

**LIFE EXPERIENCES OF DOCTORAL-PREPARED WOMEN  
NURSE EDUCATORS IN BACCALAUREATE PROGRAMS  
IN INSTITUTIONS OF HIGHER EDUCATION**

by

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This dissertation has been read by each member of the following supervisory committee and by majority vote has been found to be satisfactory.



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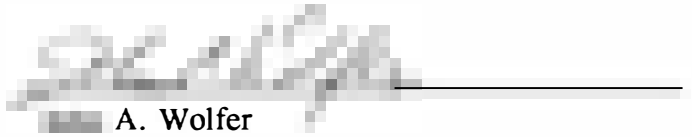


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I have read the dissertation of Kathleen M. O'Dell in its final form and have found that (1) its format, citations, and bibliographic style are consistent and acceptable; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the supervisory committee and is ready for submission to The Graduate School.

  
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## **ABSTRACT**

This qualitative study explored, described, and interpreted the meaning of life experiences of doctoral-prepared women nurse faculty in baccalaureate programs in institutions of higher education. The research was conducted in order to fill the void that exists in the literature on what is known about the lives of women generally and women nurse educators specifically and to provide models for other nurse educators and women who are looking for guidance and validation. Because of the inherent relationship of nursing to the female gender, as well as a review of the literature indicating that gender issues are prevalent in the lives of women, the effect of gender on the life experiences of the participants also was explored.

A combined feminist, ethnographic, and life-history approach was used for the research design. Data were collected using a life-path description and a life-history interview. Data were analyzed qualitatively, and emergent themes were identified. Each woman's story was written by condensing the life-history interview. The emergent themes were described using thick verbatim quotes.

One theme, which was intertwined with all others, was interdependence. The women's life stories reflected commitment to themselves and their interests such as careers, which were accentuated and balanced in different ways at different times with the importance of commitments to relationships with others. Additional

themes included significant people, marriage, children, higher education issues such as administrative and collegial support, multiple life roles, age-related issues, and rural living, as well as themes such as violence, racism, and war. Gender did not emerge as significant a theme as it had in the literature, but this may be due to the age cohort of the women or the data collection approach. Further research is recommended in order to understand this outcome regarding gender.

The 7 women were partners in the research, and all of the results were reviewed by the women for validity and anonymity. Their stories are filled with honesty and emotion, and they provide wonderful insights into the lives of women, making an invaluable contribution towards building a knowledge base about women.

To all women and those who make a genuine effort to know us.

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Finally, I offer sincere appreciation to the 7 women who made this research the beautiful piece of work that it is by sharing their lives.

## **CHAPTER I**

### **INTRODUCTION**

(Silence) If one woman told her story, the whole world would break open. (Author unknown)

Why? Because women have incredible stories to tell and yet they are part of a culture who, until the 1970s, had not had a voice (Gluck & Patai, 1991). Since the 1970s, feminist research with women's oral histories has begun to bring some women's stories to light. However, little is known about the life experiences of most women. Nursing and its historical association with women and all that the culture defines as female are included in this silence. Of particular interest to this research were the life experiences of women nurse faculty, including those experiences influenced by culture-based gender differences and inequality. This research was intended to give a small group of nurse educators an opportunity to share the stories of their life experiences.

#### **Significance To Nursing**

The research was important to nursing for two reasons. First, there is little literature on the life experiences of women nurse educators. A few writings are available, but these focus predominantly on eminent women such as well-known deans or theorists. Women who are not prominent need to have a voice (Gluck,

1979). Researching the lives of nurse educators will contribute to decreasing the overall void in the literature of all women's experiences, which are "inherently valuable" and need to be recorded (Gluck & Patai, 1991). The stories will support nurse educators, as well as other women, by validating their experiences, acting as models, and guiding institutional changes (Miller, 1986; Stokes, 1984).

A second point of significance is that little is known about the effects of gender on the life experiences of nurse educators. Gender is a key factor of the dominant culture that needs to be addressed in research on women (Minister, 1991). Women academicians who are not nurses have reported that gender has significantly influenced their lives (Hensel, 1991). Therefore, addressing the effects of gender is particularly important because 97% of full-time nurse educators are women (National League for Nursing, 1993).

The following section illustrates the historical influence of gender in nursing education, thus supporting the need to include gender issues in research on women nurse educators.

### **Historical Influence of Gender and Nurse Educators: From Hospital To Higher Education**

Nursing education, which is akin to women in general, has lived in environments dominated by androcentric values. Beginning shortly before the turn of the century in the United States, nursing and nursing education were found almost exclusively in hospitals. Hospitals were business ventures operated by male physicians who established schools of nursing to serve the purpose of economically

staffing the hospital (Ashley, 1976; Beard, 1920a; Dickson, 1993; Melosh, 1982; Reverby, 1987). Even though nurses lived and worked in a business environment, they were not correspondingly compensated (Reverby, 1987). Nurses' work was seen as an extension of women's social expectation to care for others, a duty (Ashley, 1976; Reverby, 1987). This responsibility was seen as a female virtue. Like women's caring, in general, they were to perform their duties at the expense of their own needs, with reimbursement only as necessary to meet basic survival necessities, not for economic gain (Reverby, 1987). Nurses were expected to live and work the female value of caring in an environment dominated by patriarchy that was maintained, in part, by exploitation of women and their work (Ashley, 1976; Reverby, 1987).

The early part of this century witnessed nursing's beginning migration into yet another androcentric climate: higher education. Nursing leaders adopted the same model for success as the male professions of law and medicine in an attempt to gain control over nursing's future and to improve its status through recognition as paid work rather than domestic duty (Beard, 1920b; Campbell & Bunting, 1990; Dickson, 1993; Dock, 1910). A component of this professional model was to require college education as minimum preparation such as physicians had done earlier in a successful coup against less influential medical healers of the time (Dickson, 1993; Fenwick, 1901; Light, 1983; Worcester, 1902). Higher education was a route to social mobility (Jarausch, 1983; Melosh, 1982). Adopting this ideal of professionalism at the time meant exchanging empathy, emotions, and

community goals of social reform for positivistic science, rationality, and individual achievements (Gordon, 1990).

Changes in teacher preparation were necessary to support the move to higher education. At first these changes consisted of postgraduate courses in teacher preparation such as those at Columbia Teachers College (Stewart, 1943). As the century progressed, nurses pushed to establish themselves in higher education, which required mimicking the established androcentric model for faculty success in higher education (Dickson, 1993). Currently, there is a predominant model for success as a nursing faculty member in higher education. Requirements include doctoral preparation as the terminal degree, as well as all of the corresponding multiple role expectations, including status-quo grant-funded research, service, publishing, and teaching to attain tenure (Anderson, 1989; Bremner, Crutchfield, Kosowski, Perkins, & Williams, 1990; Brodie, 1986; Dickson, 1993; Ketefian, 1991; Messmer, 1990).

Nursing's acceptance of higher education's standards for faculty is reflective of the equal opportunity feminist's goal of achieving equality for women by adopting men's model for success and corresponding values and behaviors (Baker, 1990; Gordon, 1991). Women's work associated with caring, such as nursing, has been seen as antithetical and a hinderance to nursing's progress (Baker, 1990; Dickson, 1993; Gordon, 1991; Shea, 1990). Parallel to recent feminist views that acknowledge the worth of female value and work, nursing is questioning the wisdom of accepting a male definition of professionalism (Dickson, 1993; Gordon,

1991; Shea, 1990). Movements are occurring within nursing education to redefine the previously patriarchal view of knowledge development in order to reflect the female value of caring and corresponding way of being in the world (Bevis & Watson, 1989; Fitzpatrick, 1991; Moccia, 1990; Watson, 1988, 1990).

What is missing in the nursing literature is how the adoption of male values for nursing education has affected the personal life experiences of nurse educators. The dominant male influence is still active in academe (Hensel, 1991). Women in professional areas in academe, other than nursing, report problems associated with being female in a male-dominated institutional setting (Hensel, 1991). This research determined if women nurse educators in higher education report experiences similar to women faculty in other areas of academe.

In summary, the research was significant to nursing for two reasons. First, the research contributes to diminishing the overall void in the recorded life experiences of women nurse faculty, which may be useful for validating and supporting the experiences of other nurse educators and facilitating institutional change. Second, the stories provide information on the effects of gender on the life experiences of women nurse educators, which can be compared to the effects of gender on the lives of other women faculty in academe.

### **Purpose**

The research explored, described, and interpreted the meaning of life experiences of doctoral-prepared women nurse faculty in baccalaureate programs in institutions of higher education for two purposes. First, the study determined the

paths that women's lives took, as well as the themes reflected in their experiences. Second, the study determined the influence that gender has had on their life experiences.

### **Problem Statement**

The lack of literature available that describes the lives of women in nursing education, including consideration of the cultural division of gender, was the impetus for this study. The research provided an exploration, description, and interpretation of the life experiences of women nurse faculty in higher education.

### **Research Question**

What are the life experiences of doctoral-prepared women nurse faculty in baccalaureate programs in institutions of higher education?

### **Subquestions**

What are the life paths of women nurse faculty in higher education? Do the life experiences of women nurse faculty reflect the influence of gender of the dominant culture? If so, what is the nature of the influence?

### **Theoretical Paradigm**

The purpose of the theoretical paradigm was threefold. First, it provided a description of the stereotyped values and characteristics of the gender divisions of the dominant culture. Second, it offered a theoretical explanation for how the gender division is developed and maintained in the culture. Finally, it supported

the findings presented in the review of literature and served as a guide in the data collection and analysis processes.

When reading this section, as well as the remainder of the research, these values and characteristics are what the dominant culture has preassigned people and attempts to maintain through social pressures. Many people, male and female, do not fit or attempt to fit these stereotypes. However, because they are an integral part of the culture, most people belonging to it will have been influenced by the gender division (Anderson & Jack, 1991; Gray, 1995).

The theoretical discussion, like the research itself, was not intended as an antagonistic comparison of men and women. Rather, gender differences were a major part of this research because previous research implied that gender differences, as defined by the culture, affect women's life experiences. Deductively, one also could assume that men's life experiences are affected by the gender division of the dominant culture. However, the focus of this research was on women because nursing is made up mostly of women, which is a reflection of the female culture (Reverby, 1987). Historically, women's lives have been neglected in the literature (Gluck, 1979; Heilbrun, 1988).

### **Gender Differences of the Dominant Culture**

Western culture is divided into two gender subcultures: male and female. Each gender subculture has been assigned values and attributes that are developed and maintained within the culture. The acquisition and maturation process of the gender values and characteristics is described in developmental theories.

Currently, most of the theories, particularly the dominant ones, are a reflection of what is known about the development of the male culture (Miller, 1986).

These theories also have been used to describe the development of the female culture. However, feminists recently have advocated that this is inappropriate because women have a different developmental process that occurs in order to develop and sustain the expectations of the female culture according to the dominant culture (Belinky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, 1982). Literature on women's development is limited; in fact, the research is at a neophyte level.

