bit of a hypocrite because I will always say that our children are **mine**. Men only make a two or three-minute contribution. I played the biggest part in carrying them; I had them. So they should look after them but the snag is that when it comes down to it, they are actually **mine**' (Sarah).

Sarah and Jane's view reflects those of Apter (1995) in that: '*Mothering* means something different from *fathering.* To father is to be a biological parent. To mother is to bear a child, but also to nurture it, to care for it, to love it as a particular sort of person' (Apter 1985: 12). However, they were very much the exception reflecting the fact that such statements are more in keeping with the moral and social norms at play quite some considerable time ago (Duncan and Edwards 1999) which today are increasingly open to challenge (s2.6; Hays 1996; Miller 2007, 2010, 2011) as evidenced in these findings. Notably, there was little, if any, reference by the respondents to them being 'naturally' or 'instinctively' better at caring for their children (s2.6.3) with the exception of this statement by Sarah about the care of ill children.

> 'Dads can look after them when they are ill but let's face it, children want their mums when they are ill. I don't care what anyone says, kids want their mums when they're ill and in my opinion, no one will look after my sick child as well as I will' (Sarah).

But again this wasn't the view of the vast majority of the respondents – although we do need to bear in mind that the majority of the fathers were in health-related jobs and therefore perhaps more equipped to care for their sick children than the average father.

> 'I must admit that when Nathaniel was ill, even though my husband is quite senior, he had to take a lot more time off than me. I'd get the phone call saying Nathaniel has a temperature but I'd be in a different county, stuck on a job. My husband's got the desk job so although it's not easy for him to down tools and go, he has to. It can be quite difficult' (Claire).

In line with the 'shared' modern parenting model (s2.6.2; Glynn, Steinberg and McCartney 2002; Miller 2011, 2012; Crompton *et al* 2007), the respondents consistently referred to their children being 'theirs' [referring to both parents] and talked in the plural, i.e. 'we' and 'us' rather than 'I'.

> '**We** wanted to bring them up and be as hands on as possible' (*Lisa*).

> '**We** didn't want to use a nursery; that's not for **us**. **We** wanted to be at home when they were babies and look after them ourselves' (*Jane*).

The drive to cover as much of their childcare between them, if not all of it, was a consistent theme, not because of cost necessarily, but because 'being there' and 'hands on' was important to them. The respondents talked very positively about the need for their children to spend time with **both** parents, about it being 'healthy for them to have time with their Dad' without them there [Tracey], and about the better 'relationships' their children had with their fathers as a result. This reflects other research (Doucet 2013, 2005; Messner 2002), Government policy which has been progressively encouraging fathers' participation and societal views which purport the benefits of increased paternal involvement with a focus on the development of strong relationships between fathers and their children (s2.4.2).

> 'I think we've had a really good balance between me and my husband. Henry has been able to spend time with both of us. Predominantly with me (as I'm part-time)

but he's also got a good relationship with his Dad because he looks after him when I'm working' (*Lisa*).

There is no doubt that one of the most significant findings of this research is the extent to which the *responsibility* for childcare, and not just the undertaking of it, was predominantly a shared one. Contrary to the position generally, decisions about childcare and the organising of it was not an 'exclusively maternal undertaking' (Miller 2012: 39-52). In fact, in contradiction to other findings, none of my full-time respondents were implicitly expected to take sole parental responsibility for arranging childcare (Gatrell 2005; Hobson and Fahlen 2009) and/or dealing with additional short notice childcare requirements to the degree generally expected. It was only in relation to three of the four part-timers [*Jane*, *Josephine* and *Rachel*] that there was any residual leaning towards them being ultimately responsible for childcare.

'The main challenges about being a mother and working is that there is always the continuing care for the children. Like tomorrow I'm supposed to be teaching a paramedic update course but Richard has just dropped on me that he's now got to be in [*location removed*] for 10am so he can't take the kids to school. It's assumed that I have to make it work or change my plans. It's all fallen on me' (*Jane*).

'I have to accept the fact that because I'm part-time, I've got to do the unsocial hours working and be there for the children at school time' (*Jane*).

For these respondents, we can only conclude that women's 'dual burden' persists (Peter and Brown 1994: xiii) in relation to childcare and, in line with the findings of Smithson *et al* (2004: 115) and Cook and Waters (1998) regarding the damaging effects on their potential career advancement – EEAST had no part-time managers at the time of data collection[9].

'From a personal point of view, I do find it frustrating because I've always wanted to advance in my career. We've decided that I won't take a back seat but the reality is that it's me taking the time off for maternity leave and working part-time.

[9] Data provided by EEAST, Workforce Information Team, September 2012.

> When I see him doing well, there is a little bit of me that gets a bit frustrated. I'm really pleased for him and I encourage him but I do think, "that could be my job"' (*Lisa*).

However, with these few exceptions, on the whole the respondents' partners were embracing "new fatherhood" (Edin and Nelson 2013; Harrington *et al* 2011) and 'shared parenting' to a degree not generally evidenced elsewhere (Bittman 2004: 168; Bianchi *et al* 2006; Fox 2009). Somewhat surprisingly though, this did not extend to the same degree regarding housework. This is the opposite position to research by Lazaro, Molto and Sanchez (2004) which found that whilst men are increasingly contributing to the domestic housework, it is less the case regarding actual childcare. Furthermore, whilst my findings clearly evidence that the respondents had relinquished their privileged position and monopoly on raising their children (s2.5, 2.6.3) and, on the whole, the vast majority of their husbands/partners undertook varying amounts of housework, the 'expertise' they held in managing and undertaking domestic tasks was not as easily renounced as appears to have been the case for childrearing; the reason being because 'they can't do it properly' (Ellie).

> 'All the household chores fall to me. He's got no responsibility at all. I've made a rod for my own back as far as housework is concerned. We don't expect anything from each other. No-one's nagging the other to do the washing, ironing etc. But if I didn't do it, it wouldn't get done. Even when he offers to tidy up after dinner, I say "no". He doesn't put things back in the right place or wipe down the counter tops properly so I have to go in and finish it off anyway' (Laura).

Laura and several other respondents go so far as to say that their propensity to do the household chores when at home means that they don't spend enough quality time with their children – unlike their husbands who take an approach they are somewhat resentful of (s4.1.6(iv)). In fact, several said that they have moments when they feel that their husbands do a better job of childcare.

> 'I don't regularly take them for little days out because I'm washing and ironing, I'm tidying up and I'm hoovering. It's constant. I would like to think "stuff the house" but it's a constant battle in my mind. When I'm not working, I'm at home doing chores and looking after them, but Christopher takes them out. He's had

them all over the coast having fun at the beach and a little part of me thinks, "why don't I do that with them?" It's because when I'm out of the house, I'm thinking of all the things that have to get done' (Laura).

My findings here support the plethora of evidence about the parenting and/or childcare style of men being different from women's (Doucet 2009; Brandth and Kvande 1998; Plantin *et al* 2003; Messner 2002) in that it involved lots of physical activities and play with a tendency to get their children outdoors as much as possible (Doucet 2006). Notably, little attention was given by the husbands/partners to the carrying out of domestic housework particularly whilst they were actually looking after their children. This is in contrast to their wives/partners who retained a sense of responsibility and/or obligation to ensure that domestic housework tasks were completed, in line with the findings of Kan *et al* (2011: 236) and Bianchi *et al* (2000: 197). It is thus a curious position to find that female paramedics trust their husbands/partners with their children (stating that they are doing a "good job" at it), but not their household chores.

With regards to the high level of confidence the respondents displayed about their husbands/partners looking after their children, some of this is explained by the fact that eleven respondents' husbands/partners are also paramedics and one a doctor; their children are therefore in *safe hands*. However, what is clear is that the powerful internalised beliefs of women which were previously purported to have *driven* them to want to *personally* care for their children themselves (Apter 1985; Chapman 1987; Crompton 2002) have subsided in relation to my respondents (s4.1.6(iii and iv)) and the supposed 'lag' in fathers' modern-day desire for parenting and/or the new expectations of them (Wall and Arnold 2007) and what they actually do has predominantly been closed – counter to other research findings (Collett, Vercel and Boykin 2015; Dermott 2008: 19). In this case, "new fatherhood" culture and conduct are better aligned (Swindler 2001; s2.6.2).

Significantly, by moving to a position whereby they relinquish their exclusive mothering stronghold in the home and adopt a more modern ideological *shared parenting* standpoint and approach with willing partners (s2.6), my respondents bring about a solution to the predominant pre-requisites to their paid employment - the availability and affordability of childcare by someone they 'trust' - in one move (Dex *et al* 1996: 71; Chapman 1987:

2). With reference to McRobbie (2007: 18), choosing well from a range of partners has served to their advantage in the context of their life plans. It has meant that they have been able to relieve themselves of, or share, the responsibility for young children thereby facilitating their continued careers and identity as paramedics (s4.1.4(i)) as well as the 'economic independence' they speak passionately about (s4.1.3). Arguably, our feminist forefathers would have been proud of this approach from a tactical perspective – as it doesn't pit them against their children (Beechey 1987: 6) or portray child-caring as a problem to be solved in any overt way (Grace 1998: 12-13). However, one might argue that there is still a dependency on men despite the 1960s women's movements wanting to 'eliminate' this (Apter 1985: 27). In sharing parenting, have they not merely exchanged financial dependency with a dependency on men for **childcare**? Nevertheless, by adopting this changed mind-set and approach and giving heightened importance to the *quality* (as opposed to purely quantity) of time with their children (s4.1.6(iv)), the respondents go a long way to overcome the practical, but perhaps more importantly the *emotional dimension* of mothering which would otherwise impede the emancipation of these truly determined 'work-centred' women (Hakim 1991, 1995, 1996). However, as has been demonstrated already, even in this 'unique' situation, Hakim's view that lifestyle choice is determinative of women's workplace position does not hold true. As the remainder of these findings continue to evidence, there is a complex myriad of constraints which the respondents need to overcome in order to retain their paramedic careers (s4.2.2-4).

4.2.2 Childcare Choices

When discussing childcare, feelings were very strong indeed. All the respondents came across as needing to justify their decisions and arrangements. Whether this was to reassure themselves or to attain my approval was not clear. At a fundamental level, I feel that it shows the inherent and persistent nature of *motherhood guilt.* In this context, its existence, and the mechanism for countering some of its immobilising effects, is evidenced by the need to demonstrate to themselves and others that their children are well cared for when they are not with them and therefore that the *maternal separation* they are enforcing to fulfil their own 'selfish needs' is not harmful to their children (Apter 1985: 27) despite the ongoing disagreement on this matter between working and non-working mothers (Milkie *et al* 2015: 355).

Thus, all the respondents stressed the benefits of their *individual* childcare arrangements as being right for them (and their children) and often promoted them above and beyond other options. Significantly however, counter to the 'enemy within' discourse of the 1980s (Apter 1985: 6) and their strong avocations about their *individual* childcare choices, there was little criticism of other women's choices. Instead (perhaps reflecting the changing views of women and growing acceptance/expectance of women's employment) there was a strong theme that childcare and indeed, the decision to work or not, was a *personal* decision; that women need to do "what is right for them" (Tracey). In respect to this, the respondents spoke in terms which implied that they felt they had a significant level of free choice with regards to their lives. Arguably, this might reflect either of two positions. Firstly, that they are determined, confident and strong individuals who have a clear 'can-do' approach to life and can overcome any challenges; that they are 'agents of their own lives' (Flaherty 2012: 239) – and as such, if Hakim (1996, 2000) were right in her thinking, they are enacting their *absolute free choice.* Or, in the context of the views of Crompton and Harris (1998) and the myriad of constraints which are discussed throughout this thesis, they have a certain degree of ineptitude to 'make sense of the connections between their own personal lives and the structural forces that shape their lives' (Brannen and Nilsen 2005: 423). I suspect it is a complex combination of both reflecting the co-existence of structure and agency and people's varying levels of awareness of them and the extent to which they impact what they perceive their choices to be and their ability to enact them.

Returning to the matter of childcare, the respondents' views fell broadly into two opposing positions around formal institutional childcare. Five [Charlotte, Claire, Laura, Maria and Victoria] used nurseries as their predominant childcare and were advocates of formal childcare arrangements – in some cases above and beyond what they could provide themselves.

> 'She gets a lot out of going to nursery. The social interaction, the change of scene. She sees all these different people. She wouldn't get that at home. We would always have to be going out and planning activities and I'm not very good at that. I'm really not' (Maria).

In contrast to the view purported within the 'working mothers debate' that 'day-care leads to insecure attachment in children' (Brannen and Moss 1991: 2), the respondents who used formal childcare talked proudly about their children being more independent, confident and advanced as a result of attending nursery – although this positivity regarding formal childcare is perhaps to be expected given the promotion and (to a certain extent) provision of it through modern-day Government policy (s2.4.2).

> 'Nursery has brought Tom on in leaps and bounds. Everyone says his speech is amazing for his age and things like that. He is confident and happy. He's not clingy and insecure. I could leave him with you and go "Tom you're going to be with Tracey for a couple of hours, bye bye" and he would go "bye bye" and just let me go' (Laura).

Some also spoke about the benefits of nurseries having "proper structure" (Abbie). However, the overriding positive emphasis was that it was good for their children's socialisation – some seeing this as being fundamental for their child's development. In addition to the five respondents who used nurseries exclusively, this is evidenced in the views of Jane, Annie and Abbie who, despite having their childcare covered without the need for nursery provision, choose to send their children to nursery one day a week.

> 'We didn't need him to go to nursery for childcare but we wanted him to go so he socialised' (Annie).

With strong views around the criticality of having key social skills and life experience to be a 'good' paramedic (s4.1.2), we can perhaps see where their leaning toward the need for 'social skills' derives.

> 'Life skills and life experience is vital in this job. It's okay to have some of these new paramedics being young and coming straight out of university and out on the road but they haven't got the life experience and social skills you need to do this job – to talk to the elderly' (Julia).

Furthermore, paramedics generally find it difficult to socialise and/or choose not to mix with people outside of the 'ambulance family' (s4.1.4(iii)). The reasons for this include

the difficulties associated with working unsocial hours (s4.2.3); their draw towards others with a 'shared understanding' of the role they do (s4.1.4(iii)); and the fact that paramedics tend to be *humble* about the job and act to avoid the 'hero worship' (*Josephine*) that is often associated with the job from people outside (s4.1.4(ii)). Therefore, we can see why the respondents may feel the need for their children to socialise in a way they themselves feel they can't or that they find difficult.