The following section describes each gender's development of the gender-linked cultural values and characteristics.

## **Male Gender**

### **Values and Characteristics**

The value of autonomy is revered by society as guiding men's lives, and its importance is evident in the theories describing men's development. Popular developmental theory models the process of male development in hierarchical stages of increasing degrees of separation from others (Erikson, 1963; Levinson, 1978; Miller, 1986; Surrey, 1991b). Male development begins with the initial separation from the mother, who encourages separation and aggression, which are supported by society and the father (Stiver, 1991a). The male child begins to learn the value of autonomy and its associated characteristics of masculinity through play with other male children and by separation from the mother and anything

associated with being female (Chodorow, 1978; Miller, 1986; Stiver, 1991a).

Through play, he learns to establish and follow rules; to be competitive, powerful, and authoritative over others; to display no emotion other than anger; and to use force to gain a desired goal (Eisler, 1987; Gilligan, 1982; Miller, 1976, 1986; Noddings, 1984). Power is learned as finite in quantity and hierarchical; that is, if one person has more, another must have less, and the one with more power dominates the one with less (Miller, 1991c). These learned ideals set the stage for adulthood characteristics, including decision making, communication, male career culture, and relationships.

### **Decision Making**

The decision-making style of men mirrors their value of autonomy and associated characteristics. The emphasis is on rules established in childhood play (Gilligan, 1982). Social rules guide the male's progression of success, which will be discussed more extensively in the following text. Personal decisions are made with the primary goal of sustaining the man's upward, linear progression towards success. Decisions that allow for deviation from this path are not encouraged by society and typically are not made by men. These decisions include those influenced by personal relationships and emotions. Decision making at work also reflects this style. Decisions are made according to rules without consideration of relations with others or emotions, with a sense of finality by one man without acknowledgment of input from others, thus reflecting the valuing of individual power over others (Chodorow, 1978; Gilligan, 1982; Miller, 1986; Noddings,

1984).

### **Communication**

Men's verbal communication is a "combat style" of speech reflective of the value of autonomy. As learned in the formative years, men control conversations (including topics) through assertive, competitive dialogue such as interruptions, words, and physical gestures depicting violence and force (Stiver, 1991b). Men also use minimal response statements such as "yeah" and "mmm" to end an interaction or to drop a topic because these phrases do not encourage a response by the other party (Fishman, 1983). Statement of the facts without self-disclosure or emotion other than anger are preferred (Lakoff, 1990). Finally, men more frequently make statements than ask questions, and they do so without tags such as "I think" or "You know what?" (Fishman, 1983).

### **Career Culture**

Arising from the general male culture is the male career culture that outlines expectations for men's career success. The traditional male career culture accepted by society is based on previously described characteristics such as competition, autonomy, and power. A single goal is decided upon at an early age, as well as the socially prescribed singular path followed without deviation or distraction, even from personal relationships or needs. Success is measured by continuity and reverence to the path, as well as reaching the end-point of accumulation of prestige in the selected chosen work, power, wealth, and

accumulation of possessions (Bateson, 1989; Eisler, 1987). Self-esteem and social esteem are deeply rooted in work success (Stiver, 1991a). Relationships, professional and personal, are used to support this journey towards success. If the relationships are not supportive or are interfering, it is acceptable to dispose of them (Levinson, 1978).

In summary, the male culture, as established by the dominant culture, is defined primarily by the value of autonomy and its associated characteristics that underlie all aspects of men's lives. These characteristics include decision making, communication, and success. A description of the male culture must be included in a study about women and the female culture in order to understand the problems that women are reporting in their lives associated with the female and male genders.

## **Female Gender**

### **Values and Characteristics**

The female culture is based on the value of caring and the importance of relationships (Surrey, 1991b). Caring is the value underlying women's developmental and life experiences (Gilligan, 1982; Miller, 1976, 1986; Noddings, 1984). Caring experiences center around relationships with, and connectedness to, others, as well as nonhierarchical relationships based on responsibility, mutuality, interdependence, nonviolence, and empowerment of others (Bateson, 1989; Gilligan, 1982; Jordan, 1991a, 1991b; Miller, 1976, 1986; Noddings, 1984). Power is viewed in terms of the ability of women to empower others through

relationships while enhancing their own power (Miller, 1991c). Power over others is not desired because it interferes with relationships (Miller, 1986, 1991c).

Women develop the capabilities of building and maintaining caring relationships as children by modeling their mother's behavior and remaining in a strong relationship with her throughout development (Chodorow, 1978; Miller, 1986; Surrey, 1991a). This relationship includes learning how to care for other members of the family, especially the men (Chodorow, 1978). Caring is extended into relationships with other female children during play, which includes encouraging the expression of feelings and physical closeness, as well as anticipating others' feelings (Chodorow, 1978; Jordan, 1991a, 1991b). The attachment to mother and girlfriends is extended and continued throughout life (Stiver, 1991a). Caring and being in mutual relationships is the core of women's self-esteem (Surrey, 1991b). Caring and its associated emphasis on relationships are the basis for women's decision making, communication, and success. If caring is discouraged at any point in a woman's life, her development will be suppressed, and it will create depression (Kaplan, 1991).

### **Decision Making**

Decision making by women reflects the value of caring, as evidenced by the influence that relationships with others have on life choices (Gilligan, 1982; Miller, 1991a). The decisions women make have been labeled "relational choices" (Elgqvist-Saltzman, 1988). Relational choices are decisions women make about their lives that are significantly influenced by the life courses of other people.

Two examples are (a) a woman who does not accept a promotion that would require more time away from home because she is the primary caregiver for her children and (b) a woman who enters and leaves the work force and/or certain jobs based on what best supports her husband's career progression.

Other decisions such as those at work also reflect the value of caring and emphasis on relationships. Women tend not to follow preset rules, especially if it is at the expense of people (Gilligan, 1982). Rather, women consider the people and the context of the situation, including input from others, before reaching a decision, mirroring not only the significance of relationships but also the importance of empowering others (Stiver, 1991b). Problems that occur for women because of this decision-making style include being labeled as indecisive, slow to make decisions, and letting feelings get in the way of judgment (Stiver, 1991b).

### **Communication**

Women's verbal communication style also reflects the importance of connectedness to others. Women are the workers of conversations; that is, they are involved more actively in initiating and continuing conversations (Fishman, 1983). Women speak with emotion and share personal experiences in order to make a point (Lakoff, 1990; Stiver, 1991b). Statements are begun with qualifiers or tags such as "I believe" or "I feel" and end them with "don't you think?" in order to make it personal, encourage input of ideas from others, and soften potential negative responses (Eakins & Eakins, 1978; Fishman, 1983; Lakoff, 1990). Women demonstrate attending behaviors of listening such as direct eye

contact, not interrupting, and use of simple words or phrases such as “mmm” or “yeah” (Eakins & Eakins, 1978; Fishman, 1983; Stiver, 1991b). Statements are made in the form of questions or the introduction of ideas with attention beginnings such as “Do you know what?” in order to insure a response from the other party, particularly when conversing with men (Fishman, 1983; Lakoff, 1990).

Because the female style of communication is different from men’s and the male style is the preferred mode of communication, women experience problems in communication. Attentive listening behaviors may be misinterpreted as flirtatious (Sandler & Hall, 1986). Qualifiers, attention beginnings, and questions are misinterpreted as women being hesitant and unsure of themselves and of their ideas (Fishman, 1983; Lakoff, 1990). Finally, women are not listened to or taken seriously when they use emotion or self-disclosure in their communications (Lakoff, 1990).

### **Model for Success**

Success for women is defined in terms of being able to maintain successful relationships with others through caring (Kaplan, 1991; Miller, 1986). Society provides a traditional model for women, moving from childhood to adulthood, by the transfer of caring from the original family to marriage and motherhood. This model has been named the “feminine mystique”; that is, it is a life path portrayed as being fulfilling for a woman (Friedan, 1993).

Even though the core of most women’s lives is caring for others, they have a multitude of complex interests, responsibilities, and goals (Bateson, 1989). As a

result, women's life paths are not linear but are "zig-zags" or "spirals" (Bateson, 1989, p. 233). When women's lives are compared to the expectations of the male career culture (goal-directed, linear paths), their life paths are judged as deficient and unsuccessful (Bateson, 1989). Women lack models of success to fit life experiences. Models are needed that emphasize and illustrate the value of caring. Caring is valuable because it provides for mutual and intimate relationships, as well as empowerment of others and ourselves, and it encourages creativity and ideas from others and ourselves (Miller, 1986).

**Problems Resulting From the Gender Division  
of the Dominant Culture:  
Devaluing and Backlash**

Gender division of the dominant culture and the cultural force to maintain this division have been associated with problems for women. A review of the literature revealed two underlying causes for problems that stem from the division of gender.

First, because the female culture has been assigned the subservient role and the male culture the dominant role, the female culture has been devalued. Caring and relational behaviors are not valued by society (Kaplan, 1991; Miller, 1986). These behaviors are in direct conflict with the male values and characteristics viewed by society as valuable and desirable. Second, women are ostracized by the culture. In fact, they experience personal and professional difficulties if they try to design a life that is different from that preassigned by the culture, such as lifestyles that mimic the male culture, or attempt to meet both the male and female cultural

expectations.

The dominant society uses backlash to maintain the hierarchical cultural structure that values men and devalues women, as well as their related values and characteristics (Chodorow, 1978; Eisler, 1987; Faludi, 1991; Miller, 1986). Backlash includes cultural forces intended to push women back “in their place” when they try to make social gains, enter nontraditional areas, or break free from restraining traditional roles (Eisler, 1987; Faludi, 1991; Jussawalla, 1990; Miller, 1986). Backlash also involves the myth, glorified by the media, of the ideal female, which, at the same time, exploits women as sex objects. Actual and media-depicted violence against women increases as women attempt to make advances (Faludi, 1991). These social forces also blame feminism and women’s progress for problems currently facing women, when, in actuality, the problems are rooted in a gender-biased society perpetuated by the media (Faludi, 1991). Examples of devaluing, backlash, and specific problems identified by women are presented in the literature review chapter.

### **Summary**

This chapter described the importance of studying the life experiences of women nurse faculty in higher education. In the literature review chapter, women’s life experiences in the world generally, in higher education specifically, and in nursing education in higher education particularly are described. The findings of the literature review guided the formation of questions in the data collection process, as well as the search for patterns in the data analysis process.

## **CHAPTER II**

### **LITERATURE REVIEW**

The theoretical paradigm in Chapter I included a description of the values and characteristics of the gender division of the dominant culture, as well as theoretical explanations for the development and maintenance of the gender division. A grasp of these concepts is helpful in understanding the statistics and reports of women's experiences presented in Chapter II. The purpose of the literature review is to present what is known about women's lives and to establish an awareness of the need for future research on the life experiences of women nurse faculty in higher education.

#### **Status of Women**

The progress that women have made over the years is relatively small, and it has been reserved for a privileged few, as demonstrated by the following statistics (Faludi, 1991; Miller, 1986).

#### **Status of Women in the World**

World statistics on the status of women paint a gloomy picture on the worth placed on women. Even though women make up one half of the world's population and perform two thirds of the work, they earn only one tenth of the

world's income and own one-one-hundredth of the world's property (MacFarquhar, 1994). In some Third World countries, women receive inferior food and health care compared to men (MacFarquhar, 1994). Infanticide, abortion, and modern technology are used to eliminate female fetuses and infants in some countries (MacFarquhar, 1994). In some Islamic and African societies, women are mutilated and even killed by female circumcision and indiscriminately murdered by family members (Women's Action Coalition, 1993).

In modern Eastern Bloc countries, women are experiencing an epidemic of backlash. Seventy percent of terminated workers are women (Gryaznova, 1994). Women are experiencing an increase in sexual harassment on the job (Gryaznova, 1994). Misogyny, including the return of the feminine mystique, rape, and violence, is on the rise (Albats, 1994; Gryaznova, 1994; Jogan, 1994; MacFarquhar, 1994).

### **Status of Women in the United States**

In the United States, women also struggle against backlash and discrimination. Households led by women experience higher poverty rates than those headed by men. In fact, the rate of women in poverty has increased since the 1960s (Peterson, 1987). Women with children, in particular, suffer, with three out of five single mothers living below the poverty level (Women's Action Coalition, 1993).

Poverty for women is related to occupational sex segregation, discrimination, and governmental policies. Since the 1980s, the number of women

entering male occupations has been at a standstill, whereas the number of women entering the poorly paid, traditional female occupations has increased (Faludi, 1991; Women's Action Coalition, 1993). The future is not bright for the 80% of women workers found in the lowest paying jobs (Miller, 1976).

Financial and career rewards for women also are limited by gender discrimination for those who perform work in male-dominated fields. Gender continues to be the predominant variable influencing salary discrepancies between men and women (U.S. Department of Commerce, 1984). Women earn only two thirds of men's salaries (Women's Action Coalition, 1993). Minuscule progress has been achieved in salary equity over the past 40 years. In 1955, women earned \$.64 for every \$1.00 earned by men, and, in 1992, it was \$.66 compared to \$1.00 (Women's Action Coalition, 1993).

Career potential also is limited by gender. Women have entered male occupations, but they do not progress as far or as rapidly as men. Recent studies conducted in various fields of work reveal that the glass ceiling remains intact, preventing women from progressing into the upper echelons of their careers (Faludi, 1991; Naff, 1993; Swift, 1993; Wentling, 1993). Even the federal government has recognized the problem and has established a program to assist businesses in breaking the glass ceiling (Dominguez, 1991; Guy, 1993).

Governmental policy plays an influential role in perpetuating the inequality women experience, including poverty. Lack of sufficient federally supported child care prevents women from advancing economically and reflects how society

devalues them and caring (Gordon, 1991; Peterson, 1987). During the Reagan years, federal funding for child care was cut in half despite the 12% increase in working mothers since 1981 (Women's Action Coalition, 1993). Because of inadequate support for child care, women and their children live in poverty, not having access to opportunities that would offer them choices (Gordon, 1991; Peterson, 1987).

Sexual harassment is a problem reported by women in all occupational fields and levels of employment (Faludi, 1991). One out of every two women will experience sexual harassment in school or on the job (Women's Action Coalition, 1993).

Finally, backlash in the form of violence against women, including rape and domestic violence, has been increasing since the 1970s, which corresponds to the era when women were increasingly entering the work world. Rape has doubled since the early 1970s (Faludi, 1991). Staggering statistics on domestic violence also illustrate the epidemic of violence against women ("No More," 1994; Women's Action Coalition, 1993).

The first part of this chapter presented general statistics on the status of women, indicating that women's lives are significantly affected by the gender division of the dominant culture. The next section presents common issues that have resulted from research on women.

### **Women's Career Paths and Associated Issues**

Women's career paths include many stops, starts, and detours because of relational choices. Examples of these choices include career decisions made for the purpose of supporting a significant other's career or for child or elderly caretaking (Grant, 1989). Thus, women do not meet the male time line for career progression and are viewed as unsuccessful or not committed to their profession (Grant, 1989; Spencer, 1986; Stiver, 1991b). As a result, women are rated lower and promoted less frequently (Guy, 1993; Naff, 1993).

Women are uncomfortable with the key elements of male success such as autonomy, aggressive competition, and accumulation of possessions, which all lead to power because of the lack of fit with caring and the adverse effect on relationships (Gordon, 1991; Miller, 1976, 1991c; Stiver, 1991a). Women are more comfortable using their relational abilities to exert power in the form of empowering others (Miller, 1991c). However, this practice of power, created by relational abilities, does not fit the status-quo definition and practice of power in the marketplace. As a result, women are criticized for their failure to pursue power as men do (Gordon, 1991; Miller, 1986, 1991c; Stiver, 1991b).

In addition to differences in power, women also handle career accomplishments in a nontraditional (nonmale) style. Successful women attribute their success to "lady luck" or to a male partner, rather than drawing the deserved attention to themselves, because it is not a feminine trait and may draw criticism or interfere with relationships (Carp, 1991; Stiver, 1991b; Wiersma, 1988). Another

explanation for not accepting sole responsibility for success is that women recognize and accept that their success is interconnected with support from others, not autonomous/individualistic male success, even though the latter is still what is rewarded (Gordon, 1991).

### **Women's Communication**

Women report gender-related differences in communication in the workplace, which reflect those presented in the theoretical paradigm in Chapter I. Women's speech is compared to the male style and is considered inferior. Their style of communication results in being ignored and interrupted, and it is viewed as being indecisive, flirtatious, and lacking authority (Case, 1993; Eakins & Eakins, 1978). Yet, women adopting the male style are criticized as being aggressive or castrating, and they run the risk of alienating others, which women avoid because of the potential adverse effects on relationships (Case, 1993; Eakins & Eakins, 1978; Lakoff, 1990). Again, women are in a "double bind." Despite which gender style women use (male or female), they are criticized, and their messages are not heard (Case, 1993; Eakins & Eakins, 1978).

### **Women's Personal Health and Relationship Issues**

Women report experiencing health and relationship problems from attempting to balance the demands of female and male success expectations. The problems stem from the role strain experienced as women try to meet career demands, caring demands of others, and their own needs. Women report having to

assume the majority of traditional female responsibilities that compete for time with career demands (Gordon, 1991; Stiver, 1991b). Job or personal life responsibilities suffer. If relationships are adversely affected, guilt, anxiety, decreased self-esteem, and ultimately depression may result because women's self-esteem is based on maintaining successful relationships (Bateson, 1989; Gordon, 1991; Kaplan, 1991; McBride, 1988; Miller, 1986; Stiver, 1991a; Surrey, 1991a).

Lack of time for women to pursue their own interests, including maintaining health, results from having to work hard in order to meet traditional responsibilities without the support of mutual caring relationships. Women are expected to care for others at the expense of their own needs and are viewed as selfish if they do not (Miller, 1986). The outcome is that women become angry because their needs are not met. However, expression of anger by women is not acceptable in society because it is not feminine; therefore, it is tucked away until it manifests itself as resentment, anxiety, and depression (Heilbrun, 1988; Jordan, 1991b; Kaplan, 1991; Miller, 1991b; Stiver, 1991a). Finally, adverse effects on physical health result from lack of time to care for oneself. Problems include lack of exercise, inadequate nutrition, and fatigue (Abarbanel, 1991; Houston & Kelly, 1992; Miller, 1991b).

### **Summary**

The themes prominent in women's life experiences are associated with the gender division of the dominant culture, including the general devaluing of women. In the following section, examples from the lives of women faculty members in

higher education further illustrate the issues discussed in this portion of the chapter.

### **Women Faculty in Higher Education: Status and Life Experiences**

The literature on women faculty reveals that their experiences in academe are reflective of women throughout society. Gender is a significant variable in the career development and experiences of women in academe (David, 1989). The role gender plays is illustrated by statistical data and the stories women faculty tell about their lives.

The landmark research of Bernard (1966) was one of the first studies on the status of academic women to include gender-related issues. Bernard found that women were more likely to be in positions that emphasized teaching, rather than research and publishing, and that these positions were in less prestigious institutions. Women received doctorates and taught more in the areas of the humanities and social sciences rather than the physical sciences. Rank and salary were inferior to that of men, even when all variables were controlled. Astin (1969) reported similar results, indicating discrimination in salary and promotion that adversely affect academic women's careers.

A comprehensive review by Moore and Wollitzer (1979) of the research literature on academic women faculty in higher education, published from 1970 through January 1978, concluded that the facts of employment for women in higher education continued the trends brought to light by Bernard (1966). Discrimination

against women persisted despite implementation of affirmative action programs. Gender-related differences continued to be evident in the areas of “mobility, promotion rates, salaries, access to research and opportunity networks” (Moore & Wollitzer, 1979, p. 3).

Recent statistics indicate that these same problems currently exist in all fields and all types of institutions. However, some progress has been made, as evidenced by the increase in the number of women entering as faculty in higher education. The number of women receiving doctorates has doubled since the early 1970s (Weis, 1985); thus, there has been a 30% increase in women faculty during the past 10 years (American Association of University Professors, 1993b). Even though some progress has been made in reducing entrance barriers for women faculty, career progression has changed little (Clark & Corcoran, 1986). The major inequities identified in the 1960s remain a reality for women academicians (Maitland, 1990).

### **Salaries**

Studies in academe indicate that gender is a significant variable in the salary difference between women and men (McCarthy, Kuh, Newell, & Iacona, 1988; Pounder, 1989). In 1993, women full professors earned only 88.2% of men's salaries at the same rank, 93% as associate, 92.3% as assistant, 94.4% as instructor, and 87.5% as lecturer (American Association of University Professors, 1993a). Salary was reported as a factor in job dissatisfaction (Bowen & Schuster, 1985; Pearson & Seiler, 1983), with twice as many women as men reporting

dissatisfaction with salaries (McCarthy et al., 1988).

### **Faculty Positions, Promotion, and Tenure**

The trend for universities and colleges to create increasing numbers of part-time and nontenure track positions is an issue that continues to receive much discussion in higher education. The subject is of particular interest to women faculty because more women than men fill part-time and nontenure track positions. Forty-three percent of women in academe hold part-time positions compared to less than 30% of men (American Association of University Professors, 1993b). Furthermore, 29.4% of women faculty hold full-time, nontenure track positions compared to 14.7% of men (American Association of University Professors, 1993b).

Inequities exist even when women are hired for full-time positions because they do not progress as rapidly or as far as men toward senior faculty ranks (Clark & Corcoran, 1986; McCarthy et al., 1988). If women progress quickly, they have suffered and overcome the hardships of being a female in a male occupation (Clark & Corcoran, 1986). The percentage of tenured female professors has remained consistent during the past 10 years, with only 46% of female professors being tenured compared to 71% of male professors (all ranks combined) (American Association of University Professors, 1993b). In addition, the rate of promotion for women is approximately 2 to 10 years longer than for men, even when years of experience, education background, and academic field are controlled (Etaugh,

1986).