Of note is the fact that despite eight respondents using nurseries successfully, they were not generally seen as being conducive to facilitating 24/7 working patterns, and certainly not any necessary night time childcare (which is available in only extremely limited places).

> 'You can't drop a child off at nursery at five in the morning and pick them up at eight at night. When you're on the road you could be off two or three hours late. It just couldn't work' (Annie).

However, with the growing trend toward unsocial hours and more unfixed working patterns, some nurseries are responding to the *flexibility* need. This was a vital requirement facilitating the use of nurseries (and ultimately their return to work) for three respondents.

> 'I'm very, very lucky. We had a nursery open up in our village a month before I came back to work – everything happens for a reason! They do flexi hours and let you do any hours, any day of the week, as long as you give them a week's notice. They don't even have a minimum hours requirement. It's just phenomenal' (Charlotte).

The opposing view about formal institutional childcare came from eight respondents who still had children young enough to need childcare. Despite Government promotion of formal childcare and the associated societal acceptance of it (s2.4.2), they sat firmly at the opposite end of the continuum to the nursery advocates and were as strong in purporting their *individual* choice as the opposing opinion. In these cases, they were not prepared to use nursery care **under any circumstances**. In respect to the reasons given for that, only Ellie and Sarah said that the cost of nursery care was a factor in that decision.

In fact, whilst five respondents engaged the help of the grandparents [Abbie, Joanne, *Lisa*, Sarah and Zoe], there was an overriding theme that **they** (meaning them, their husband or both of them) wanted to provide as much childcare as they could directly themselves.

> 'We've always wanted to be a family unit and be there for them. I moved to part-time and working all unsocial hours (nights and weekends) as Richard [a Paramedic General Manager] does Monday to Friday office hours. So when I'm not there, my husband is. They've always got contact with one of us. That's important to us' (*Jane*).

On asking how the respondents managed their childcare, Victoria said: 'Most of it on madness I think'. Abbie and others talked about 'muddling through'. Several of those who had grandparents to help recognised how valuable that was. However, whilst the respondents clearly felt comfortable relinquishing their stronghold on their children and sharing them with their husbands/partners (s4.2.1), there was a significant level of reluctance to sharing them with others, including grandparents.

> 'I don't like my mother-in-law having him too much. When I first went back to work, I was a bit like, "Oh goodness, if he goes to Nana Pat too much he might like Nana Pat more than me". I wasn't having that' (Abbie).

> 'My Mum is going to spoil her. That's what Nannys do. My Mum always said that she would look after my children so I could go back to work. Mum wants her to be able to stay over, but I'm not going to have that. Even if she is asleep by the time I get in, I would like to see her. It's not as if I'm a single parent, Mark is there. It's like she's wanting to get her hands on her 24/7' (Zoe).

This is an interesting finding given the Government announcement on 5th October 2015 regarding its intention to extend shared parental leave and pay to working grandparents in 2018 (www.gov.uk)[10].

[10] https://www.gov.uk/government/news/chancellor-announces-major-new-extension-of-shared-parental-leave-and-pay-to-working-grandparents

In many feminist writings about women's consciousness, women are often represented as victims of domestic oppression and familial ideology. However, women (like other social actors) do not always respond passively to what would otherwise be their ascribed role. As the actions and comments of my respondents demonstrate they devise strategies for coping with the *individual* situations in which they find themselves (Beechey 1987: 184). There is no doubt that childcare obligations are the driving influence in determining women's home and work roles (Miller 2012; Hobson and Fahlen 2009; Gatrell 2005; Witherspoon and Prior 1991; Kiernan 1992; VanEvery 1995). However, the respondents' three-fold approach to dealing with the whole childcare 'nightmare' (Chapman 1987: 30) goes a long way to reducing the effect of this constraint both practically and psychologically. Firstly, in line with more modern-day parenting (s2.6), child-rearing and childcare was a 'shared' parental activity and responsibility (s4.2.1). Secondly, they had sourced any additional childcare in line with what they (as a couple) considered is best for their child(ren). Thirdly, in contrast to my theory before commencing this research, they have optimised the use of shift work to their best effect (s4.2.3). Notably, 24/7 working may not be the barrier to women's presence in the workplace that I had thought, but a key facilitator of it.

4.2.3 Hours of Work Choices and Shift Work

(i) Part-time versus Full-time

In contrast to the position generally (s2.1.1, 2.1.2), within EEAST *cultural* and *practical* restraints severely limit the opportunity to work part-time, particularly at management levels. The main reason given for paramedic jobs is the practical difficulty of accommodating part-time work and/or job sharing into 24/7 shift rosters. This *organisational cultural reluctance* reflects the research findings about the commonly held prejudice of managers who reinforce the view that family-friendly working is 'a good idea but couldn't possibly work in my area of the business' (Glynn, Steinberg, and McCartney 2002: 16).

> 'There's nobody in management roles that works part-time. There was a lady that started with us in [*location removed*] but she left us because she wanted to work

part-time. We've lost someone that was good at their job because we weren't willing to be flexible on hours' (Annie).

Thus, whilst progress has been made over recent years (mostly in frontline paramedic roles driven initially by the legislative requirements giving employees the statutory right to request flexible working)[11], any part-time working within EEAST is not derived from *structure* and/or a 'pull' from the business as an organisational aim (Cook and Waters 1998: 315; Adler 1993; Barrett 1980; Brenner and Ramas 1984) but from *agency* (a 'push' from employees) that is often hard fought for. Notably, in contrast to the part-time working purported by Jenson, Hagen and Reddy (1998: 96), the employer preference here is for **full-time** working. The question therefore arises as to whether the working hours of the 16 full-timers are their *preference* or whether they are the ones who have been 'coerced' into working full-time because that is what is on offer (Jenson, Hagen and Reddy 1998: 96). Given that seven of them mentioned that they would "consider" [e.g. Grace] working part-time, either now or in the future, there is weight to this argument.

In discussing the reasons for working full-time, no respondents gave the unavailability of part-time hours or concerns over skills loss as a reason for it (s4.1.6(ii)) – notably regarding the latter this is perhaps to be expected as mandatory skills training applies to all paramedics equally. In fact, financial considerations played the predominant part in their decisions to work full-time. Five respondents [Abbie, Grace, Ellie, Claire and Sarah] advised that they would consider reducing their hours if they could afford it. This concurs with the view of Nieva and Gutek regarding the dependency between working hours choices and earnings requirements (Nieva and Gutek 1982) and the essential part that women's financial contribution makes today to family income (Ludwig-Mayerhofer *et al* 2011: 367-383; Burgoyne 2007; Jenson, Hagen and Reddy 1988: 4).

'I would never give up my work completely but if I didn't need to earn money, I would go part-time' (Sarah).

'If I could afford to I would go part-time and drop hours, definitely. My son's going to high school next year and I think I'm going to have to be at home a bit

[11] Employment Rights Act 1996. See www.acas.org.uk.

> more. People have said to me that it is when your children are teenagers that they need you at home more, not when they are babies or little. I think they're right' (Grace).

With regard to Grace's view about needing to 'be there' when your children reach adolescence, her thoughts are perceptive given the research findings of, e.g., Larson and Ham (1993), Rudolph and Hammen (2003), Barnes *et al* (2007), Crosnoe and Trinitapoli (2008), and Bianchi and Milkie (2010) about the positive influence of intensive-mothering during adolescence on outcomes (s2.6.1).

Claire had just returned from maternity leave and her preference would have been to reduce her hours. However, having 'just bought a big new house money was the deciding factor' and for now, she's returned full-time.

> 'Six months after I got pregnant [*second child*] we had the conversation. I imagined it would be part-time but my husband said "no, it's going to be full-time'. At that point we kind of had a 'barney' about it. This conversation before I had got pregnant would have been good. It is so difficult, especially on days like today. I didn't get to bed last night until one because my shift overran. Then the kids were up at six and I'll be on today until at least half eleven. So I've agreed to give it a trial period but if we're exhausted or if we're missing out on things, I will cut down my hours and we'll just have to batten down the hatches' (Claire).

What is of note here is that Claire is not seeing economic necessity as important as worries about 'missing out'. In line with the findings of Duncan and Edwards' (1999) research on lone mothers, despite a situation where one would expect economic necessity to be particularly important, in Claire's case, economic cost-benefit calculations appear to be secondary to moral and social norms (Duncan and Edwards 1999:3) and her maternal definition. However, this was not the case for her spouse where economic considerations were foremost – although this is perhaps to be expected given the priority given by men to economic provision. What is also demonstrated in the case of Claire and her husband is that the attitudes of husbands towards their wife working do still factor into their decisions (Nieva and Gutek 1982; Doucet 2006; McMahon 1995; Mauthner 2002) – albeit they have predominantly moved from encouraging the 'home-maker' to modern-day

expectations of dual-earning households. Notably, as is the case for Claire's husband, the attitudes of the husbands/partners about their wives/partners working hours in this study generally arose from financial considerations. However, counter to Claire's husband, this was not always purely about economic need but also about balancing economic need with family life and commitments. For instance, where economic necessity or wants required full-time working, husbands/partners encouraged it. However, where the 'family' could afford for part-time hours, this was generally the *preference* of the respondents' husbands/partners. The influence of their husband's/partner's view is demonstrated in, for example, Laura's case. Laura was extremely keen to remain full-time but acknowledged that her unsocial hours shift working was affecting the amount of time they could have together as a family. As they could afford it, her husband [a doctor] pressed for her to reduce her hours.

> 'Twice a month I do a Saturday night. He's then at work all week and off at the weekend when I'm in bed. So we're not getting family time with all four of us together. Twice a month he's having to take them out at the weekend on his own so he's also not getting any downtime. He was a bit … I suppose resentful is probably the best way of putting it. So he instigated me reducing my hours. It wasn't a case of, if you're going part-time, it was: "When? This isn't working"' (Laura).

Thus, whilst economic considerations were the strongest influence on working hours (s4.1.3; Appendix M), they were not the sole determinant. Other factors such as motherhood experiences, the difficulties associated with making it work practically "as a family" (Laura) and childcare considerations (s4.1.6) as well as coping with physical tiredness (s4.2.1, 4.2.2) also had varying effects.

With regards to the working hours decisions of the part-timers, two advised that they would not wish to increase their hours at this point in time [*Josephine* and *Lisa*] with Lisa saying that her choice gave her the '**best of both worlds**'.

> 'I probably do have the best of both worlds to be honest. Working part-time, two shifts a week is lovely. I can go out and be me, Lisa the paramedic rather than Tom's Mum. It gives me that stimulation that I need. I think if I was not working,

> I would go a bit stir crazy. I need that adult conversation and I need to be able to use my brain. Not just talk about children and nappies and potties and what they are doing next and stuff. I definitely think I've got a really good balance' (*Lisa*).

Jane said that full-time working hadn't ever been an option due to their childcare preferences but Rachel spoke about her wish to return to full-time working which, due to childcare restraints, wasn't viable.

> 'I would like to return to full-time but we've worked out how often the kids would have to be left overnight without us and it's just not viable to cover them. So we're looking at a lot of years till I can go full-time' (*Rachel*).

With regard to Rachel, this supports Crompton and Harris's (1998) assertions that 'lifestyle' choice [women's attachment and propensity to work] is not a sole determinative factor. Even 'work-centred' women such as Rachel don't have *free choice* (Hakim 1996, 2000). In line with Crompton and Harris's (1998) view, and that of my own, this research has found that the working hours choices of **all** female paramedics are made within frameworks of complex macro and micro influences and constraints which have varying levels of effect and impact at an ***individual*** and/or household level (s4.2.3; Appendix M). Furthermore, my research challenges Hakim's views where part-timers are categorised as '*adaptives*' as opposed to 'work-centred' (Hakim 1991, 1995, 1996). Women's working hours choices (the amount of hours they can work) is not wholly correlated to their level of attachment to the job as Rachel's narrative evidences.

Nieva and Gutek (1982) advocate that 'whether women choose part-time or full-time is heavily dependent on their *individual* assessment of: (i) how much time they want (or feel they need) to spend with their children; (ii) how much money they need to earn; and (iii) the availability and affordability of childcare' (*Numbering added.* Nieva and Gutek 1982: 31). However, this misses out an important fourth factor that I first identified in my previous research 18 years ago (Leghorn 1998: 135). This factor relates to their '**personal needs**' (Appendix M) which includes their *attachment to work* or, in the words of Hakim (1996, 2000), their *orientation to work* (s4.1.4).

When I asked Tracey if she loved working or loved this particular job she said:

> 'I love **this** job. If I was still working in an office for example, I'd almost certainly have cut my hours, if not, given up work and made do with whatever that meant financially' (Tracey).

Regarding the aforementioned three factors purported by Nieva and Gutek (1982), it became very apparent by my ninth interview that female paramedics see shift work as the means to achieving these three ends; optimising the time they can spend with their children whilst earning (predominantly a full-time wage) and reducing the need for (and cost of) childcare. However, despite the benefits of shift work in this regards, consideration of unsocial hours working and its consequences on motherhood had not factored into their decision to join the service (s4.1.1).

> 'I didn't think about the working hours before I joined; not at all. I was single, I was young and it was something I wanted to do. I never thought about five or ten years down the line when I'd be married, have children and need to juggle the home and work; balance life. I was 22 and so didn't think about it' (*Jane*).

> 'No, I didn't think about the working hours, not really. And I didn't think about them in relation to childcare. We had Jacob and then suddenly sat there one day and went: "Oh bugger, what are we going to do"' (*Rachel*).

(ii) Shift Working

Part-time working has historically been 'seen as an important means of enabling women to participate in the world of paid employment' (Beechey 1987: 150; s2.1.1). However, only 22% of female paramedics within EEAST work part-time. So how are the 78% full-timers, who are mothers, managing to combine work and motherhood? In absolute contrast to my original theory that shift work impedes women working, this research has found that it **facilitates** the respondents' ability to work, both practically and psychologically, as it reduces the reliance on childcare (s4.2.1; 4.2.2) and optimises the (quality and quantity) of time they have with their children (s4.1.6(iv)); thereby overcoming **the** two major barriers to women's emancipation.

Four respondents specifically said that working shifts not only facilitated their ability to work, but to do so full-time.

> 'Most people think working shifts is harder than 9 to 5 days. But it's the opposite; it's easier. I couldn't have worked full-time with a young family if I didn't do shift work' (Sylvia. Mother of five).