### **Summary**

The facts of employment presented above paint an historical and statistical picture of the current status of women faculty in higher education. The following section elaborates how these facts relate to and affect the lives of women faculty. In addition, research is presented that describes additional problems that women experience because they are females in the androcentric world of higher education.

### **Career and Personal Issues**

The problems experienced by women in higher education are associated with gender and are similar to those experienced in other areas of society (Sandler & Hall, 1986). Issues that are evident in the education literature have been categorized into the following areas: (a) role strain, (b) communication, (c) professional socialization and networking, and (d) sexual harassment/gender stereotyping.

### **Role Strain**

The most discussed area of concern for women in academe is the role strain experienced from attempting to balance professional and personal responsibilities (Clark & Corcoran, 1986; Eliou, 1988; Hensel, 1990, 1991; Menges & Exum, 1983; Sorcinelli & Near, 1989). Women continue to carry the majority of the household/family responsibilities, including child care and elder care (Maitland, 1990; Seeborg, 1990). Women state that academe is not understanding of personal

responsibilities (Hensel, 1991; Maitland, 1990; Sandler & Hall, 1986). If women take time off to have children or to care for elderly family members, they are often viewed as not being serious about their profession and are penalized because they did not follow the continuous linear path to tenure (Elgqvist-Saltzman, 1988; Hensel, 1991; Jensen, 1982; Sandler & Hall, 1986). However, if they neglect their feminine duties, they are again criticized (Jussawalla, 1990; Sandler & Hall, 1986). This Catch 22 situation causes health and relational problems such as burnout, stress, unspecified health concerns, family conflicts, and home conflicts (Clark & Corcoran, 1986; Stokes, 1984).

Higher education is not understanding or supportive of women's reality because it was designed for and by men (Maitland, 1990; Menges & Exum, 1983). The traditional model for a successful faculty career was developed around the typical male lifestyle that included having a wife (Hensel, 1991). The professional expectations were that the faculty member needed a full-time partner to maintain the home front, in addition to being an editor, typist, and entertainer, while the male faculty member worked more than 50 hours per week (Hensel, 1991). Women do not have this luxury, and, as a result of trying to balance work and home, experience role strain (Hensel, 1991).

Another component of role strain is the overloading of full-time and part-time women faculty. Women tend to be assigned to the larger basic and undergraduate courses, more students to advise, and more (though less powerful) committees (Hensel, 1991; Maitland, 1990; McCarthy et al., 1988; Sandler &

Hall, 1986). McCarthy et al. (1988) found that women teach, on average, 1 more hour per term than men. Heavy advising and committee assignments are most likely in departments in which there are few women to meet the requirements for the “token woman” on committees and the desires of students for a female advisor (McCarthy et al., 1988; Sandler & Hall, 1986). Last, women admit to having to perform twice the amount of work, twice as well, in order to receive recognition for their accomplishments; even then, they believe they are overlooked (Sandler & Hall, 1986; Stokes, 1984).

### **Communication**

Communication style differences, based on gender, are present in academe, creating problems for women faculty. Women are interrupted, ignored, viewed as weak, and not taken seriously by men—even when they are the boss (Sandler & Hall, 1986; Simmons & Jarchow, 1990; Stokes, 1984). As a result, women’s participation in, and contribution to, meetings, decision making, and collegial relationships are limited (Sandler & Hall, 1986; Stokes, 1984).

### **Professional Socialization and Networking**

Women report difficulties in finding mentors and establishing professional networks within academe. During college, there is a lack of female mentors; in fact, male professors hesitate to help until the woman proves that she has accepted the status-quo career path (Abu-Lughod, 1981; Clark & Corcoran, 1986; Eliou, 1988). Once hired into an academic position, women continue to report problems

establishing successful networks with colleagues, particularly males, who subtly and blatantly exclude them (Maitland, 1990; McCarthy et al., 1988; Stokes, 1984). This situation is particularly true if the women are involved in nontraditional methods and areas of research such as women's studies (Jensen, 1982; Sandler & Hall, 1986). As a result, women receive less departmental support for research and publishing, and their scholarly work is hindered by less funding, lack of secretarial support, less desirable office space, and blatant discouragement from administrators and colleagues (Sandler & Hall, 1986). Lack of collegiality affects job satisfaction and decisions to leave or stay at an institution (Manger & Eikeland, 1990; Stokes, 1984). Finally, not only do men exclude women from networks but also women who have selected the mainstream career path do not accept women who make different career and personal choices (Sandler & Hall, 1986).

### **Sexual Harassment/Gender Stereotyping**

Women in academe report experiences with sexual harassment and gender stereotyping that affect them professionally and personally (Jensen, 1982; Maitland, 1990; Stokes, 1984). Sexual harassment and gender stereotyping include direct sexual advances, ignoring a female administrator's directives by male subordinates, complimenting women's personal attributes rather than professional, making them feel like sex objects, expecting them to be the mother figure, and gender-related jokes (Jensen, 1982; Sandler & Hall, 1986; Stokes, 1984). Sexual harassment is a form of backlash that hinders women's progress and contributions to higher education (Sandler & Hall, 1986).

### **Summary**

The above data on women faculty in higher education support the literature found on the experiences of women in general. One identified need to fill a void in this part of the literature is for further research regarding the effects on health. The following and final section of the literature review is an analysis of nursing literature about the life experiences of women nurse educators in higher education.

#### **Women Nurse Faculty in Higher Education**

Similar to other women in higher education, women nurse faculty experiences salary and promotion inequities. Nursing faculty salaries historically have not been commensurate with the education requirements, workload, and job demands (Stewart, 1920). Monetary compensation exists for nursing faculty in higher education because they are women and teach in a traditionally female discipline; thus, they are prone to lower salaries (Blum, 1989). Even deans of nursing make less than other deans, including those in different health-related fields (Barge, 1986). Salary compensation is a source of dissatisfaction that affects the retention of nursing faculty (Lenz & Waltz, 1983). Nurses have left academe in recent years because of higher salaries in the practice setting (Bowen & Schuster, 1985; Mullinix, 1990).

Career progression in higher education also is limited by being female. Relational choices affect the nursing faculty's ability to stay on the time-limited track of academic progression that defines faculty success. For example, a nursing faculty who makes career choices such as changing jobs or rejecting opportunities

based on a spouse's career change that may adversely affect her own progression (Barge, 1986; Lenz & Waltz, 1983).

Blatant gender discrimination is evident in nursing within the university setting. For example, the career progression of nursing education administrators is slow and limited to being dean of nursing because of gender (Barge, 1986). Deans of nursing are less likely than men to be promoted or hired into administrative jobs within the university (Barge, 1986).

### **Role Strain**

As with other women faculty, role strain and its adverse effects on women's lives, including career and health, are evident in the literature as a significant issue for nursing faculty. Role strain or feeling overloaded is reported by nursing faculty in relation to trying to succeed at meeting the tenure demands of research, teaching, publishing, service, and clinical practice (Barge, 1986; Lott, Anderson, & Kenner, 1993; Mobily, 1991). Mobily (1991) reported that faculty spend, on average, 53.1 hours per week on work. Careers and contributions to academe are adversely affected by role strain, leading to feelings of incompetence and lack of accomplishment that adversely affect the quality of the faculty's teaching and contribute to the decision to leave academe (Dick, 1992; Lott et al., 1993).

### **Personal Health and Relational Issues**

The adverse effects of role strain on the nursing faculty's personal life also are evident in the literature. Faculty reports that job demands interfere with

personal relationships and interests due to lack of time and negative responses to others (Dick, 1992; Lott et al., 1993; Mobily, 1991; Redmond, 1991). Similar to other working women, nursing faculty is expected to place both family and job first, that is, live both male and female values without the support of the work environment (Barge, 1986). Lack of support via mutual caring in personal relationships was not discussed but may be a factor contributing to role strain since married faculty and those with children were among those experiencing the most role strain (Mobily, 1991).

The effects of role strain on emotional and physical health also were evident in the literature. In response to role strain, the faculty reported feelings of depression, guilt, anger, anxiety, failure, tension, and frustration (Lott et al., 1993). Emotional and physical fatigue also was cited as a problem (Dick, 1992; Lott et al., 1993; Mobily, 1991). In addition, nursing faculty reported sleep disturbances, weight gain/loss, hypertension, and headaches (Lott et al., 1993).

### **Backlash, Sexual Harassment, and Communication**

There is a lack of information in the literature regarding nursing faculty experiences with gender differences in communication, backlash, and sexual harassment.

### **Conclusion**

During this century's quest for professionalization of nursing using the male gender-based standards of higher education, nursing has moved from the

patriarchal hospital setting for nursing education to the androcentric milieu of higher education. Nurse educators' life experiences, like their sisters in other areas of work, are affected by gender differences of the dominant culture. In general, there is a lack of information in the nursing literature on the life experiences of noneminent women nurse faculty in higher education, and there is a need for research that presents noneminent nurse faculty's life experiences, including the issue of gender differences. Such research would help to fill the void that exists in the literature on women's lives, and it would provide information that nursing education could use to analyze the effects of adopting the traditional male standards for success in higher education on women's lives. Finally, the research would provide exemplars of developmental life paths that other women could use to validate or plan their own life experiences.

## **CHAPTER III**

### **METHODOLOGY**

#### **Research Design**

A research design featuring a combination of feminist, ethnographic, and life-history approaches was selected to explore, describe, and interpret the life experiences of nurse faculty in higher education. Creative experimentation, with combined research approaches such as this one, has been encouraged for qualitative nursing research (Boyd & Munhall, 1993). Similar combined approaches have been used in nursing research to study women's lives (Berrey, 1987).

#### **Feminist Approach**

The feminist influence was evident in the problem for the present study and is presented in all aspects of the research design. The ethnographic and oral history approaches reflect the characteristics of successful feminist research, as established by recent feminist theorists and researchers. The guidelines and how they were met by the present research follow.

First, the entire process of feminist research must reflect women's experiences and the plurality of their experiences, including the effects of culture, race, socioeconomic class, and individual life roles on the experiences of women's lives within a larger historical, social, and political context (Hall & Stevens, 1991;

Harding, 1987). The study design assured for the accurate reflection of women's experiences through the use of a feminist approach to interviewing and by seeking each woman's verification of the research results. The plurality of the women's experiences was considered when analyzing the data by specifically identifying patterns unique to each woman's life in addition to patterns common to all participants. The final written report reflects plurality by presenting each woman's life as a brief biography, including culture, race, socioeconomic class, life roles, and a description of her environment consisting of the institution of higher education in which she is employed. Discussion addressing how the factors of diversity of the participants relate to the common patterns derived from all participants is included in the presentation of results.

The second characteristic for successful feminist research is that the purpose of the research should provide answers to questions women identified as important (Hall & Stevens, 1991; Harding, 1987). A need for research was recognized to fill the current void in knowledge about women's lives. What little literature is available indicates that one of the important issues in women's lives is cultural gender differences, which cause problems in all aspects of their lives. The research results were made available to the participants who may choose to use them for problem solving, validation of experiences, and making future life choices.

Third, the researcher conducting successful feminist research must be on the same critical plane as the participants (Hall & Stevens, 1991; Harding, 1987).

I am on the same critical plane as the participants; that is, I am a nurse educator in higher education. Oakley (1981) stated that a “feminist interviewing women is by definition both ‘inside’ the culture and participating in that which she is observing” (p. 57). However, I am also white, from a traditional middle-class background with all of its privileges, and have experienced traditional and nontraditional heterosexual lifestyles. In order to discuss possible influence, I addressed my values, feelings, and beliefs in the data analysis and then discussed how my presence may have affected the development of the research problem, data collection, analysis, and interpretation so that the research could be critically scrutinized by others.

Finally, successful feminist research must recognize that gender differences in language influence the research process and outcomes (Devault, 1990; Hall & Stevens, 1991). Traditional language may not accurately describe women’s experiences because of the historical male influence (Devault, 1990). Therefore, I was conscious of this problem in selecting terminology in the proposal and in forming interview questions such as being careful not to separate women’s experiences into work and personal because the two are closely interwoven. Also, care was taken in the analysis of data to use language from the women’s descriptions of their experiences (Devault, 1990; Hall & Stevens, 1991). Another aspect of language is the gender-based difference in communication styles, as described in the literature review that contribute to women not being heard. Because I am a woman, this facilitated the flow of communication. Most

important, a feminist interview technique was used that was believed to have facilitated communication of the women's experiences (see Data Collection Procedures).

The four characteristics for successful feminist research and association with this study were outlined above. In the following sections, the rationale for the use of ethnography and oral history approaches is discussed, as well as their compatibility with the feminist approach, as the best combination of methods for studying the life experiences of women nurse faculty in higher education.

### **Ethnographic Approach**

Culture traditionally is described as "how the members of a particular social group act and believe they should act" (Wolcott, 1987, p. 41) or their "way of life" (Germain, 1993, p. 237). However, culture is more than what can be observed or described as behaviors. Culture is the history of the values that underlie and guide the activities of the group (Eisler, 1987); it is the ever-present influence to which individuals mold and compare their life experiences and/or resist against (Anderson & Jack, 1991); and it is the underlying cause of an individual's problems (Anderson & Jack, 1991; Miller, 1986). Finally, culture is the invisible, the untold stories of the subordinate members of the group (Anderson & Jack, 1991; Gluck, 1979).

The general culture in which women nurse faculty lives is a social system in which group and individual behaviors are strongly influenced by prescribed gender roles. In this system, the male value of autonomy and associated

characteristics are dominant over the female value of caring and associated characteristics. Within this culture exist many subcultures such as professions and sociocultural institutions reflective of the gender division and inequality.

An example of a subculture is the professional culture of nursing within the sociocultural institutions of hospitals and higher education establishments. Historically, nurses have experienced problems because they have been the subordinate group (female and in a profession associated with female values) within both sociocultural institutions. A difference between nurses' lives in hospitals compared to higher education institutions is that within hospitals they were expected to ascribe only to the female value of caring and associated characteristics. Once nursing moved to higher education, the nurses who had become faculty had two opposing sets of values and characteristics to meet: (a) the female of their personal gender, as well as profession, and (b) the male career culture, with its standards and expectations for presence and success in higher education.

The purpose of this research was to explore, describe, and interpret the life experiences of women nurse faculty in higher education. The ethnographic approach was selected because it facilitates understanding the women's life experiences within the cultural context that significantly influences women's lives, as well as the interpretation and meaning of their experiences (Anderson & Jack, 1991). Ethnography provides the means to explore, describe, and interpret the patterns or life-ways of a culture through guided data collection and analysis in

rich detail, as well as the historical, social, and political context required of successful feminist research (Fetterman, 1989; Germain, 1993; Harding, 1987; Leininger, 1985; Spradley, 1979; Wolcott, 1987). This approach is ethnographic rather than a “true” ethnography because the researcher could not conduct a “prolonged, systematic, in-depth study” of one particular college of nursing or one type of institution of higher education (Germain, 1993). The culture of interest is globally the culture of doctoral-prepared women in baccalaureate schools of nursing in institutions of higher education.

Data collection and analyses were guided by the ethnographic approach. The ethnographic criteria described by Spradley (1979) for selecting a good cultural informant were used to guide the selection of participants (see Participant Selection). Data were collected using an ethnographic-type, interactive, in-depth interview (see Life-History Approach and Data Collection Procedures). Spradley’s ethnographic data analysis technique was consulted as one of the means for analyzing the life-path diagrams and interviews. This technique guided the data analysis to preserve the context and meaning of women’s descriptions of their lives essential for successful feminist research (Hall & Stevens, 1991; Harding, 1987). The technique also provided guidance for interpretation, in conjunction with the participants, of the patterns and meanings that emerged from the descriptions of their lives (Wolcott, 1987).

### **Life-History Approach**

The life-history approach was selected for this study design to guide the data collection process, including the life-path description and interviews. Life history provided the means for identifying, describing, and interpreting unique and common themes in women's lives through intimate, in-depth, first-person narratives of the chronological sequencing of women's lives (Gluck, 1979; Leininger, 1985). Life history also worked with the ethnographic approach to ground the women's life histories within the dominant culture, the sociocultural profession of nursing, and the institutions of higher education. Feminist criteria are interspersed throughout the life-history approach, tailored specifically for this research design, and are described in the following paragraphs.

According to Gluck (1979), conducting oral histories with women is different from the traditional oral history in two ways. First, the political base is different. That is, all women's lives are considered important, not just those in the spotlight, and all aspects of women's lives are important to know because the personal or private cannot be separated from the political. Second, the content of women's lives is different. That is, their everyday lives such as their work, biological events, belongings, and relationships are different from what traditionally has been included in oral histories. The pioneering works of Baum (1975) and Sitton, Mehaffy, and Davis (1983) were used as guides to the interview process, in conjunction with the recommendations of recent feminist researchers, on how to tailor the traditional oral history interview in order to capture the

rhythm of the women's lives. The fine points of how this was accomplished are presented in the data collection section.

The feminist approach to oral history meets the criteria for feminist research; that is, it provides a way for women to tell, in their own words, what is important in their lives and what illuminates uniqueness and diversity, in addition to the themes common to all women's lives (Gluck, 1979; Leininger, 1985). The feminist approach also provides a vehicle for women's voices and stories to be heard, which, until recently, were a part of the culture that was unknown and silent (Gluck, 1979). The process of the life history was nonexploitive because it gave something back to the women, and it has been found to have therapeutic value by enhancing self-esteem through recognition of the worth of contributions (Bloom, 1979; Gluck, 1979; Leininger, 1985; Wiersma, 1988). In addition, the technique of oral history will be useful to other women and men. Bloom (1979) stated that a woman's story "can help to illuminate the future with her experiences from the past" (p. 1).

### **Research Method**

#### **Participant Selection**

A judgment or purposive sampling was used for the selection of participants because it was consistent with the ethnographic and life-history approaches, and it upheld the criteria for successful feminist research (Burns & Grove, 1987; Fetterman, 1989; Leininger, 1985; Sitton et al., 1983). The process was designed to identify expert informants who had the knowledge and were willing and able to

provide rich data representative of the culture (Sitton et al., 1983), which is consistent with the ethnographic component of this study. All women, not just those identified as “very important people,” who were nursing faculty in the selected colleges and who met the criteria, were invited to participate (Gluck, 1979), which corresponds to the feminist approach. A limitation of the selection criteria that could be considered elitist was that only those with doctorates were invited. However, this selection was made because it was assumed that if the woman had a doctorate that she had been involved in the culture for some time and, therefore, was considered encultured. Many good informants without doctorates were eliminated by this criterion in order to maintain the feasibility of the study, but it is my intent to include other nursing faculty in future studies.

The first criterion was that the participant had to be enculturated into nursing in higher education and have expert knowledge (Spradley, 1979). Therefore, the participant had to be currently employed teaching nursing in a higher education institution for a minimum of 5 years, but not necessarily at the present college for that period of time. Second, the participant had to have completed a doctorate and be teaching in a baccalaureate school of nursing. The baccalaureate schools were selected as a criterion in order to focus the study for the purpose of feasibly completing the dissertation process within the time restraints.

Three baccalaureate programs in nursing were selected based on convenience of accessibility. Next, college catalogs from each school were

obtained. All full-time nursing faculty who had a doctorate were sent a letter inviting them to participate (see Appendix A). The letter explained how I obtained their name, the purpose of the study, and how their participation was related and important to the study, expectations for participation, and how the information was to be used (Gluck, 1979). In order to begin an open and trusting relationship with the first contact, the letter also included my brief biography and interests (Gluck, 1979; Oakley, 1981).

Instructions for the life-path descriptions were included with the letter (see Appendix B). Also, the participant was provided with a consent form (see Appendix C). Informed consent to participate was implied when the woman returned the signed consent form.

### **Participants' Characteristics**

Seven women consented to participate in the study out of the 25 who were sent invitations for participation. This number of women was found to be substantial for answering the research questions and for providing rich data from which themes were identified and described. The following characteristics were included in this section because they were mentioned by the participants and, thus, were considered important. In addition, the characteristics listed supported a comparison to the literature. Also, these details will be useful for other researchers and women to compare and learn from these women's life stories.

Six of the women were of the age cohort between 55 to 65. They had earned their basic degrees (licensed practical nurse [LPN], diploma, and

baccalaureate) in the 1950s and 1960s; a master's degree in the 1960s, 1970s, and 1980s; and a doctorate degree in the 1980s and 1990s while in their 40s and 50s. One of the participants was in her 40s. She had completed her baccalaureate and master's degrees in the 1970s and doctorate degree in the 1990s.

Five of the women were in a heterosexual marriage, 1 was widowed, and 1 was a Catholic sister. Four of the women had children (between two and six each). The women had grown up in poor- and middle-income families, two single-parent families and five dual-parent households. Most of the women came from middle-class working families, and 3 described their family as poor or as having financial difficulties when they were growing up. The poor households were headed by women. Four of the 7 participants had been raised in rural areas, and 3 had been raised in urban areas. Six of the women were Anglo American and 1 was Japanese American.

### Setting

The women who responded were teaching in three different baccalaureate nursing programs in three states they considered to be rural. Rural living is described in the results section because it was an important theme in the women's lives. Two of the universities were Category I (doctoral-level institutions) and one university was Category IIA (comprehensive institution) or one that does "not engage in significant doctoral-level education" (American Association of Professors, 1994, p. 28). All three programs had baccalaureate and master's programs but no doctoral programs in nursing. Two of the participants taught

primarily on satellite campuses that were approximately 150 miles away from the main campus. Four of the interviews were held in the women's offices at the universities, 1 at my hotel, and 2 in the participants' homes. The location of the interviews was determined by the participants, as suggested in the literature (Baum, 1971).