More fundamentally, shift work was seen as 'serving their needs' (VanEvery 1995) regarding reconciling the demands of 'work and motherhood'.

Firstly, it reduces the cost of, or need for, childcare.

> 'Doing shift work has enabled us to bring the children up without having to pay for a child-minder' (Ellie).

> 'I worked 12 hour shifts of two days, two nights and four days off, so child-minding was cheaper. I only needed it one/two days a week to cover my day-time shifts. I couldn't have worked Monday to Friday 9-5, I don't think I could have afforded the child-minders' (Sylvia).

> 'People say: "Oh, I couldn't work shifts", but I would rather work shifts than work Monday to Friday 9-5. The benefit is that there is only two days that I needed to find childcare. The nights aren't a problem as you have your husband. If you worked office hours, you'd have to have five days' childcare. That would have cost a fortune for me with four children' (Sarah).

Secondly, shift work was seen as facilitating more 'quality' time with their children – although it might be arguable whether they do mean *quality* or *engaged time* in the sense that it is described by academics such as Milkie *et al* (2015).

> 'Eva goes to nursery two days a week. If she went Monday to Friday, I wouldn't feel like I see her because it would just be dinner and bed really' (Victoria).

> ‘If I worked Monday to Friday, you would be paying for full-time nursery and wouldn’t really see your children. You would just be giving them to someone at the beginning of the day and bringing them home at the *cranky* end of the day. That would be really hard. You would see a lot less of them’ (Maria).

> ‘Working shifts works really well with working full-time and being able to juggle things. If I had a job that was Monday to Friday 9-5, I’d be dreading going back after my maternity leave because that’s a massive chunk out of your children’s lives. I work two days, two nights and then have four days off. So there are only two days a week that I miss out – because when I’m on nights they’re asleep. So I find that it’s a really good balance and I can see it fitting me perfectly for years to come’ (Charlotte who is pregnant with her second child).

This is further evidenced in Abbie’s case. Abbie had been required to work ‘alternative duties’ whilst pregnant and this involved working office hours. However, she said she got upset as she felt like she was ‘missing out’ on quality time with her son so she asked to be moved back to 12 hour shifts.

> ‘Working shifts means that I have more days off. If you work five office days, you might get home in time to give your children their bath but they’ve come home from childcare and they’re tired and grumpy and you’re tired, so you’re like “let’s get you bathed and into bed”. I felt so bad for thinking that just because I was tired and needed a rest. It meant I wasn’t really enjoying my time with him whereas I get four whole days with him working 12 hour shifts. How many other mums get four days with their children and work full-time? You can do nicer things in the daytime. I take them to the park, to toddler and music groups. We have days out and stuff like that. If you work five shorter days, then it’s all about getting them up and to childcare and getting them ready for bed. You don’t get to spend quality time doing nice things. I would have to re-think my working hours if I had a job requiring 9-5’ (Abbie).

Thus shift work represents a major facilitator of women’s employment (and, in this case, continuance in a professional career). However, it doesn’t eliminate women’s

dependency on their partners/husbands for childcare, nor, given their views regarding the benefits of 'shared parenting' for their children, would they want it to (s4.2.1, 4.2.2).

At the time of data collection, eleven respondents had husbands/partners who also worked in the service and, like Ellie, spoke about this assisting them to manage their childcare. For example, they spoke about making it work by doing 'opposite' shift patterns.

> 'Well sometimes, rightly or wrongly, we hand him over at work. It's not very often but it does have to happen sometimes. So we'll drive him in. However, if one of us wasn't back from shift on time, we'd have problems. I don't know where we'd stand with that work-wise but if we literally can't get anyone to help, we have to' (Joanne).

Although there were others who would not go to these lengths.

> 'Having both of you work full-time on shifts is impossible in this job. You can't bring your child to work and swap them over at half past six in the morning' (Annie).

Those who had husbands/partners from outside the service said that having their husbands/partners work office hours worked better for them.

> 'If you want to work shifts, you at least need a partner who doesn't work shifts because you need someone to be there in the night time. Or you need to live near your parents. In this job, you can't go back to work and say, "I can't work this or that". It's a 24/7 job' (Julia).

Notably, whether by working shifts or otherwise, and/or utilising additional childcare, the vast majority of respondents were sharing the responsibility and the undertaking of childcare with their husbands/partners (s4.2.1). They were working together, as a couple, to develop parenting and childcare strategies which accommodated them both working. Research shows that rewarding and supportive jobs benefit employed parents with regard to their mental health and that this has a protective 'reach' across generations to their children. Notably, there is evidence that where both parents have jobs that support their

caregiving (as is the case here), this protective reach has the effect of their children having fewer emotional or behavioural difficulties (Strazdins *et al* 2013: 105; s4.2.1). The modern-day ideal model of dual-working and shared parenting (Hochschild 2012; Gornick and Meyers 2009) is therefore beneficial on several levels.

However, although working shifts reduces the practical and psychological constraints associated with maternal employment, it is not without its drawbacks. Whilst shift work can act as a mechanism to facilitate women's ability to work (and work more hours than might otherwise be viable) and it optimises *quantity* and *quality* of time with their children (s2.6.1), it comes at a physical cost. Not only is the job itself a 'physically' demanding one and not without risk in that regard, the tiredness associated with shift work, and particularly combining it with mothering young children, was a consistent area of discussion by the respondents. If there are 'sacrifices' to be made to be a paramedic mother, this is **the** sacrifice – the respondents' own physical wellbeing which they put well after the needs of their children.

> 'When you haven't got kids, you have the luxury of sleeping when you want. Once you have kids you just have to learn to function on less sleep and become a bit more resilient. Since having a child, you don't get to put your needs first anymore, so you just get used to functioning on less sleep' (Maria).

> 'It's got easier as Lily has got older but it is still hard. Coming off a night shift and staying up to get your child to school is exhausting. Then being up to collect them. It's horrendous, it's tough. But you're a Mum, you do it don't you? You just carry on; you don't have a choice. You do the job that you love to do and if you want to carry on doing it, you have to fit the family around it' (Julia).

In addition to Maria and Julia, four further respondents [Claire, Joanne, *Josephine* and *Lisa*] spoke about extreme sleep deprivation. However, this time it was not about the impact on themselves, but their ability to do the best for their patients (s4.1.5).

> 'I was really worried until about a month ago as my daughter wasn't sleeping. I am no good without sleep. I was in tears with my husband saying I can't go back to work because she's been up every two hours. How am I going to go do a shift

> and defibrillate people and cannulise people if I'm dog-tired? It was a big concern. I was sleep deprived and everything was kind of a bit fuzzy. I spent ten minutes trying to get into someone else's car when I'd been out shopping one day as I just couldn't function. The thought of then coming back and driving at speed and doing the job was terrifying. But then a month ago she started sleeping through and life got a bit better' (Claire).

In ambulance services and other 24/7 environments, it is thus *shift working* which provides a key mechanism to facilitate maternal employment. Rather than acting as a barrier or constraint, it can provide an equilibrium between the demands of both worlds. In particular, it facilitates the meeting of the respondents' **compelling** needs to 'be there' at key times and events in their children's lives when their *inner voices* are dictating that they should be (s4.1.6(iv)) and their *childcare* 'wants' (s4.2.1; 4.2.2). In short, it reduces the reliance of childcare and optimises the *quantity* and *quality* of time that can be spent with their children (s2.6.1) – the latter having been found in successive research to matter to children's outcomes (e.g. Bianchi (2000); Price (2000); Villena-Rodan and Rios-Aguilar (2011); Milkie *et al* (2015); Bono *et al* (2015); and, Kalil and Mayer 2016). Furthermore, it can often facilitate the ability to work full-time where this might otherwise not be viable. In doing so, shift work has the potential to reduce the 'dual burden' which remains prevalent for part-timers and thus the associated negative effects on future pay (Smithson, Lewis, Cooper and Dyer 2004: 115) and career advancement (Cook and Waters 1998) that are particularly associated with part-time working.

4.2.4 Managing the Psychological Demands: Two Separate Worlds

There is no doubt that there are significant psychological demands associated with being a paramedic. Arguably, this gives rise to an oxymoron. Whilst psychological demands act as a constraint which needs to be overcome in order to do the job (i.e. through personal resilience and other coping mechanisms), it is also where the fundamental draw for the job arises, i.e. the compelling need to 'be there' to help people in their hour of need and make a difference to the lives of their patients (s4.1.4(i) and 4.1.5).

> ‘There are a couple of jobs that I’ve been through that I just think “Do I really want memories of this? Do I really want to see this?” Because when they say ignorance is bliss, it’s kind of true’ (Victoria).

> ‘I had a severed arm on my first night shift, I couldn’t sleep or eat for two weeks. I thought: “What the hell have I done?”’ (Grace).

Akin to the teaching respondents in research by Thompson and Kehily (2011), my respondents spoke about how their professional knowledge and mothering experiences were sometimes in conflict, prompting them to re-evaluate their practice in both domains. They spoke about how being a paramedic (and perhaps knowing too much) had impacted on them as mothers – some becoming overprotective, others having less tolerance for their children making a fuss about something that “wasn’t going to kill them” [Elizabeth]. Many said they had become more confident with babies, more empathetic overall and ‘softer’. However, the heightening of their more *feminine* side had brought its own new challenges.

> ‘I’ve found that the strangest thing is trying to fit the two lives together. When I’m at home with Jake everything’s fun and lovely and then you go to work and it’s like death and destruction. I really struggled when I first went back to separate myself. It’s two identities in theory; that’s what I feel that it’s like. I’d been a mum for nine months and that was what my role was and then suddenly I was a paramedic again, but then the next minute I’m home and Mum again’ (*Josephine*).

Some respondents [including Claire, Elizabeth, *Jane*, *Josephine* and Victoria] said that being mothers had infiltrated their work-self and some (although certainly not all) said it had unavoidably given rise to unhealthy levels of heightened empathy.

> ‘The first paediatric job I did after I came back from Nathaniel [*her first child, now age 3*] was horrific because you’ve such a level of empathy; not only for the child but for the mother as well. You put yourself in their shoes. Working on child jobs does change a lot when you’re a mother yourself’ (Claire).

However, despite varying levels of success, all the respondents recognised the need to keep both worlds separate. Firstly, for work not to encroach on home.

> 'I live two lives; they are separate. I can actually switch between the two quite easily. I don't take the job home with me' (*Jane*).

> 'By the time I get home I've processed everything, and got into home mode. I switch off. It doesn't make me a cold person but it's how you do a job like this' (Maria).

Secondly, the need for home not to encroach on work. However, the reason given wasn't in order to cope with *maternal guilt* (perhaps because 'maternal guilt' about working *per se* didn't factor significantly in their work/mothering experiences (s4.1.6(iv)), but instead in line with their primary patient focus (s4.1.5).

> 'This may sound awful, but when I'm at work, I don't think about my son. I switch off and go into work mode. I know he is safe and being cared for so I can concentrate on doing my job and looking after my patients' (Annie).

As was the case in the research by Thomson and Kehily (2011: 233-245) into the lives of teachers, 'negotiating the boundaries between work and motherhood produced a troubling reflexivity in which difficult feelings emerged and collided'. Akin to three of their respondents, the paramedics talked strongly about the need to not integrate their maternal selves into their working environment.

> 'Now there is the fear that I will be looking at baby and children jobs from a mum's perspective instead of from a paramedic's. It's important that I don't. They don't need another mother. They need me to be a paramedic' (*Josephine*).

However, despite their best intentions, this wasn't always possible. The openness in which my respondents emotionally recounted jobs involving children and shared the impact of it on them with me will live with me forever. I have intentionally not included details in the interests of the patient families. In one case, a respondent recounted seeing "their own child's face" [Lisa] on the child they were resuscitating. Another spoke about

the tragic death of a young teenage couple at a time when their own child was an adolescent – memories they would take "to their grave" [Sylvia]. The respondents thus worked hard to separate the professional and personal. I would argue that, irrespective of the overriding reason for not taking home to work, this 'separate worlds approach' and 'switching off' meant they broadly overcame the *emotional dimension* associated with taking *maternal guilt* into the workplace (s4.1.6(iv); Hakim 1991, 1995, 1996; Crompton and Harris 1998). It may therefore be of benefit as a coping mechanism for other women.

In utilising coping mechanisms such as they might use to manage the psychological demands of the job, the respondents (either consciously or subconsciously) are *actively* managing the most powerful, psychological impediment to their emancipation (s4.1.6(iv)). Together with the other actions, approaches and strategies discussed in this thesis (s4.2), these *inspirational* women are doing all they can to not be helpless and powerless 'victims' of the factors, influences and/or constraints that have been discussed. They are *caring* and determined *individuals* who are paramedics and mothers. Compelled by an exceptional level of work attachment (s4.1.4), these *individual active agents* are combining work and motherhood in the most demanding of work settings and jobs. However, as these findings have evidenced, whilst the level of work attachment **can** inform the extent to which the respondents **want** to achieve their work choices and the lengths they are prepared to go to achieve them, their work attachment or *orientation to work* in itself, irrespective of how strong, is not the sole determinant of their workplace position. There is no such thing as *absolute free choice* (Hakim 1996, 2000). The respondents have had to successfully minimise and/or manage a complex myriad of practical and psychological constraints (Crompton and Harris 1998) in order to achieve their preferred choice to combine the '**best of both worlds**' as far as it is reasonably possible to do. Notably, as is the case here, work choice can extend to the 24/7 environment and careers if women **want** it enough and **can** overcome the constraints.

'The best of both worlds isn't easy but it's worth the challenge' (Charlotte).

5 CONCLUSIONS

In conclusion, throughout the capitalist world, the feminisation of the labour force has become a fact of life and remaining in employment following the onset of motherhood the norm (Doucet 2006: 696-716). The strength of women's desire for paid work is evidenced by the fact that their existence in the workplace has continued to grow even during periods when we would expect otherwise and more recently it is increasingly growing in relation to full-time work. By 2015 women accounted for 39% of all those working full-time (ONS, May 2015). This is in spite of our lingering patriarchal capitalist society origins, the persistence of 'mothering' *ideologies,* gendered moral rationalities and traditional maternal scripts (Milkie *et al* 2015; Doucet 2006; McMahon 1995; Mauthner 2002; Gerson 1985: 4), the difficulties associated with childcare, and the strength of women's *inner voices* and *emotions* which, **if they let them**, would pull them in the opposite direction. However, the macro-economic, structural, societal and ideological context in which we now live as well as changing male attitudes (s2.6.2) and the slow but steady shift towards modern parenting approaches (s2.6.3) do appear to be opening up more opportunity. This is positive given women's increased draw to the workplace whether this be due to economic necessity (Ludwig-Mayerhofer *et al* 2011; Miller 2010; Burgoyne 2007) and/or reasons beyond working 'solely as a means of supporting their family' (s4.1.3; Glynn, Steinberg and McCartney 2002: 13; Duncan and Edwards 1999: 3). Notably, women have become more strongly attached to the work (s4.1.4; Glynn, Steinberg and McCartney 2002; Furlong and Cartmel 1997). It has become important to their identities (Glynn, Steinberg and McCartney 2002: 7-9) and is increasingly equated with their self-esteem and sense of 'pre-baby' self (Miller 2012: 39-52).

In the associated literature, issues around working hours focus generally on the part-time versus full-time debate as opposed to consideration of *when* those hours are required to be worked and the impact of that on women's life choices and career options. In ambulance services, the challenges associated with combining work and motherhood are particularly acute and female paramedics must grapple with the practical difficulties that 24/7-365 working requires as well as their inherent psychological conflicts – the need to 'be there' for and/or save the lives of patients in their hour of need (s4.1.5) against their need to 'be there' for their own children (s4.1.6(iv)). Despite this, circa 39% of all

frontline paramedics within EEAST are women and over 78% work full-time hours on 24/7 rosters. The question therefore arises: *how* and *why* are paramedics successfully combining motherhood and a professional full-time career in one of the most practically and psychologically difficult work roles/settings? The role of paramedic is attributed with an enhanced level of job fulfilment as reflected year-on-year in annual NHS Staff Survey results[12]. Is the proportionally high number of full-time female paramedics and their high level of job attachment a coincidence, or, in line with Hakim's thinking (Hakim 1996, 2000) is job attachment the key factor contributing to, or even determining, their workplace participation? Is it as Clausen (1991: 805) states and 'life course is a creation of the person'? **The aim of this research has been to use the unique emergency ambulance service career/work context, where there is this well-recognised high level of job attachment, to explore Hakim's assertions about women's work attachment or *orientation to work* being the sole determinative of their workplace position (Hakim 1996, 2000).** The research has found that the paramedics' level of work attachment or *orientation to work* contributes significantly to their workplace outcomes (s4.1.1-5). However, counter to Hakim, it was not *determinative* of their workplace position to the extent that they *ultimately* had absolute free choice (Hakim 1996, 2000). There are a myriad of factors that act to limit the extent that women can be 'agents of their own lives' (Flaherty 2012: 239). Notably, it is the strength of the relationship between work attachment or *orientation to work* and women's workplace positions which is at the heart of the difference of opinion between Hakim (1996, 2000) and Crompton and Harris (1998) and to which this research has provided a unique opportunity to add to knowledge. Whilst this research has found that personal preference undoubtedly influences women's choices (e.g. s4.1.6(iii); 4.2.3(i)) and the lengths they will go to make them happen (s4.2), the lack of any serious consideration of the potential effect of constraints on women's ability to enact their preferred lifestyle choices is a weakness of Hakim's theory (Crompton and Harris 1998: 123). Even *active agents* don't exist, or make their choices, in a vacuum (Nieva and Gutek 1982: 38; Crompton and Harris 1998).

Contrary to Hakim, my findings support Crompton and Harris's (1998) view that 'orientation to work' is not an *independent* variable explaining women's employment patterns in itself (Crompton and Harris 1998: 119-131). In attempting to understand why

[12] Published by NHS England at www.england.nhs.uk.

women end up in the jobs they do, it is important to appreciate the context in which women make their life choices at any specific point in time - indeed what they perceive their choices to be (Brannen and Nilsen 2005: 423; Clausen 1991; Goodwin and O'Connor 2003; Roberts 1975). This comprises of a multitude of micro and macro factors, influences and/or constraints (s2). This research has found that even the most determined and dogmatic 'work-centred' women (as is the case here) don't have free choice (s4.2). In line with longitudinal data from other research, respondents with similar preferences (levels of attachment and orientation to work) but with differing degrees of capacity to overcome constraints at an *individual* level have different workplace participation (McRae 2003: 317). For instance, my research found that there were full-time female paramedics who were passionate about their jobs but who would have considered reducing their hours if it weren't for financial needs, and there was a part-timer whose strong *preference* would have been to work full-time but for whom childcare constraints and the view of her husband impeded that *choice* (s4.2.3(i)). Arguably, as *orientation to work* wasn't found to be the sole determinative of the paramedics' workplace position here where job attachment is so exceptionally high, this research provides evidence that disputes Hakim's view that orientation to work is, or can ever be, a sole or independent determinative. Whilst this research has found that the strength of their attachment to work has correlations with the lengths the respondents will go to 'make it happen', ultimately, no matter how much they **want** to, the choice to work and the hours they want to work are only available to those women who **can** overcome the myriad of constraints (s4.2).

However, women are not helpless and powerless 'victims' of the factors, influences and/or constraints discussed throughout this thesis. The research respondents are mothers and paramedics and therefore, to varying degrees and based on their *individual* circumstances, they have successfully minimised and/or managed the practical and psychological constraints which would otherwise debar them from working (s4.2). Furthermore, they have done so in a highly demanding job in a 24/7 career setting. In investigating *how* and *why* the respondents have been able to successfully do this, the research focused on two broad areas: a) what women **want** to do; and b) what they **can** do. In doing so it explored: a) **what** the respondents **want** in both worlds and the extent to which they want it, taking account of the potential effects or impact of their **wants** in each 'separate' world on the other (s4.1); and b) **how** they have overcome or minimised the constraints so that they **can** achieve their **wants** or, at least reach the right balance of

the 'best of both worlds' to their *individual* satisfaction (s4.2). If Hakim's theory was wholly correct, for women who have a strong orientation to work, what women **want** to do and **can** do would always be one and the same thing. However, this was not found to be the case.

Having spent nine years in the ambulance service and undertaken this research, there is no question that, on the whole, and somewhat exceptionally vis-à-vis other occupations, female paramedics have an extraordinarily high level of *attachment* to their job. As the research findings have evidenced in the *voices* and actions of the respondents, contrary to Hakim's categorisations (Hakim 2000), **this applies to part-timers and full-timers alike** (s4.2.3(i)). However, in depth assessment of from where their attachment derives is beyond the bounds of social science but a general understanding about what draws them to **want** to be paramedics is important to contextualise, and as far as is reasonably possible, demonstrate the extent of their attachment. In relation to this, whilst financial self-sufficiency was found to be a significant factor in their orientation to work *per se* and thus should not be discounted (s4.1.3), and the negative aspects of their mothering experiences also contributed (s4.1.6), it was the respondents' draw to the job itself from which their exceptionally high job attachment and propensity to return to work after maternity leave arose. Notably, their draw to *care* for people and the need to be out there 'saving lives' and 'making a difference' (s4.1.1 and 4.1.4). Contrary to other research (Martin and Roberts 1984; Healy 1999; Davey, Murrells and Robinson 2005), with the exception of Elizabeth, their attachment to work went well beyond the financial (s4.1.3).

Where financial considerations did play a significant part was regarding 'affordability' decisions about their length of maternity leave (s4.1.6) and, to varying degrees, the hours they returned on (s4.2.3). However, decisions around working hours were highly complex and *individual* (as depicted in my 'Working Hours Decision Model' at Appendix M) and not wholly synonymous with their levels of attachment to the job as mentioned above (s4.1.4). Contrary to Hakim's theory regarding 'adaptive' part-timers, I would argue that <u>all</u> my respondents (with the exception of Elizabeth whose attachment had become purely financial) would be better described as 'work-centred' (Hakim 1991, 1995, 1996) irrespective of their working hours. As such, in congruence with the findings of the Roffey Park Institute in 2002, whilst the respondents had a high propensity to **want** to be financially self-sufficient (s4.1.3), they were 'not at work solely as a means of

supporting their family' (Glynn, Steinberg and McCartney 2002: 13) or 'economic necessity' (Ludwig-Mayerhofer *et al* 2011: 367-383; Burgoyne 2007). Whilst financial need gives rise to 'normal' levels of job attachment, I would argue that it is not sufficient to generate the heightened levels of attachment under discussion here. For instance, nine respondents spoke proudly, passionately and emotionally about the job being their 'sense of identity'; that being a paramedic **defined** them (s4.1.4(ii)).

Discourse in the 1990s said that the opening up of increased workplace opportunities meant that girls were seeing occupational choice as '**reflecting** their identity' (*Emphasis added.* Riddell 1992; Sharpe 1994 in Francis 2002: 11). However, this represents an 'outward' projection of the individual's identity which they wish to align to a career choice. In contrast, well beyond this (and Davey, Murrells and Robinson's (2005) findings regarding 'work situation identity') female paramedics (to varying degrees) **derive** their identity **from** the career (from the 'outside' in). It is this propensity to align themselves 'proudly' with the profession and what they do, including adopting *adapted personas* whilst wearing 'the uniform', that contributes to their level of job attachment (s4.1.4(ii)). In, addition to their *individual* paramedic identities, there is also a strong sense of *collective* belonging born from a 'shared understanding' of the job and their reluctance to mix outside of the ambulance world where public fascination with their work makes it difficult to freely socialise. This gives rise to a level of attachment to colleagues and the service that perhaps doesn't exist outside emergency work settings (s4.1.4(iii)). In short, being a paramedic is 'a way of life' (*Lisa*). However, by far the largest contributor to their work attachment is the job itself and their draw to 'be there' for patients and 'make a difference' (s4.1.1) across all areas of their work (s4.1.5). It is this which drives them to go to significant lengths to overcome or minimise the constraints in order that they can do the job they love (s4.2). However, they aren't looking to do so at the exclusion of motherhood; they want to do both (Glynn, Steinberg and McCartney 2002: 13).

The emotion and love with which the paramedics spoke about their children was unquestionable. Whilst they clearly had a strong 'work-centred' (Hakim 1991, 1995, 1996) affiliation and the vast majority (13 of 14) who had not yet become mothers when they joined the service had chosen to progress through to paramedic before becoming mothers, on the whole the respondents saw mothering as something they wanted in their

lives (s4.1.6(i)). Furthermore, having had their children, several spoke about their affection and protectiveness of them as their ultimate priority (Apter 1985: 6). However, choosing to progress their career as the priority ahead of having children should not be seen as any reflection on their attachment to motherhood (s4.1.6(i)). Instead it represents the fact that women are not helpless and powerless 'victims' of the factors and/or influences discussed throughout this thesis including their propensity to **want** to mother (s4.1.6). In making conscious choices about when to progress their career and when to have children, these respondents took control of their lives in an attempt to have the fulfilment that can come from both worlds. They acted as *active agents* attempting to minimise the constraints in order to achieve their individual *preferences* regarding motherhood and work, and, by choosing when to become mothers, they were better able to manage their careers to a degree which facilitated their continued presence in the workplace. However, despite being 'work centred' (Hakim 2000), they were as susceptible to *maternal guilt* as the next woman. Or were they?

Significantly, the respondents showed little *maternal guilt* about being away from their children to work *per se* and appeared, on the whole, to have reconciled their *inner voices* regarding this. Arguably, a contributory influence in this is the fact that the respondents' *identities* are predominantly derived from being **paramedics** as opposed to 'mothers' (s4.1.4(i)). However, working never comes wholly 'guilt-free' (s4.1.6) and maternal guilt rose to the fore regarding **how** they choose to spend their time when at home (s2.6.1). Whilst the quantity of time was important to them (s4.2.3, s2.6.1, s2.6.2), they were much more susceptible to the 'motherhood knot' (Apter 1985) regarding the ***quality*** of their time and interactions with their children. This perhaps instinctively reflects the positive outcomes that quality maternal time has been found to have on children and most certainly aligns with the growing interest by researchers in this area (s2.6.1; Bianchi 2000; Price 2000; Villena-Rodan and Rios-Aguilar 2011; Milkie *et al* 2015; Bono *et al* 2015; Kalil and Mayer 2016). The need to 'be there' had thus moved from a need to be there more generally and the quantity of time with their children to being more focused on quality 'home time' and a compelled need to be there for what they considered to be key times and events in their children's lives (s4.1.6(iv)). One might be excused for thinking we are researching men in that their work commitments meant that the **quantity** of time with their children is restricted, giving rise to a necessary focus on **quality** of time (Dermott 2005; s2.6.2). In this way, the respondents have, or are, adjusting their mothering

definitions (to being more akin to those of their male worker counterparts) and arguably making the associated 'mothering' standards achievable for them. They therefore appear to be (either consciously or subconsciously) creating a platform on which to counter traditional motherhood scripts and moral rationalities (Duncan and Edwards 1999). Indeed, proliferation of this adjustment to mothering definitions could mean that moral rationalities become less gendered in the future despite present-day evidence to the contrary (Doucet 2015).

For every second a mother spends out of the house working, she must have a replacement carer, who she trusts, to take her place. In 1987 Chapman (1987: 2) advised that women still retained the major responsibility for childcare and successive research (e.g. Gatrell 2005; Hobson and Fahlen 2009; Miller 2012) demonstrates that this is predominantly unchanged (s2.1.1). However, the picture painted by my respondents was wholly different both in a practical and psychological sense. This was not only in relation to the undertaking of childcare but for the vast majority it also extended to a shared *responsibility* for it. Contrary to the position generally, decisions about childcare and the organising of it were not found to be an 'exclusively maternal undertaking' (Miller 2012: 39-52).