### **Data Collection Procedures**

Two primary sources of data were used to address the research questions.

### **Life-Path Description**

Each participant completed a life-path description and submitted it prior to the interview, with the exception of 1 woman, who gave it to me at the time of the interview. The life paths depicted the women's life experiences and provided data as to the sequence of life events, life decisions, and important components that influenced their lives. The women were mailed instructions for completing a description that depicted their lives, beginning with their entrance into higher education (approximately age 18) and continuing to the present (see Appendix B). This time frame was selected in order to limit the amount of data and to make the study more feasible. However, if important events occurred prior to this age, which the women believed significantly influenced their adult lives, they were encouraged to include this information.

Elgqvist-Saltzman (1988) used a similar method by having women mark important life events on a time line. Considering the complexity of women's lives,

as noted in the literature review, I viewed this approach as restricting. Rather, I encouraged the women to illustrate the chronological sequence of their lives in a creative manner that best fit the pattern they viewed their lives taking, which, for most women, is not linear (Bateson, 1989; Miller, 1986).

The contents of each of the 7 life-path descriptions were unique, but the styles were similar. Most listed the dates and/or ages in linear sequence and then a brief narrative description of events that occurred during that period of time. One participant drew what she called a matrix that included dates and events, and then she concluded with a few written thoughts. Some of the women also included emotions associated with the time frame. The descriptions were from 1 to 9 pages in length.

The life-path descriptions were useful in preparing for the interviews, as well as for the data analysis (Baum, 1971; Elgqvist-Saltzman, 1988; Gluck, 1979; Paterson & Bramadat, 1992). During the analysis, the life-path diagrams were helpful for validation and clarification of the data, particularly in gaining clarity of the chronology and for triangulating themes, as indicated by Leininger (1985). For the only interview that I did not receive the life path in advance, I made mental notes and then referred to it for clarification of dates and sequencing. In addition, the life-path descriptions helped the participants to structure their ideas for the interview, as suggested by the literature (Gluck, 1979).

## **Interview**

The second source of data was the life-history interview, which was used to elicit the woman's description of her experiences through first-person narrative. The interview process reflected the feminist view of research; that is, it was considered a nonhierarchical, mutual interaction in which the researcher and participant asked and responded to questions and then gave information within an environment of warmth and mutual respect (Gluck, 1979; Oakley, 1981). The participants asked questions primarily about the research project itself and very few questions that were personal in nature. Perhaps this type of question was asked because of the way in which the interviews were established with the preinterview techniques, implying that the participant was the sole focus of the interview. Additional face-to-face interviews and/or more flexible time schedules may have encouraged more questions from the participants. Each of the participants was a gracious host and welcomed me with refreshments. Topical and chronological approaches to the life-history interview were used to narrow the scope to include primarily the time period, beginning with careers in higher education, as well as the investigation of gender differences (Sitton et al., 1983).

The interview process followed three steps: (a) preinterview, (b) interview, (c) analysis of the interview, and (d) follow-up interview (Sitton et al., 1983).

### **Preinterview**

The preinterview included selection of the participants and preparation of the participant and researcher for the actual interview. I solicited participation, as

discussed in a previous section. Upon receiving the life-path illustration from each participant, I telephoned her and scheduled the interview. At this time I also answered any questions the participants had and then reviewed the anticipated format of the interview such as reciprocity of relationship, privacy, participants' rights, tape recording, and time (Fetterman, 1989; Paterson & Bramadat, 1992; Sitton et al., 1983). Preinterviews have been found to help establish a trusting relationship between the participant and the researcher, thus enriching data (Paterson & Bramadat, 1992). Telephone preinterviews are acceptable for oral histories, taking less of the participant's and researcher's time, yet accomplishing the same goals (Paterson & Bramadat, 1992; Sitton et al., 1983).

After receiving the life-path diagram, I edited the Interview Guide (see Appendix D) in order to focus on the specifics of each participant's background (Sitton et al., 1983). The Interview Guide had many similarities intended to elicit common patterns in women's lives. However, each interview was individualized according to each woman's life, and it maintained the feminist perspective of diversity among women (Baum, 1971; Gluck, 1979). The Interview Guide was not shared prior to the interview in order to avoid influencing the participant's monologue (Gluck, 1979).

### **Interview**

The oral history interview was a "quasi-monologue" (Gluck, 1979, p. 8), as expected that provided an environment for the woman to communicate what was important to her in whatever sequence naturally flowed during the process (Sitton

et al., 1983). I generally maintained silence, actively listened, and used attentive body language; occasionally I asked probing questions (Gluck, 1979). The topical outlines were helpful in preparing to listen to the women's stories, but few questions had to be asked because the women addressed them in their stories. If questions were asked, they usually were saved until the end, thus avoiding interruption of the women's thought process, as recommended by the literature (Baum, 1971; Gluck, 1979).

The interviews lasted 1½ to 3 hours, with the majority being 3 hours in length. The time frame seemed to be comfortable. That is, the women were not rushed, they were able to complete their story before becoming fatigued, and it allowed for any questions I had. Each interview was audio recorded.

### **Analysis of Interview**

Following each interview, I listened to the tapes for the purpose of critiquing the interview process. I used the interview evaluation tool of Sitton et al. (1983) to improve my technique for the next interview (Baum, 1975; Sitton et al., 1983). I also used this review of the tape to facilitate the recording of field notes, which included any data that may not have been surmised from the audiotape such as emotional, body language, and other environmental factors. Audio recordings of my notes were made immediately after each interview, not during, in order to avoid disruption of the conversation, as Gluck (1979) recommended. This journal was used in the data analysis to discuss the influence or interaction I may have had on the data collection and analysis process (Gluck,

1979). The audiotapes were professionally transcribed for analysis (see Data Analysis). Grant funds were secured to assist with payment of the transcriptionist.

### **Follow-Up Interview**

Following the data analysis, the results and discussion sections (Chapters IV, V, and VI) were sent to each woman for her feedback on the validity of the analysis and also for the purpose of assuring anonymity. This follow-up was conducted in writing via the mail.

### **Researcher's Role**

I was a novice at the combined technique of feminism, oral history, and ethnography. In regards to the oral history technique, being a novice is not considered a hindrance to the process because life-long experience with human interaction supports the novice, as long as thoughtful preparation and sincere effort are made to listen to and understand the women's stories (Gluck, 1979; Sitton et al., 1983). The life-path descriptions were piloted by three women and changes were made accordingly. In addition, two pilot interviews, including the use of the life-path description, were conducted with two women who were not participants in the study (Gluck, 1979). I also used the guidance of the sources cited within the text of this chapter. I have experience as a research assistant conducting telephone interviews with women. As a nurse, I also have experience interviewing patients and using reminiscence techniques, which facilitate the process of taking oral histories. In addition, I have the necessary personal qualities described by the

literature (Baum, 1971; Leininger, 1985; Oakley, 1981; Romberger, 1986), including the ability to listen nonjudgmentally, to be comfortable with silence, to be skilled at interviewing (bring the participant out), and to have respect for the participant's willingness to share information.

Thoughts that I recorded in the journal involved critiquing the interviews and making notes for the next interview, as well as my general feelings on the interview process. The only feelings that were of interest included feeling somewhat uneasy at the beginning of each interview because at first I did not feel on the same critical plane as these women. I was in awe and felt respect for these women because they were my senior colleagues as women and as nurses due to the age and experience differences. I do not believe that these feelings affected the data collection or analysis because they put me at ease and were very open. Finally, I was genuinely touched that these women were so open and honest about their lives.

### **Data Analysis**

The data analysis was an ongoing effort throughout the interview process. First, after each interview was conducted, I reviewed the tapes for the purpose of critiquing the interview process in order to improve subsequent interviews. Also, beginning themes were identified as each interview was completed. These beginning themes guided listening in subsequent interviews and stimulated questions if the themes were not spontaneously included in the participants' life stories. Reviewing the tapes also facilitated the recording of field notes in my

audio-recorded journal. Second, the audiotapes were transcribed professionally. Next, I reviewed the transcripts and compared them to the tapes to assure accuracy in transcription. This process also facilitated immersion into the women's stories by listening to them for a third time. Then I read and reread each transcript and marked the emerging themes in the margins. Next, the transcripts were again read, and the themes were recorded on 3-inch by 5-inch note cards, with verbatim quotes supporting the theme. Subsequently, the themes marked on the transcripts and on the note cards were compared for continuity. The same process was conducted with the life-path descriptions, and the results were compared to the interviews. Also, factors observed in the interview process and recorded in my journal, particularly emotions expressed, were included in the theme identification and description. Next, the themes from each interview were compared to each other. Throughout this process the themes were compared to, and supported by, the literature review. Spradley's (1979) and McCracken's (1988) methods of analysis were consulted and were particularly helpful with the organization of themes. The themes are described in Chapter V, using direct quotes.

Following these steps, I wrote the life story of each woman, which is a condensed version of the life-history interview, rich with verbatim quotes, and written to mirror the unique manner in which each woman told her story. The results of the data analysis, including the life stories, were mailed to each woman for the purpose of validating the content and themes and of assuring anonymity (see Appendices E and F). Then the results were edited to reflect the changes

made by the women. Most of the changes were editorial, involving the correction of grammar and adding information at the request of the women. The changes did not affect the quality of the research.

### **Issues of Validity and Reliability**

The quality of the research design was assured by utilizing the standards for scientific adequacy established for qualitative feminist research. Hall and Stevens (1991) described scientific adequacy as a “research process and outcomes [that] are well grounded, cogent, justifiable, relevant and meaningful” (p. 20). The criteria (terms underlined) and how they were met are described next.

The relationship between the participant and myself was reflexive, mutual, and honest. The interview process, described previously, assured an open, trusting, and equal exchange between both parties, which is essential for life-history interviewing (Leininger, 1985). The participant was well informed regarding the expectations, purpose, and intended use of the data. The effects of my presence on the research process, including the nature and specifics of the developing rappport, was described in my journal and used in the analysis (Germain, 1993; Harding, 1987; Rosenthal, 1989).

The credibility or accuracy of the descriptions of the women’s experiences was assured using several methods. First, the life-path diagrams were compared to the interviews for the purpose of triangulating data sources (Fetterman, 1989; Gluck, 1979; Hall & Stevens, 1991; Leininger, 1985; Rosenthal, 1989). Second, self-contained triangulation was used during the interview process in order to

establish accuracy of the data. That process entailed being alert and comparing the statements of each participant during the interview for internal consistency in order to describe accurately and to interpret her experiences (Fetterman, 1989).