In building on the success of the women's movement in increasing the *perception* that children have <u>two</u> parents (Apter 1985: 12) and in line with more modern day parenting (s2.6), the research found that the respondents had turned the 1980s *rhetoric* into *reality* and the raising of their children had very much become a shared activity with their partners/husbands. Of significance is the fact that this extended to them looking after their children without the need for their intervention. This is contrary to the findings in research by Miller (2010: 13) where the fathers needed *debriefing* and *routines* from their wives/partners 'as an essential aspect of being able to manage pockets of childcare'. In fact, my respondents' confidence in their husbands/partners included them often caring for their children when they were ill (although this might be expected given that eleven of the husbands/partners were also paramedics and one a doctor) and not needing to 'think twice' [Tracey] about them looking after their children when they were babies. This is despite the fact that looking after babies continues to be an area where men are generally seen to be lacking and where women's expertise is required (Doucet 2009: 89; s2.4, 2.5). However, in embracing 'shared parenting', 18 of the respondents had even gone so far as

to renounce their 'privileged' mothering position within the home (Apter 1985). This is despite women today still being seen by their partners (Miller 2010) and in wider society to be the experts who, in the end, know best and are best at taking care of their children (s2.4, s2.5; Doucet 2009: 89; Apter 1987: 97). In fact several stated that, for example, in relation to the *quality* of childcare, their husbands did a better job at it than them. It was only Sarah and *Jane* whose views were, in any way, in keeping with those of Apter (1995) who states that: '*Mothering* means something different from *fathering.* To father is to be a biological parent. To mother is to bear a child, but also to nurture it, to care for it, to love it as a particular sort of person' (Apter 1985: 12). However, Sarah and *Jane* were very much the exception reflecting the fact that such views are more in keeping with the moral and social norms at play quite some considerable time ago (Duncan and Edwards 1999). Today these are increasingly open to challenge (s2.6; Hays 1996; Miller 2007, 2010, 2011) as evidenced in the findings of this research.

Thus, in contrast to the somewhat limited adoption of "shared parenting" found in other research, my respondents tended to epitomise the ideal model of 50-50, 'equal shares' or egalitarian division of domestic labour in the fuller sense (Hochschild 2012; Gornick and Meyers 2009) and thus, through their stories, this research contributes to defining what "50-50" is in a way that thus far has been elusive (s4.2.1; Deutsch 1999; Doucet 2015). In line with the research by the Roffey Park Institute (2002) regarding the changing societal expectations about what it is to be a good father (Glynn, Steinberg, and McCartney 2002: 13), the respondents talked about the need for their children to spend time with **both** parents, about it being healthy for them to have time with their dads without them there, and about the better relationships their children had with their fathers as a result. This reflects other research findings (Doucet 2013; Dermott 2005; Messner 2002), Government policy (which has been progressively encouraging fathers' participation), and societal views which purport the benefits of increased paternal involvement (s2.4.2). Therefore, given that the proportion of men assuming equal responsibility elsewhere is currently very small (Bittman 2004; Bianchi *et al* 2006; Fox 2009), my findings add to knowledge in this area. Firstly, they add significant weight to the consensus across other studies that gendered tasks and time are shifting towards greater equality (Doucet 2015; Coltrane 2000; Coltrane & Adams 2001; Perry-Jenkins, Newkirk and Ghunney 2013; Shelton and John 1996; Sullivan 2013), but beyond this, they provide a somewhat rare and model example of "shared parenting" in its fuller sense

being applied in practice. Furthermore, as a coherent part of shared parenting, and in line with the respondents stepping away from their privileged position (their tight hold on their children and the caring of them), with few exceptions, the stories of the respondents provide a further opportunity to add to knowledge in respect to the insight they provide into "new fatherhood". Notably, the respondents' husbands/partners were embracing "new fatherhood" (Edin and Nelson 2013; Harrington *et al* 2001) to a degree not generally evidenced elsewhere (Bittman 2004; Bianchi *et al* 2006; Fox 2009). In this case, the 'lag' in fathers' modern-day desire for parenting and/or the new expectations of them (Wall and Arnold 2007) and what they actually do that is generally seen elsewhere had been predominantly closed, as evidenced in the examples of "good fatherhood" relayed through the respondents' stories (Collett, Vercel and Boykin 2015; Dermott 2008: 19).

Notably, by moving to a position whereby they relinquish their exclusive mothering stronghold in the home and adopt a more modern ideological *shared parenting* standpoint and approach with willing "good fathers" (s2.6), the respondents brought about a solution to the predominant pre-requisites to their paid employment - the availability and affordability of childcare by someone they 'trust' - in one move (Dex *et al* 1996: 71; Chapman 1987: 2). With reference to McRobbie (2007: 18), choosing well from a range of partners had served to their advantage in the context of their life plans. It has meant that they were able to share the responsibility for young children thereby facilitating their continued careers and identity as paramedics (s4.1.4(i)) as well as the 'economic independence' they spoke passionately about (s4.1.3). Arguably, our feminist forefathers would have approved of this approach from a tactical perspective – as it doesn't pit mothers against their children (Beechey 1987: 6) or portray child-caring as a problem to be solved in any overt way (Grace 1998: 12-13). Furthermore, by adopting this changed mind-set and approach, and, giving heightened importance to the *quality* (as opposed to purely quantity) of time with their children (s4.1.6(iv)), the respondents go a long way to overcome the practical constraints, and more importantly, the *emotional dimensions* of mothering which might otherwise impede the emancipation of these truly determined 'work-centred' women (Hakim 1991, 1995, 1996). However, even with husbands/partners who embrace "new fatherhood" and share parenting to this degree, there are limitations on the extent that this can, for example, reduce any need for additional or external childcare provision as fathers usually work full-time.

There is no doubt that childcare obligations are the overriding impediment to women's position in the workplace (Witherspoon and Prior 1991; Kiernan 1992; VanEvery 1995: 60). Ensuring children are well cared for when their parents are at work is vital both practically and psychologically (Chapman 1987). As we would expect, feelings ran very strongly indeed when the respondents spoke about their additional or external childcare choices – perhaps evidencing the inherent and persistent nature of *motherhood guilt*. There was clearly a need to demonstrate to themselves and others that their children are well cared for when they are not with them; that the *maternal separation* they are enforcing 'to fulfil her own selfish needs' (Apter 1985: 27) is not harmful to their children – a matter which continues to form the basis of disagreement between working and non-working women today (Milkie *et al* 2015: 355). Thus, the respondents went to significant lengths to ensure that they had childcare which they (and their husbands/partners) were happy with (s4.2.2). One means of this was facilitated by the 24/7 nature of the work they do. Contrary to making childcare more difficult, the respondents optimised the use of shift work to best effect as a means of increasing both the **quantity** and **quality** of time they have with them (s4.2.3). The research found that, although it necessitates a greater reliance on 'shared parenting' (to cover overnight childcare for instance), the *flexibility* of shift work (as opposed to 9-5 office hours) is a powerful facilitator of their employment and, in particular, their ability and preparedness to work full-time. Thus, in contrast to my initial assumptions, 24/7 working may not be a barrier to women's presence in the workplace, but instead a key facilitator of it. Notably, the *flexibility* arising from 24/7 shift work (as opposed to purely part-time working) was seen as 'serving their needs' (VanEvery 1995). In reconciling their 'work and motherhood' **wants** and by enhancing the opportunity to work full-time, it has the potential to reduce the 'dual burden' associated with part-time working – which was still evident in the lives of three of the four part-timers (s4.2.3(i)). However, the tiredness associated with shift work, and particularly combining it with mothering young children, was a consistent area of struggle for the respondents. If there are 'sacrifices' made in order to attempt to have the 'best of both worlds', sleep deprivation is **the** sacrifice that is made.

In considering a final area of constraint, somewhat unique to emergency work settings, there is no doubt that there are significant psychological demands associated with being a paramedic (s4.2.4). Whilst this arises from the fundamental 'draw' to the job (i.e. the strong need to 'be there' to help people in their hour of need), it nevertheless needs to be

managed or overcome. However, the respondents had developed mechanisms for optimising their personal resilience in these circumstances. This predominantly meant keeping their 'two worlds' separate and 'switching off' from the respective worlds when they are in the other. Crompton and Harris (1998: 188) state that the strong *emotional dimension* of mothering is such that even those who are 'committed' to work, whether 'work-centred' or 'adaptive' (Hakim 1991, 1995, 1996), carry the associated maternal guilt into the workplace with them. In utilising *personal resilience* mechanisms learned to cope with extreme situations in the workplace, the respondents had applied these (either consciously or subconsciously) in 'switching off' from work whilst at home, and, similarly 'switching off' from home (and thinking about their children) whilst at work. In doing so, they unlock a means to reducing the most powerful psychological impediment to their emancipation – the *emotional dimension* of mothering and the associated *guilt* (Triedman 1989: 59 cited in Boyd 2002: 7). However, we should not confuse a lack of *maternal guilt* as being evidence of any lack of love for their children (s4.1.6(iv)).

In conclusion, it is clear that driven by an exceptional level of psychological attachment and propensity to 'make a difference' to the lives they touch in the workplace, the respondents have developed strategies to reduce the impact of the potential constraints which would otherwise impede their workplace presence. Like women before them, despite female *emotions* and the practical and psychological constraints associated with working, they 'have resisted efforts to turn back the clock' (Jenson, Hagen and Reddy 1988: 5). The patriarchal 'conspiracy against women' and even women's own views have not been strong enough for more than seventy years to impede truly determined women. As this research has established, 'as much as a woman needs to see the well-being of her children secured' (s4.2.1; 4.2.2), 'she also needs to satisfy herself' (s4.1; Apter 1985: 3). In utilising coping mechanisms such as they might use to manage the psychological demands of the job, by embracing "shared parenting", letting go of their 'privileged' position and optimising the use of shift-work to secure *quality time* with their children, the respondents are actively managing the most powerful, psychological impediment to their emancipation (s4.1.6(iv)). Together with the other actions, approaches and strategies they have applied, most importantly with regards to childcare (s4.2.2), these inspirational women are doing all they can to not be helpless and powerless victims of the factors, influences and/or constraints that have been discussed. They are caring and

determined individuals who are paramedics and mothers. Compelled by an exceptional level of work attachment (s4.1.4), these *individual active agents* are combining work and motherhood in the most demanding of work settings and jobs. However, as these findings have evidenced, whilst the level of work attachment **can** inform the extent to which the respondents **want** to achieve their work choices and the lengths they are prepared to go to achieve them, their work attachment or *orientation to work* in itself, irrespective of how strong, is not the sole determinant of their workplace position. There is no such thing as *absolute free choice* (Hakim 1996, 2000). In line with the views of Crompton and Harris (1998), the respondents have had to successfully minimise and/or manage a complex myriad of practical and psychological constraints (Crompton and Harris 1998) in order to achieve their preferred choice to combine the '**best of both worlds**' as far as it is reasonably possible to do. Notably, as is the case here, work choice can extend to the 24/7 environment and careers if women **want** it enough and **can** overcome the constraints.

'The best of both worlds isn't easy but it's worth the challenge' (Charlotte).

Appendix A – RESEARCHER'S PERSONAL BIOGRAPHY

Tracey Leghorn, *BA Hons, LLM, Chartered FCIPD*
Senior HR Consultant *to Business and Industry with* ***PwC (PricewaterhouseCooper)***
Mother of Robert, age 25, and Abbie, age 16, and proud grandmother of Isabelle, age 4.

My keen academic interest in 'women and work' began at age 27 when I was studying for my BA Honours degree in Business with Employee Relations at the University of Central Lancashire and chose to investigate the work and motherhood choices of women as the topic area for my final year dissertation.

Perhaps, not coincidentally, this was at the height of my own personal 'life choice' struggles as the early kindling of a desire to pursue a career in Human Resources psychologically conflicted with my maternal need to be the best mother I could be to my young son, Robert, who was the absolute centre of my world.

However, the undertaking of my undergraduate research had the most profound impact on my personal views about work and motherhood. These had derived from the absolute dedication and love which my own mother had shown in raising me and my three siblings. Although an extremely intelligent woman, thus potentially capable of great things outside the private domain, she had unquestionably and willingly been a 'home-maker' concentrating all her energies on 'mothering' when we were young. However, having *emotionally* 'lived' the self-sacrificing experiences of my respondents (all of whom had left their former careers after having children and some the workplace altogether), and

reflecting through 'opened eyes' on my mother's experience, it gave rise to an absolute determination that I would be 'my own woman', be everything I could be and would always be financially secure in my own right. It initiated a level of career ambition which has driven me tirelessly for the last 20 years and the arrival of my daughter, Abbie, 15 years ago, only acted to motivate me further still in looking to achieve what I want for her in the future.

My choice of research therefore derives from academic, personal and professional influences. Setting it within the NHS ambulance service where I was previously the Associate Director of Human Resources, only serves to enhance my enthusiasm for the research on two counts. Firstly, it is driven by my respect and admiration for the job they do, but most fundamentally, by a desire to *understand* how a large number of women appear to be successfully combining work as paramedics and mothers in arguably one of the most psychologically and practically challenging of career choices – contrary to the position of women generally. Arguably if we can understand this, we may be able to *emotionally* and *practically* unshackle other women **who wish to be**, so that they too can experience 'the best of both worlds' and become 'all that they can be'.

Appendix B – MOTHERHOOD REFLECTIONS

THE "*MOMENT*"

"Congratulations Mrs Leghorn, you have a beautiful baby boy"

At last, the long wait was over, the *moment* had arrived, and I was holding my baby in my arms. As he cried out I felt an immediate sense of relief. The tortuous anxiety of pregnancy was over. My son was "perfect", and I would soon be taking him home to start life as a "mother".

For some women, this *moment* is a realisation of a childhood desire. For others, it gives an instant answer to the "meaning of life". For many, motherhood came as a pleasant (or, not-so-pleasant) "surprise" which, in some cases, happened "too soon". For others, motherhood was a consciously made "next step". For some, the journey to become a mother was not an easy one – the "next step" so wanted but not easily achieved! However, whether planned or not, no matter how, when or why you arrived at this *moment* in your life, one thing is certain, you will never forget it. Whilst it may represent the "happiest *moment* of your life", it also marks the beginning of what may become a soul-searching journey.

At this particular *moment* you have no appreciation of the repercussions that accompany your "bundle of joy". You are still oblivious to the fact that your life has, in an instant, irreversibly changed. From this *moment* your decisions will be made subjectively as your emotions hasten to fill the gap where once there was objectivity. In the blink of an eye your choices have become complicated by the additional elements of your child's well-being and your conscience. You are no longer the most important person in your life. You have a "new priority", an all-consuming "responsibility" for the welfare of your child who is solely dependent on <u>you</u>.