Adequacy was assured during the data analysis process by having the participants review the data analysis results (Hall & Stevens, 1991; Rosenthal, 1989). The emerging themes from the data also were compared to the literature for accuracy (Hall & Stevens, 1991; Rosenthal, 1989). Finally, members of the dissertation committee and other nurse scholars (relationality) critiqued the research design and verified analyses and conclusions. The committee and other scholars also critiqued the decision trail of the data analysis in order to assure coherence or logical derivation of the research conclusions (Germain, 1993; Hall & Stevens, 1991; Rosenthal, 1989; Sandelowski, 1986). One of these nurses was the transcriptionist whose input on the data analysis was invaluable because she had listened, with interest, to the life stories while she typed them. Conclusions were drawn from continual analysis and reanalysis of the data as patterns emerged (Fetterman, 1989; Leininger, 1985).

The culture was appropriately represented by using the described criteria for participant selection (Germain, 1993). The data analysis included descriptions of dissimilarities and the life-path descriptions, and tailored interview guides assured that the diversity of the women was acknowledged in order to meet the complexity aspect of adequacy (Hall & Stevens, 1991). The criterion of consensus was met because the interview process, life-path descriptions, ethnographic analysis, and

final written report were designed to illuminate common themes of the women (Hall & Stevens, 1991).

The relevance of the research was grounded in the literature on women in general, women in higher education, and women in nursing education in higher education (Rosenthal, 1989). The participants were not exploited; that is, they were fully informed of the process, and they had the potential to benefit personally from the process. Possible benefits included personal rewards from reflecting on and discussing one's life such as enhanced self-esteem. Some of the women acknowledged enjoyment from participating in the present study. This research also contributes to a more encompassing field of women's studies in which a void exists regarding the knowledge of women's experiences within the culture.

Finally, as addressed earlier, women's words were used to name and describe the themes that emerged from the data analysis, and their verbatim quotes were used extensively (Hall & Stevens, 1991). This process provided the rich descriptions required for adequate ethnographic, life history, and feminist research results (Fetterman, 1989).

### **Ethical Considerations**

Informed consent was obtained prior to data collection. The participants signed a written consent form that outlined the expectations for the participants' involvement, purpose of the study, and intended use of data (see Appendix C). The needs and wishes of the participants regarding which data are included in the written report took precedent over the interest of the study. The participants had

the freedom to withdraw from the study at any time. A potential risk was that the interviews might have brought out physical and emotional health needs that were not being treated, but that did not happen. Therefore, it was not necessary for me to assist the participants from the orientation of another woman and as a nurse within her scope of expertise, which had been planned, if needed. For example, if minimal emotional support was needed or teaching on diet or exercise requested, I would have met those needs. However, if more care had been required such as for life-threatening depression or other illnesses, the participants would have been referred to their health care provider.

Confidentiality and anonymity were maintained. Only I knew the actual names of the participants. For all other purposes, including transcription, data analysis, and the final report, names selected by the women were used. The data results were edited by the participants and myself, thus maintaining anonymity and private information deleted for this purpose, balanced with a sufficient description to have rich data and accurate descriptions. All tapes were kept in my possession until the dissertation was in final print; when they were destroyed. The transcripts will be kept for possible future research and writing. Internal review board approval was obtained from the University of Utah.

### **Limitations**

Even though the intent of this study was not generalization, the applicability of the research results is perhaps limited to a small segment of the population of nursing educators. All but 1 of the women were Anglo American, all were natives

of the United States, and all described being in heterosexual relationships or a relationship with a religious community. Also, the characteristics of the women, who were invited to participate but did not, are not known. This fact is a limitation because their participation may have produced different themes and different life stories for other women to relate to. For example, 1 of the women who did not participate informed a participant that she had decided not to do the interview because she had recently lost her husband. Her story might have significantly contributed to the theme of marriage and loss, creating a dimension that was available only from 1 of the 7 participants. Further, another woman wrote to decline the interview, stating that she was too busy because of an imminent move to another state for a new job. Her contribution would have been unique because, unlike the 7 participants, she recently had made a decision to move to a different institution.

In addition, the results of the data were influenced by the period of time in which the women were interviewed. One woman stated that she was no longer as focused on a specific aspect of her life as she had been at the time of the interview. This fact indicates that the women may have emphasized different aspects of their past and present lives, depending when the life-history interviews were conducted, thus influencing the themes that emerged from their stories.

Finally, the results of the data analysis also may have been limited by my perspective, which is female, feminist, Anglo American, middle class, and heterosexual. This perspective may have influenced the data analysis despite

efforts to support the reliability and validity of the research, as discussed in the Issues of Validity and Reliability section in this chapter.

## **CHAPTER IV**

### **LIFE STORIES**

The purpose of a qualitative study using a combined feminist, ethnographic, and life-history research design was to explore, describe, and interpret the meaning of life experiences of doctoral-prepared women nurse faculty in baccalaureate programs in institutions of higher education. The intent was to determine the paths that women's lives took and the themes reflected in their experiences. The research question and subquestions extending from this purpose were the following: What are the life experiences of doctoral-prepared women nurse faculty in baccalaureate programs in institutions of higher education? What are the life paths of women nurse faculty in education? Do the life experiences of women nurse faculty reflect the influence of gender of the dominant culture? If so, what is the nature of the influence?

In the presentation that follows, the main research question and first subquestion are addressed in the first section. The women's life experiences and life paths are illustrated in the retelling of each woman's complete story from start to finish. Care has been taken to write the stories in a manner that reflects the unique style in which it was told by each woman. The written life stories have been reviewed by each woman and approved for publication in order to insure that

they accurately reflect the women's lives while maintaining anonymity. In reading the stories, the reader will be able to understand the path that each woman's life has taken and glean the essence of the women's life experiences. With this in mind, the reader will then continue to Chapter V, which presents themes that emerged from the life stories during the analysis process and which have been validated by the participants. This section further addresses the main research question and both subquestions. Included is a comparison to the literature on other women's lives such as women in general, women in higher education, and women in nursing education. The issue of gender is included in order to address the second subquestion. Finally, Chapter VI addresses the implications that this research has for nursing, as well as suggestions for future research.

Each woman's life story is presented below, as condensed from the life-history interview. The intent of providing complete life stories and careful analysis was to prevent the dissection of the women's lives because, to use Bateson's (1989) analogy: "When this [dissection] is done, the pattern and loving labor in the patchwork is lost" (p. 10).

### Mary

"Being Japanese" has shaped Mary's life from the time she was 6 years old. At age 6, Mary was taken to Japan for her paternal grandfather's funeral and not allowed to return home for 1½ years. This event occurred in the late 1930s. Upon returning to the U.S., Mary was behind in school. She worked very hard to catch up, was promoted one grade but still was 1 year behind her age group. This

experience left her feeling “self-conscious” and with an “inferiority complex.”

Then came the start of World War II and the Japanese bombing of Pearl Harbor.

Mary recalled: “I was 10 years old and was mortified!!!! I was ashamed to be a Japanese. In my heart, I knew I was Americanized, but I looked Oriental; therefore, I was subjected to many, many racial insults during World War II.”

The people of the small western town

just went crazy with fear. White people really got scared, and they were fearful of all the Oriental people. They came and searched our house, and they took away our radios and everything . . . cameras. I can remember them doing that to my mom and dad. It was really scary. When you are 10, it's very impressionable and so I will never forget it. . . . It was a very traumatic time in my life.

“Being Japanese” guided Mary towards success:

That's the reason why all through junior high and high school I really did work hard . . . just to succeed. I was the editor of the school newspaper . . . vice president of the student body . . . and graduated third in my high school of 200 . . . because I have this desire to succeed . . . and I was proving to society that I am an okay person, even if I am Japanese.

“Being Japanese” also influenced Mary's decision to enter nursing: “I chose nursing as a career because I figured that sick people would not care if they had a Japanese person for a nurse.”

Mary's nursing path began on the West Coast at a diploma program, which accepted her and “paid all my way.” After 2 years, she quit in order to marry and return to her home state where her husband was needed to work the family farm:

“In those days, you could not be married and attend a school of nursing.” Mary did not give up on her desire to be a nurse, and 3 years later “decided to go onto

the practical nursing program because it was so easy to get into . . . and they gave me credit for everything I had . . . in the diploma school.”

Mary worked as an LPN [licensed practical nurse] for approximately the next 10 years: “I primarily worked on pediatrics . . . and on the OB [obstetrics] floor, [and, when that wasn’t busy,] I floated everywhere, and clinically I was really really good.” During this period of time, she recalled a nun who was very significant in her life: “Some of my best experiences I had was under the preceptorship of a nun. She just . . . took me under her wing and showed me everything. She really liked me and helped me learn about OB.” She

put me on . . . as nursery nurse . . . 3 to 11. This really prompted me to get my degree in nursing. . . . Money is not important to me unless I feel like I am being discriminated against [like] what happened in the nursery. On the 7 to 3 [shift] there was an RN [registered nurse] who came in doing exactly the same thing I did . . . and 11 to 7 here comes another RN, and I found out that both the RNs got paid significantly more than me, . . . so I decided that’s why I have to go get an RN.

Mary earned her baccalaureate in nursing from a local state university at which she would later teach and serve as chairperson. She financed her education with federal funding in addition to working as an LPN. After the first 2 years, she quit working “because I just couldn’t keep up with everything. As soon as I graduated, within 1 year I was asked to be the in-service director. . . . I was the first in-service director of that hospital.”

Mary continued her education 7 years later by completing a master’s degree in education from the same university at which she had received her bachelor’s degree in nursing. She returned for this degree because “I was in-service director

and I thought I better learn a little bit more about what an in-service person does.

I thought it would help. It did.” After being in-service director, Mary

became an assistant director of nursing . . . then . . . director of nursing. I did not like it . . . because there was too much paperwork and you lose touch with patients. Meantime, I heard the university was looking for someone to come and teach, and, since I had a master’s, . . . the chair . . . asked me if I would like to come teach, and I said yes, . . . and I’ve been here ever since.

Mary continued her education, earning a master’s degree in nursing at a West Coast university “because I wanted to teach in a baccalaureate nursing program and in order to get tenure you have to have a master’s in nursing.” A PhD in nursing followed 12 years later. Mary pursued the doctorate because “I was acting chairperson . . . and they said if you want a position as permanent chairperson . . . you have to get a doctorate. . . . I had nothing better to do in my life.” She applied and was accepted at two universities. She selected the one university because “I could drive back and forth and be at home for the weekends.” Mary currently teaches primarily graduate students and will be starting her fourth term as acting chairperson of her department.

Mary reflected on her professional life:

I always got moved up not because I wanted it but it just so happened that I was there and . . . I wonder if that is because I am firstborn or if it’s because I was good at something. I do not know. But I never sought to go up higher . . . like being a chair of this place. I didn’t ever dream of becoming a chair. It was just given to me. I never purposely went out to get this position. . . . I applied because there was no one else around here who wanted it, and I thought we needed someone, so I did it. . . .