For an enviable few, motherhood will become the materialisation of an idyllic dream bringing with it a previously unimaginable level of self-fulfilment. For some, the

"realities" of motherhood will paint a very different picture. For most, somewhere in-between. As you set out on the journey into unknown territory, your ultimate destination will be the intersection of the co-ordinates representing your child's happiness and your own self-fulfilment. With no compass to find your bearings, or to point you in the right direction, you must rely on your own intuition. For some, the journey through motherhood will be an easy one. For others, it will become a guilt-ridden path. There is no universal right direction. You must choose a course that is true to everyone involved, including yourself; a course you can live with. But, for the time-being enjoy this *moment*, you're in "blissful ignorance", but only for the *moment.*

Tracey Leghorn, 2015
Revised from original written by Tracey Leghorn
(Leghorn 1998: Preface, 6)

Appendix C – EEAST RESEARCH APPROVAL

East of England Ambulance Service NHS
NHS Trust

East of England Ambulance
Service NHS Trust
Building 1020
Cambourne Business Park
Cambourne
Cambs CB23 6EB

Tracey Leghorn
East of England Ambulance Service
Bedford Locality Office
Hammond Road
Bedford
MK41 0RG

30th January 2013

Dear Tracey,

Re: 'The Best of Both Worlds': Combining Motherhood and a 24/7 Career.

As the Research Permission Gatekeeper for the East of England Ambulance Service NHS Trust (the Trust) I am pleased to be able to grant approval for the project referenced above to be conducted within the Trust.

NHS permission for the above project has been granted for the work as described in your revised proposal dated 28/06/2012, for your Doctorate in Social Sciences research.

Permission is granted on the understanding that the study is conducted in accordance with the Research Governance Framework. It is only granted for the activities for which a favourable opinion has been given by the University of Leicester Ethics Committee dated 10th January 2013.

Theresa Foster is the Research Manager for the Trust and should be the main point of contact to facilitate conduct of the research and necessary governance requirements. Her email is theresa.foster@eastamb.nhs.uk and contact number 07971 287986.

Good luck with your Doctorate level research. The Trust looks forward to receiving a copy of your findings and final report when you complete.

Yours sincerely,

John Martin
Consultant Paramedic

Appendix D – RESPONDENT BACKGROUNDS

Abbie [Full-Time Paramedic with one child, age 2, and pregnant with second child]

Abbie, age 31, joined the ambulance service at age 23 after jobs as a horse riding instructor and a clerical assistant in a doctor's surgery. After three years with the service, Abbie became a qualified paramedic and has continued in this role for the last 5 years. Abbie has been married for 7 years. She has a 2-year-old son, Dylan and is expecting her second child.

Annie [Full-Time Clinical Co-Ordinator with one child, age 7]

Annie, age 32, became the youngest qualified paramedic at the age of 21 in 2002 having transitioned from school directly through education onto one of the earliest paramedic degree programmes - beating over 300 applicants to the 30 available places. After 9 years qualified, she subsequently progressed to Clinical Co-ordinator (Band 7 Management role) within the ambulance call centre where she has been for 2 years. Rachel has a 7-year-old son, Connor, and lives with her partner of three years who is also a paramedic.

Charlotte [Full-Time Paramedic with one son, age 2 and expecting her second child]

Charlotte, age 33, joined the ambulance service 10 years ago, at age 23. She progressed to paramedic 7 years ago at age 28. Charlotte has been married to Austin, a police officer for 6 years. They have a 2-year-old son, Adam and are expecting their second baby.

Claire [Full-Time Paramedic with two children aged 3 and 1]

Claire, age 33, joined the ambulance service 10 years ago, at age 23. She has been a paramedic for 6 years. Claire has been married to Leo for 6 years and they have two children, Scarlett, age 3 and Nathaniel, age 1.

Elizabeth [Full-Time Paramedic with one child, age 27, and 2 grandchildren]

Elizabeth, age 43, became a mother to her only child at age 16. At age 20 she joined the ambulance service as an emergency dispatcher after a year as a police call handler. After 9 years in the emergency dispatch centre she went out 'on the road' as a trainee technician and progressed through to paramedic 3 years later. She has been a paramedic for 11 years and a proud grandmother of Emily, aged 7, and Freddie, age 19 months.

Ellie [Full-Time Paramedic with two children aged 3 and 1]

Ellie, age 47, joined the ambulance service 24 years ago, at age 23. She has been a paramedic for the last 12 years. Ellie has lived with her new partner, Robert, for 2 and a half years. She has three children from her previous relationship, Miles, age 24, Adrian, age 10, and Jade, age 8.

Grace [Full-Time Paramedic with two children aged 6 to 9]

Grace, age 42, joined the ambulance service at age 31. After seven years with the service, Grace became a qualified paramedic and has continued in this role for the last 4 years. Grace has lived with her partner, who is also a paramedic, for 6 years and has two children from a previous relationship, Hannah age 8 and Isaac age 9.

Jane [Part-Time Paramedic with four children, aged 17 to 36]

Jane, age 34, joined the ambulance service at age 22 and progressed to become a qualified paramedic 5 years ago. Jane has been married to Richard, a Paramedic General Manager, for 7 years and is the mother of two children, Lucy, age 5 and Jack, age 4. After having her second child, Jane reduced her hours to part-time but intents return to full-time when her children are older.

Joanne [Full-Time Paramedic with one child, aged 1]

Joanne, age 35, joined the ambulance service 8 years ago, at age 27, and after 2-3 years became a qualified paramedic. Joanne had her son, Elliot (who was due to turn one the

day after my interview with Joanne) four years later. She has lived with her partner Simon, who is also a paramedic, for 3 years.

Josephine [Part-Time Paramedic with one child, aged 1]

Josephine, age 37, joined the ambulance service at age 28 after several years working as a receptionist and in shops. Josephine progressed to paramedic 5 years later. She is married to Grant and they have a son, Jake, age 1. Josephine reduced her hours from full-time after her maternity leave and works part-time 23 hours per week.

Julia [Full-Time Paramedic with two children aged 20 and 13]

Julia, age 51, joined the ambulance service 5 years ago, age 46. She progressed to paramedic relatively quickly after 2 years and has thus been operating as a paramedic for 3 years. Julia has lived with her new partner, Charles, also a paramedic, for over 3 years. She has two children from her previous relationship, Zachary, age 20, and Lily, age 13.

Laura [Full-Time Paramedic with two children aged 4 and 19 months]

Laura, age 40, joined the ambulance service 14 years ago, at age 26. She progressed to paramedic 5 years later at age 31. Laura is married to Christopher, who was also a paramedic before studying to become a doctor. They have been married for more than 5 years and have two children, Kyla, age 4, and Bethany, 19 months.

Lisa [Part-Time Paramedic with one child, age 2, and is expecting her second child]

Lisa, age 36, joined the ambulance service at age 28 after working for more than 5 years with a supermarket chain. She progressed to become a qualified paramedic two years later. Lisa has been married to Andrew, also a paramedic, for four years and they are expecting their second child. Lisa reduced her hours to part-time on return from maternity leave with her son, Tom, two years ago.

Maria [Full-Time Paramedic with two children aged 3 and 1]

Maria, age 40, joined the ambulance service 10 years ago, age 30. She has been a paramedic for 6 years. Maria lives with her partner, Roger, who is also a qualified paramedic manager. They have a daughter, Abigail, who is 14 months old.

Rachel [Part-Time Paramedic with two children, aged 6 and 3]

Rachel, age 33, joined the ambulance service at the youngest age of all my respondents, at age 18, working in Control [the call-taking centre] in Patient Transport Services because at the time you had to be 21 to work frontline. She progressed to paramedic whilst pregnant with her first child 6 years ago and now works on the Emergency Care Team desk in the Health Emergency and Operations Centre [often referred to as 'control']. In fact, in 2007 after finding out she was pregnant the day before starting paramedic training, she became the very first person with this ambulance service to be permitted to undertake paramedic training whilst pregnant and set a new precedent for all subsequent females! She has been married to Sean, who is also a paramedic, for 8 years and their children Jacob and Eve are aged 6 and 3 respectively. Rachel is contracted to work part-time but regularly works over-time, often making her hours up to around 35 per week.

Sarah [Full-Time Paramedic with five children aged 20 to 4 months]

Sarah, age 41, joined the ambulance service 13 years ago, at age 28, when her four children were aged, 7, 6, 4 and 3 years. After 6 years with the service, Sarah became a qualified paramedic and has continued in this role for the last 7 years. After meeting her new partner, David a police officer, a year ago, she is currently on maternity leave having recently become a mother again at age 40. The latest addition to the family, baby Leah, 4 months, has become the doted on sister of her four elder children (now aged between 16 and 20) and her new partner's three children from a previous relationship.

Sylvia [Full-Time Paramedic with four children, aged 17 to 36]

Sylvia, age 57, is the mother of four grown-up children; three from her first marriage aged 36, 35 and 25, and her youngest son, age 17 from her second marriage. After more than a decade as teacher in the UK and abroad, she returned to the UK and joined the ambulance service at age 36 where she has stayed for 21 years; the last 5 as a qualified paramedic. She is now also a very proud grandmother.

Tracey [Full-Time Paramedic with two children aged 5 and 7]

Tracey, age 44, joined the ambulance service 18 years ago, at age 26. Having qualified 5 years later, she has been a paramedic for 13 years. Tracey has been with her husband, who is also a paramedic, for more than 11 years and they have two children aged 5 and 7 as well as two children, aged 20 and 23, from Jason's previous relationship.

Victoria [Full-Time Paramedic with two children aged 3 and 1]

Victoria, age 41, joined the ambulance service 10 years ago, at age 31. She has been a paramedic for the last 5 years. Victoria is married to Colin, also a qualified paramedic who has progressed to the role of Assistant General Manager. They have been married for 5 years and they have a 2-year-old daughter, Eva.

Zoe [Full-Time Paramedic with two children aged 3 and 1]

Zoe, age 35, joined the ambulance service 6 years ago, at age 29. She has been a paramedic for 2 years. Zoe has been married to Mark, for 8 years and they have a daughter, Orla, who is 14 months old.

Appendix E – INFORMED CONSENT LETTER

INFORMED CONSENT LETTER

(DATE)

(CONTACT DETAILS)

Dear (NAME)

Informed Consent

Thank you very much for indicating that you would like to consider taking part in my research. I would greatly appreciate you taking the time to help me research the experiences of female paramedics who are mothers. The aim of the research is to find out [*understand*] how female paramedics are successfully combining work and motherhood in contrast to the position of women in the workplace in general, particularly when they are employed in one of the most psychologically and practically challenging career.

Below is some information about the research and being a participant which will help you understand why the research is being done and what it will involve. I very much hope that you will agree to take part.

Research Title

'The Best of Both Worlds': Combining Motherhood and a 24/7 Career.

A contemporary investigation of women's work attachment in the demanding 24/7 work environment of NHS emergency ambulance services.

The reason for the research

I am undertaking this research as part of a Doctorate in Social Science which I am studying at the University of Leicester.

My keen interest in 'women and work' began at age 27 when I started studying for a degree and learned about the 'life situations' of women in the workplace. At the time, I was also struggling with my own personal 'life choices' as my first thoughts about wanting to start a career conflicted psychologically and practically with my maternal need to be the best mother I could to my young son. My choice of research topic therefore comes from academic, personal and professional influences.

Over the last 8 years whilst I've been employed in the ambulance service, I have been humbled by the absolute commitment of female paramedics who, whilst managing the joys, responsibilities and demands of motherhood, also work tirelessly 24/7, 365 days a year, to provide quality emergency care to patients. I hope that, in setting my research about women and work within the demanding work environment of ambulance services, it will serve to demonstrate the extent that, when women choose to, they can successfully combine motherhood and career. I hope it will also increase awareness about the job of paramedics.

Who is organising the research?
I am conducting the research as a student of the Centre for Labour Market Studies with the University of Leicester.

Is the research connected to my employment with the East of England Ambulance Service?
No. The research is not related to your employment. It is being undertaken as part of a University course.

How long will the study run?
It will take between 18 months and 24 months to complete the research and submit it to the University.

Why have I been invited to participate?
You have been invited to take part because you are a mother who is employed as a full-time paramedic or student ambulance paramedic. It is expected that at least 20 people will take part in the study and maybe as many as 30.

Do I have to take part?
No. Taking part in the research is entirely voluntary.

What if I change my mind?
You are free to withdraw from the research at any time up to the end of the data collection period. After that time the data will have been anonymised and analysed into themes and it would be difficult to extract it.

What will happen to me when I take part?
I will arrange a mutually agreeable time to come and meet with you. When we meet, I will interview you about your experiences of combining work as a paramedic and being a mother.

Before interviewing you, I will ask you to review the information in this letter about the research and ask you to sign an Informed Consent Form.

The interview should not take longer than an hour. I will ask you a series of questions and will give you the opportunity to ask me any questions you have. If there are any questions which you do not wish to answer, you don't have to.

What are the possible benefits of taking part?
Taking part in the study will help develop *understanding* about how women combine work and motherhood. Whilst there has been a lot of research about women and work, there is little, if any, in depth research into women's work in a 24/7 setting, certainly in relation to a professional career which has 24/7 demands.

Will what I say in this study be kept confidential?
All the information [data] collected from all the participants will be kept strictly confidential. Your interview notes will be anonymised which means that only I will ever know the true names of the people I have interviewed. You will not be identifiable in the final thesis or any associated published work.

For ease, as well as taking basic notes, the interviews will be recorded. This will help me to concentrate fully during the interview. The recordings will be typed up into notes and then destroyed.

All data collected will be treated in accordance with the ethical codes set out in the British Sociological Guidelines. The anonymised data will be stored in accordance with the relevant guidelines and may be used for future research or for future publication such as articles.

You can be assured that the information gained will, in no way, be used in connection with your employment with the East of England Ambulance Service. This study is being undertaken as part

of my studies with the University of Leicester not on behalf of the East of England Ambulance Service.

What will happen to the results of the research study?
The anonymised interview information will be used in my thesis. It is my intension to also use the data which you and other participants provide to produce academic papers, articles and possibly a book. The thesis itself will be available on the University website.

Who has reviewed the study?
The research has been approved by the University of Leicester Ethics Committee and the NHS.

Contact for Further Information
You can contact me for further information by emailing me at traceyleghorn@btinternet.com. If you would like further information about the research or have concerns about the way in which the study has been conducted, you can contact my research supervisor, Dr Henrietta O'Connor at hso1@le.ac.uk.

Thank you
Thank you again for agreeing to consider taking part in my research. I very much hope that you decide that you'd like to take part and look forward to meeting you in the near future.

In the meantime, if I can be any further help, please don't hesitate to contact me.

Yours sincerely,

Tracey Leghorn

Version 2.0, 11 Aug 2013

Appendix F – CONSENT FORM

CONSENT FORM

Full title of Project:

> 'The Best of Both Worlds': Combining Motherhood and a 24/7 Career.
> A contemporary investigation of women's work attachment in the demanding 24/7 work environment of NHS emergency ambulance services.

Name and contact details of Researcher:
Tracey Leghorn – traceyleghorn@btinternet.com. Mobile: 07825 870271

You can contact me for further information by emailing me at traceyleghorn@btinternet.com. If you would like further information about the research or have concerns about the way in which the study has been conducted, you can contact my research supervisor, Dr Henrietta O'Connor at hso1@le.ac.uk.

	Please tick within box to accept
I agree to take part in the above study.	
I confirm that I have read and understand the information provided in the informed consent letter for the above study and have had the opportunity to ask questions.	
I understand that my participation is voluntary and that I am free to withdraw without giving a reason, at any time up to the end of the data collection period. (After that time the data will have been anonymised and analysed into themes and it would be difficult to extract it).	
I understand that my interview data will be anonymised and agree that my anonymised data, gathered in this study, may be stored confidentially and used for future research or in published communications.	
I agree to the interview being audio recorded.	
	Please delete as appropriate
I agree to the use of anonymised quotes in publications	Yes / No

Name of Participant	Date	Signature
Name of Researcher	Date	Signature

Version 2.0, 11 Aug 2013

Appendix G – PRE-INTERVIEW BACKGROUND QUESTIONS

PRE-INTERVIEW BACKGROUND QUESTIONS

'The Best of Both Worlds': Combining Motherhood and a 24/7 Career.

Participants Name	
Date	
Work Base	
Job Role	
Informed consent /confidentiality outlined and the participant's agreement to provide pre-interview information confirmed	**Yes/No**

QUESTION 1a: **Background Information -** *Personal:*

- Name and ages of children

Name	**Sex**	**Age**

- Relationship status (e.g. Married, Living with Partner etc.) and number of years

Relationship Status	**No. of Years**

- Age and occupations of spouse/partner and parents

Name	**Age**	**Occupation**
Spouse/Partner		
Father		
Mother		

- Number and sex of siblings

Number of Brothers		**Number of Sisters**	

- Qualification level achieved on leaving school/college/university

Qualification level on leaving School	
Qualification level on leaving College	
Qualification level on leaving University	

QUESTION 1b: **Background Information -** *Professional:*

- Have you always worked for the ambulance service? If not, overview of previous roles
- Number of years with the ambulance service and age at time of joining
- Current job title and length of time in the role
- Date [year] and age at the time you became a student ambulance paramedic (SAP), paramedic and/or specialist paramedic or paramedic manager
- Number of years as a student ambulance paramedic (SAP), paramedic and/or specialist paramedic or paramedic manager
- Hours of work throughout employment, i.e. always full-time, always 24/7?

Have you always worked for the ambulance service? If yes, please enter concise outline of previous roles/employment		Yes/No	
Previous job(s) / employment (if applicable)			
Number of years with ambulance service			
Age at time of joining ambulance service			
Current job title			
Employment as a SAP (if applicable)			
Year you became a SAP		Number of years	
Age on appointment		Number of children at the time	
Employment as a Paramedic (if applicable)			
Year you became a paramedic		Number of years	
Age on appointment		Number of children at the time	
Employment as a Specialist Paramedic or Paramedic Manager (if applicable)			
Year you became a specialist or manager		Number of years	
Age on appointment		Number of children at the time	
Hours of work throughout employment, e.g. always full-time, periods of part-time or non 24/7 working			

Other relevant information provided

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Appendix H – INTERVIEW SCHEDULE and QUESTIONS

INTERVIEW SCHEDULE: OVERVIEW

Participants Name		
Date		
Work Base		
Job Role		
Informed consent /confidentiality outlined and the participant's agreement confirmed		**Yes/No**

Research Title:

'The Best of Both Worlds': Combining Motherhood and a 24/7 Career.

A contemporary investigation of women's work attachment in the demanding 24/7 work environment of NHS emergency ambulance services.

Pre-Interview Commencement Checklist:

1. Thank you for agreeing to take part.
2. The interview will take about an hour and I'd like to ask you a series of questions about your work and motherhood choices and experiences.
3. Confirm understanding of the information contained in the Informed Consent Letter and that the consent form is completed.

Interview Questions:

The following comprises of 10 principle questions [areas of discussion] with a related sub-set of 'prompt' questions. Prompt questions will only be used where needed.

Closing of Interview:

1. Thank you for taking part in the interview.
2. Is there anything which you think I haven't covered?
3. Do you have any questions that you would like to ask me?

INTERVIEW SCHEDULE: QUESTIONS

Background Information
QUESTIONS 1a and 1b: Complete and/or confirm pre-interview background information

Choice of Career, Spouse/Partner Influencers and Youth Transition
QUESTION 2: What were your career and/or occupation aspirations when you were young?

- What factors did you take account of in choosing your career? Did you consider the working hours?
- What influence has your spouse/partner been in your decision to work? And as a paramedic?
- What is the view of your spouse/partner regarding women and working? And being a paramedic?
- What influence were your parents (and/or other friends/family) in your work decision? To be a paramedic?
- Did your mother work? Did this influence your decision to work?
- What is the view of your parents regarding women working? And being a paramedic?
- What influence did your school/college/university education have on your decision to work? And your decision to be a paramedic?

The Meaning of Work and being a SAP/Paramedic
QUESTION 3: How did you come to be in your current role?

- How important is it to you to be able to work? Why?
- How important is it to you to be (or become) a paramedic? Why?
- Would work be less important if you did a different job?
- How do you feel when you have 'saved a life'?
- Do you think that being a SAP/paramedic is a harder/easier job than other jobs? Why?
- How do you manage the psychological demands of the job?
- Do the psychological demands of the job impact on you and/or your life at home?
- What did work mean to you before having children? And afterwards?
- If you weren't able to be a paramedic (for whatever reason), how would you feel?
- If money were no object, would you still work? Would you still work as a paramedic?
- Ultimately, what is the main reason that you work?

The Meaning of Motherhood
QUESTION 4: How important to you was it to be a mother?

- Was becoming a mother a conscious and/or planned decision? If so, who made the decision?
- Was becoming a mother more important than becoming a paramedic? Why?
- Did you have a planned number of children in mind? Did/has that changed? Why?
- Is being a mother everything that you wanted/expected it to be?
- How has having children affected your life? Have your priorities changed?
- Has having children changed how you feel about work? Or about working as a paramedic?

Combining Work and Motherhood
QUESTION 5: What are the challenges for you of being a working Mum

- Are the challenges of working more difficult because of the job you do? Why?
- Are the challenges of working more difficult because of the hours you work? Why?
- After having children did you return to work immediately? Why?
- Have you ever felt guilty about wanting/needing to work? Why? What did you do about it?
- Who made the decision about when/if you would return to work and when was it made?
- How does your partner feel about you working?
- How has your partner impacted on your ability to work, work full-time and/or work 24/7 rosters?
- Have you been able to achieve a successful mother-work balance? To what extent? How/Why?

Childcare
QUESTION 6: Are you happy with your childcare arrangements?

- What childcare did/have you put in place?
- Why did you choose that childcare? How did you feel about it?
- Was your partner involved in making your childcare decision(s)?
- Do you feel that it's the women's responsibility to look after the children?
- What impact has childcare had on your ability to work? To work 24/7 roster hours?
- Have you ever considered leaving your job due to childcare?

Working Hours
QUESTION 7: Tell me about the impact that having to work 24/7 rosters has on you

- Have you always worked full-time? Why?
- What impact does working 24/7-365 have on raising your children and/or being there for them?
- What impact has the need to work 24/7-365 rosters had on your desire/ability to work?
- What impact has the need to work 24/7-365 had on your desire/ability to progress your career?
- Have you ever considered/requested flexible working, part-time working etc? Why?
- Have you ever thought of changing jobs/careers because of the working hours associated with being a SAP/paramedic? If so, why have you not changed jobs or careers?

Women and Work
QUESTION 8: Do you think that men should work and women should look after the children?

- What do people think about you being a mother and working full-time 24/7-365 as a paramedic?
- Do you think people would think differently if you worked in a different career and/or 9 to 5?

- What do you think the attitude of the ambulance service is towards working mothers and the impact this has had on your current employment status?

The Future
QUESTION 9: What would you like to do in the future?

- What are your future work/career aspirations? Will you achieve these? Why? How?
- Will you still be working full-time and/or on 24/7 rosters in 5 years?
- Have you plans to have other children? Why?

Reflection on Life Choices
QUESTION 10: If you could start again, what would you do differently?

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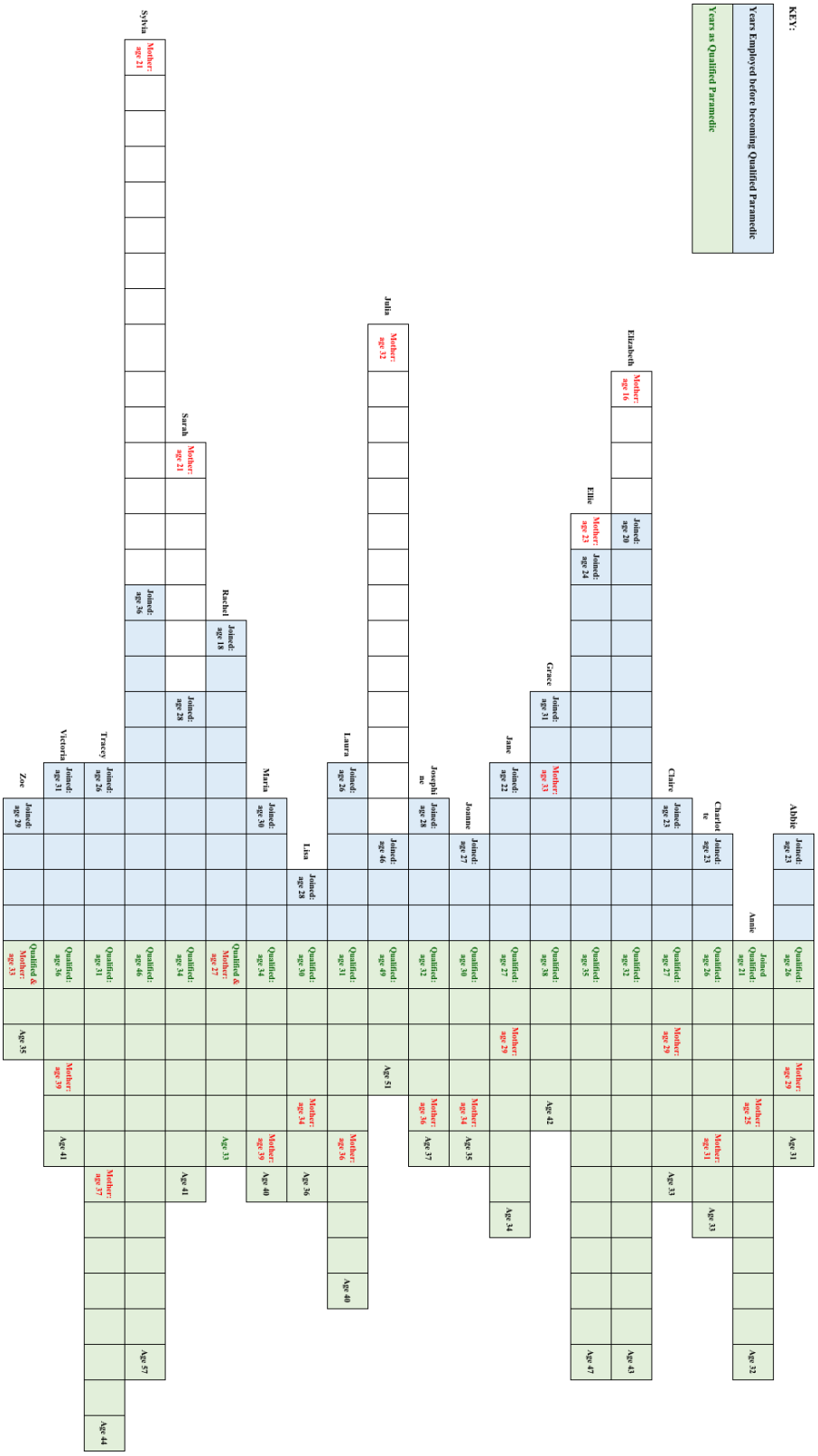
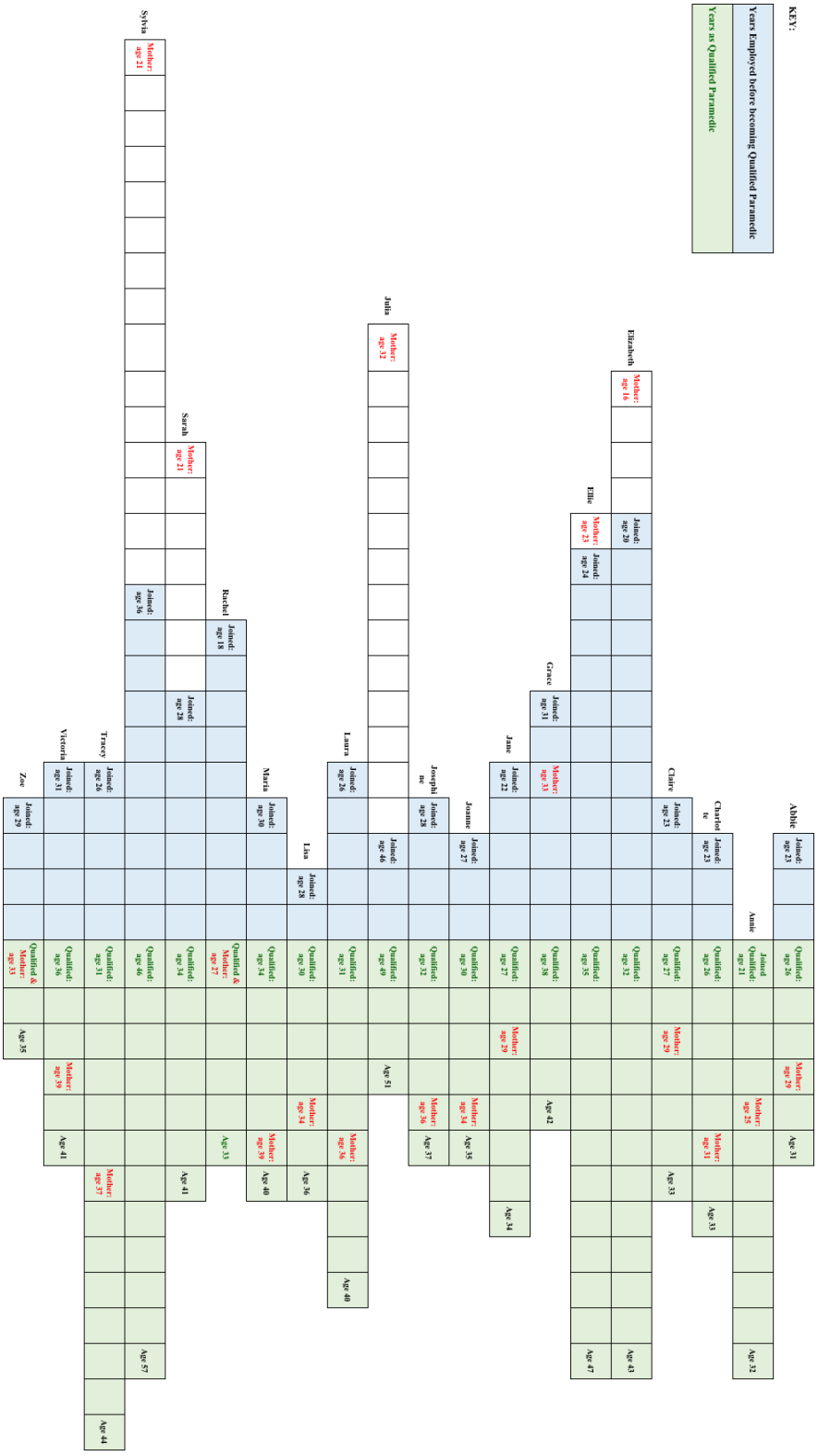
Appendix I – RESPONDENT PROFILE: Paramedic Timeline

Diagram showing the 'Qualification Timeline' of the respondents and depicting their ages when they became mothers, joined the service and qualified as paramedics.



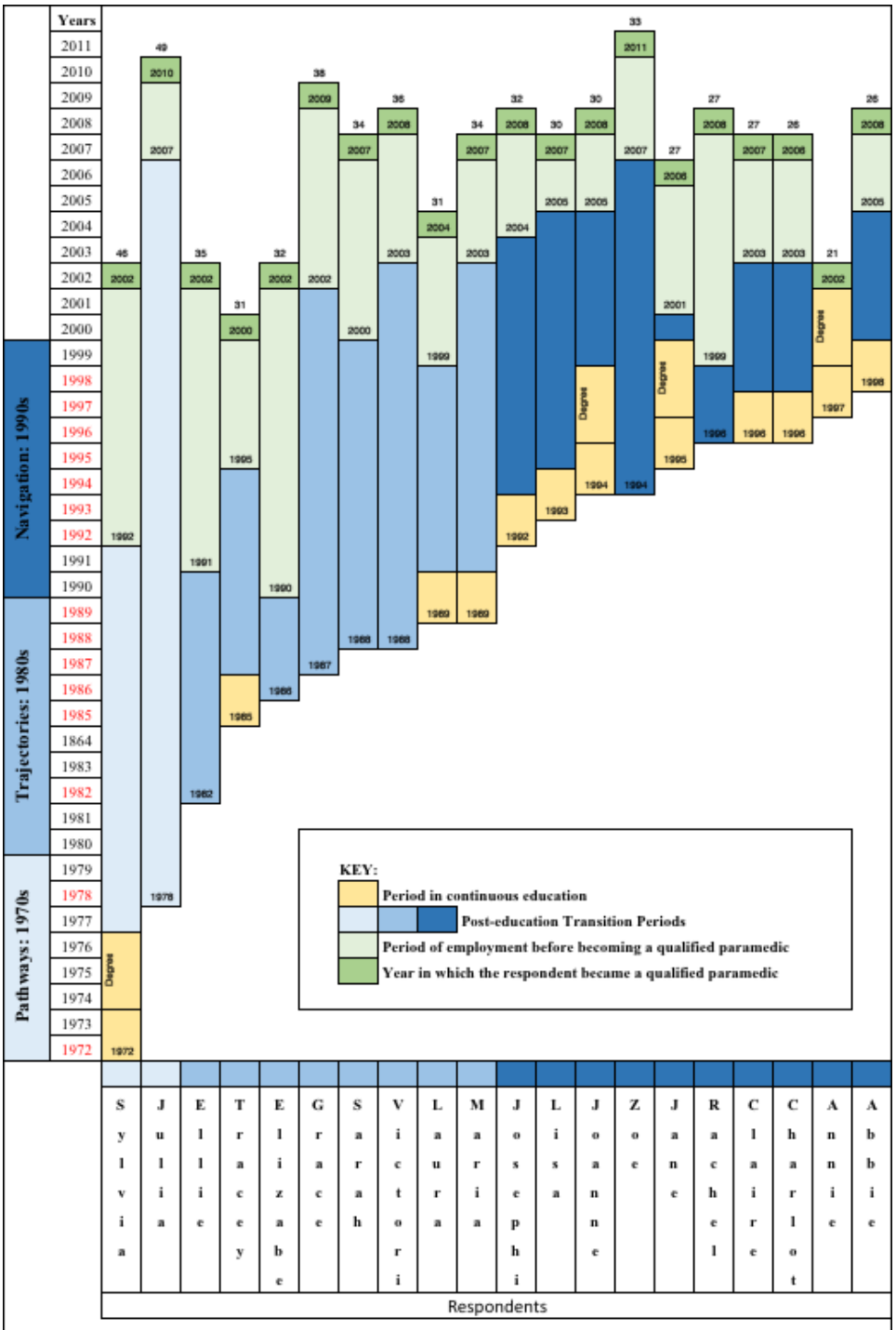
Appendix J – RESPONDENT PROFILE: Motherhood Timeline

Diagram showing the 'Motherhood Timeline' of the respondents and depicting their ages when they became mothers, joined the service and qualified as paramedics.



Appendix K – CAREER TIMELINES: From School to Qualified Paramedics

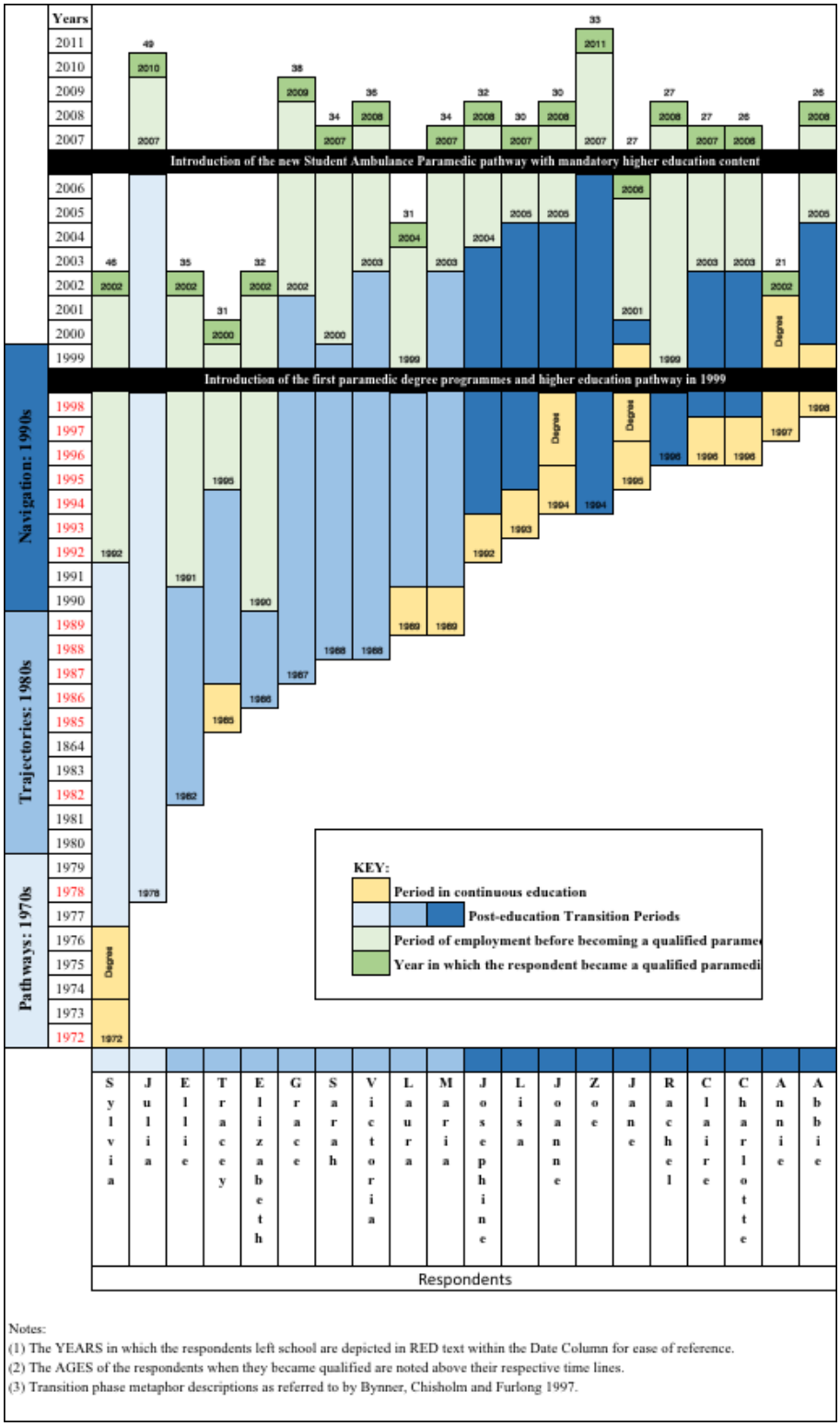
Diagram showing the career timelines of the respondents from leaving school and continued education through to joining the ambulance service and thence becoming qualified paramedics.



Notes:
(1) The YEARS in which the respondents left school are depicted in RED text within the Date Column for ease of reference.
(2) The AGES of the respondents when they became qualified are noted above their respective time lines.
(3) Transition phase metaphor descriptions as referred to by Bynner, Chisholm and Furlong 1997.

Appendix L – CAREER TIMELINES:
With Academic Development Timelines

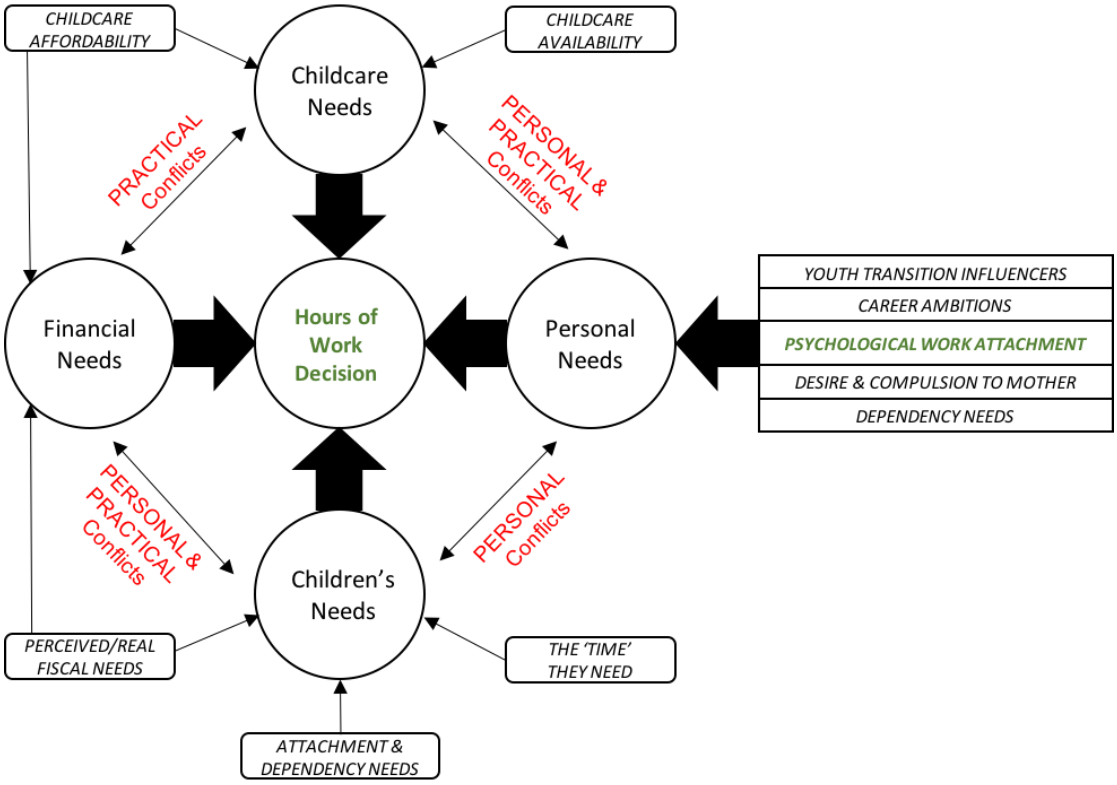
Diagram showing the career timelines of the respondents from leaving school and continued education to joining the ambulance service and thence becoming qualified paramedics with date lines for the introduction of the paramedic degree and Student Ambulance Paramedic pathways.



Notes:
(1) The YEARS in which the respondents left school are depicted in RED text within the Date Column for ease of reference.
(2) The AGES of the respondents when they became qualified are noted above their respective time lines.
(3) Transition phase metaphor descriptions as referred to by Bynner, Chisholm and Furlong 1997.

Appendix M – 'Hours of Work' Decision Diagram

Diagram illustrating the 'Four Needs' that influence the 'Hours of Work' choices of working mothers.



Tracey Leghorn, November 2015

Appendix N – AMBULANCE TERMS and ACRONYMS

Terms:

Lone Responder	A paramedic who works alone, generally on a paramedic car.
Jobs	The term used to refer to an emergency patient cases.

Acronyms:

DOM	Duty Operations Manager
HEOC	Health Emergency Operations Centre – (999 Call Centre)

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UK Government – www.gov.uk

Abbreviations

EEAST	East of England Ambulance Service NHS Trust
ESRC	Economic and Social Research Council
HCPC	Health and Care Professions Council
HPC	Health Professions Council
HR	Human Resources
IHCD	Institute of Health Care Development
NRC	National Research Council
NUDIST	Non-numerical Unstructured Data: Indexing Searching Theorising
SBR	Scientifically based research