When you’re in administration, there is a lot of demands put on your time. I think it helps to have someone in charge of the program who has a family with children, someone who knows what

the family life entails. They are much more empathetic to what other faculty members have in terms of demands on their time. I think it helps to be a mother who is aware of the family needs and the requirements . . . and so family comes first . . . and I can understand. In our department, a family can be a social unit [and a] social unit can be a dog, a cat, or children and husband.

Further thoughts on her role as administrator involved Mary's leadership style and problem solving: "When I have a bad day, I don't talk to anyone." She and her husband

have a rule that he doesn't bring his problems home to me and I don't take them home to him. When I have problems, I sit on it for at least 24 and sometimes 48 hours. . . . I can digest it better and look at it from a nonemotional viewpoint. When I was director of nursing in the hospital, . . . I was a very good director of nursing in terms of being very supportive of the nurses. I always try to stand up for them. Here it's working with a different level of people. One of the things I am really proud of is . . . I facilitated a policy that all faculty had to be doctoral prepared if they were tenure faculty . . . and now we have over 80% of the faculty who are doctoral prepared. I am a very democratic leader. . . . I get input from people all the time because I think it's important that people are part of the decision making.

Mary's academic life has been influenced by a woman who was her former dean. Mary stated: "She was influential in my academic life, [and] I learned so much from her and a lot of the things I do around here I think about the way she taught me. You never had to guess where you stood with her." The dean had received a grant and "she involved all of us in working on that grant and setting up the curriculum. I learned so much from her."

Mary discussed her faculty role:

I haven't published hardly any articles . . . in comparison to other people in other disciplines, but I have a lot of grants, my community service is really high, and I am a very good teacher. I have been

nominated for master teacher three times at the university level. I am very much aware of student needs in terms of their time commitment. I probably have the highest number of thesis students in the department . . . because I will work with them and put in the extra time to get them through.

Mary stated: “I feel like, if you’re a professional nurse, then you should continue working all the time. I have a large family . . . six kids, but, all during the time I had the kids, I went back to work. I always went part time after every one of my babies were born . . . for about a year.” At the conclusion of her life-path description, Mary began: “I am leaving the best part of my life path to the last. My personal life is very important to me. My family takes precedence over everything in my life.” During the interview, Mary elaborated on her views about the importance of work and family and how she blended them in her life: “The fact that I worked is what helped me keep my sanity ’cause it gave me something else to do. But I also feel like I was a good mother.” Her husband “knew it was important for me to work.” Child care responsibilities were shared between Mary and her husband: “We didn’t have baby-sitters. I just don’t believe in them. We just juggled things around.” They worked opposite shifts so that her husband “would be home with the kids while I was working.” In addition, Mary stated: “I don’t need much sleep. . . . I only need about 4 or 5 hours of sleep so I function well. . . [and] I am very healthy. I think genetically I am protected. Oriental people don’t get sick that much.”

Currently, “All my children are married now so they don’t live [here] except for one; so demands from family is not great now. It used to be but it is

not now.” Mary’s husband is retired, but he works part time in order to receive health insurance benefits and spending money. She says of her husband’s retirement activities that his “big job is going out golfing everyday even when the weather is bad . . . so he’s happy.” Mary golfs with him and joins him for husband-and-wife tournaments. However, she has no plans to retire until “I win the lottery.”

Mary’s plans for the future are to continue in academe. Currently, she is on sabbatical, during which time she has been writing a book. She recently was reappointed to the state board of nursing. She also is active in a community organization involving child abuse. In sum, Mary wants to “just keep working. . . . I never want to retire.”

### Sukey

Sukey began her life story by talking about how she started her working life and entrance into nursing. Sukey’s mother was a nurse at the same hospital in which Sukey had a job as a nurse’s aide at the age of 15. She and her mother worked opposite shifts “so we could take care of my younger brothers. When I was 14, I pretty much cared for my younger brothers while my mother worked.” Because her mother was a nurse: “The idea of nursing I think was pretty well-inculcated by the time I was 16.” Sukey chose to attend a college in a Northeast state and “get a bachelor’s degree because it intrigued me to get to be a nurse and get a college degree at the same time.” She described her experience in nursing school: “We were really poor, and I cooked and did housecleaning . . . for room

and board.” She and her good friend were creative in supporting themselves in school. During their community nursing rotation: “We always chose the richest or the largest farmers at night so they would offer us a meal and that way we would save on food.” Also, Sukey

joined the army. For every year that you belonged, the army paid your college, and you had to pay back 2 years of active duty. My friend and I joined just before our senior year, so we had to pay back 2 years of active duty. The military paid me for my books and it paid for tuition . . . and my room and board.

Adventuresome memories from nursing school included hitchhiking with this same friend “all over” until one incident scared them and

we had such fun hitchhiking until then. It never occurred to me that it wasn’t an ok thing to do. We didn’t have a car. The other thing I remember most about school was dyeing my hair blond and our director of nursing was just furious and . . . I knew she was going to be.

Sukey also “went on rattlesnake hunts and that was a lot of fun, exciting and sort of scary.” Another memorable incident was when she got chicken pox on her “psych” rotation:

They took my keys away and locked me in a huge infirmary. It was Christmas and I couldn’t go home . . . and the nurses . . . wouldn’t let me have my presents; . . . they said I would contaminate them . . . until a doctor came by and told the nurses I could have them.

In the late 1950s: “I graduated and my mother and brother came up for it all the way from out of state [and] I thought that was wonderful.” Sukey worked as a nurse in the South after graduation while waiting to take the nursing boards before entering the army: “You couldn’t go in until you passed your state boards.” While in the army, Sukey first experienced racism and segregation. She

was assigned to work on the “segregated floor. . . . If they were dark at all in color, they were put on a colored ward, that’s where I worked. If the care was different, it was because we were not as good at it as somebody who had been working for a while.” The lab also segregated blood for transfusions: “If a white person needed a blood transfusion and the only blood available was from a black person, the white could refuse. . . . Sometimes we had to get blood down from another state.” She also was appalled at the spittoons in the hospital: “There was a lot of spitting stuff that had to be cleaned up.”

Following boards, Sukey and her same friend from college entered the army and traveled to a south central state for her first assignment. During this time, Sukey was raped by a military man she was dating: “I never thought it would happen to me, who always refused sex, ’cause I thought you had to wait until you were married, so I was very ashamed of that. . . . I never saw him again.” Next, Sukey was sent to another post and “started working on an orthopedic floor [and] loved the army.” She quickly learned that “the sergeants rule in the military and a second lieutenant is a nothing. . . . The ward master was the one who ran the wards . . . so once I learned that . . . I got along a lot better.” While working on the orthopedic unit, Sukey “got interested in parachuting, practiced faithfully, went out on dates with everyone on the team so I could talk with them, and let them know I was really interested [and became] the first female officer to join the skydiving team” at the camp.

“I spotted my future husband the very first night” at this assignment. “He was just a really gorgeous-looking man . . . and I was sure we would get together.” Sukey began dating her future husband but continued to date other men: “I still kept dating this pilot so I could fly a plane and this guy who went cave exploring ’cause I loved cave exploring. After awhile, I gave up the others and did move into a trailer” with him. Sukey became pregnant and

attempted to kill myself. In those days, you just didn’t have babies when you weren’t married, and I really didn’t know what to do. A couple of weeks later he came and asked me to marry him. We got married by the justice of the peace. . . . I wore a Band-Aid [over the wedding band,] hoping the whole time nobody would notice [because she and her husband were on alert for assignments that would take single soldiers only].

Further, Sukey hid her pregnancy because “you absolutely could not be in the military when you were pregnant [and] I liked working.” She was able to hide the pregnancy until “I was about 7 months, [and] the commanding officer of the hospital saw me, and I was out of the army within 24 hours.”

Sukey gave birth to her first son and remembers “the nurses held my legs together.” This event continues to influence her nursing practice: “I never would hold a person’s legs together, and I won’t try to stop a delivery in any way, shape, or form.” Sukey’s son later developed seizures and was diagnosed with “epilepsy and cerebral palsy [which] affects his right side. Nobody ever would baby-sit because they were afraid he would have a convulsion [which is why she is] so in favor of respite care, and I try to get my students involved in special ed[ucation] . . . and do respite care.”

Sukey's husband remained active-duty army. In the early 1960s, Sukey gave birth to another son, and her husband was sent to Vietnam. She relocated with the children to Okinawa, with the understanding that her husband was on a temporary assignment which was changed later to permanent; she had to return to the U.S. She recalled receiving support, as well as supporting other soldiers' wives: "The officers' wives got transportation and stuff up for sale and the enlisted wives managed to get every husband home . . . for 24 hours from Vietnam so we could say goodbye . . . in case we didn't ever see them again."

While stateside, Sukey worked at a rural hospital and volunteered at a handicapped school: "I kept hoping I could pick up something that would help" her oldest son. During this time, he had surgeries that were "excruciatingly painful." She again moved to a new post and her husband again went to Vietnam. During this time, "The boys and I were just really busy." Her son had "more surgery and went to PT [physical therapy]," and her youngest son and "friends came in and helped with" the PT. Her oldest son tried to keep up with the physical activities of his little brother such as riding a bike and "was always covered with bruises. The MPs [military police] came twice and accused me of child battering."

Her husband "came home again from Vietnam. He had hurt his right hand. He was really withdrawn. . . . He cried a lot, and my husband has always been quiet and strong and not very demonstrative so I was shocked. At night he would wake me; . . . he would pull his knife because he would have horrible dreams . . .

which he wouldn't talk about." His homecoming posed other problems:

I was really in control of everything when he was gone, and it would become more and more difficult when he would come home and want to take control of the checkbook. It does get difficult . . . when you have little children and your husband goes overseas. You feel real put upon. I always felt that I got the worst end of the deal, and it wasn't until I went as a soldier that I realized the worst end of the deal was being pulled away from your home and your country.

Another army move occurred and Sukey, who "had been begging for [a baby] for years," became pregnant, which "took 2 full years. We had a little girl, and I was so excited, [even though] I had terrible preeclampsia" and a "horrible postpartum hemorrhage. When I got out of the hospital, I was still really weak. My friends helped care for the baby." The next year Sukey moved with her husband to Europe (the 1970s). While in Europe, Sukey "did nurse a lot at the clinic and we were still doing exercises" with her oldest son. She "organized an all wives club [that taught] other wives how to shop on the economy [and raised] money so that we could get busses and go to the field and visit our husbands." She also "started my 'racing career' over there" by participating in racing cars. Another project was working with the other American and European women to deal with the bias against Americans, which existed at that time. She and her family also skied in Switzerland.

Sukey's husband's army career ended after 27 years when they decided to retire because of a "big ethical dilemma." Her husband had refused to terminate a soldier, as requested by the general: "He did not get full retirement and so his mother never forgave him. Leaving the army was really difficult for my husband

'cause he really really loved the service." Following retirement, they returned to the U.S. to begin a new phase in their lives.

They traveled and camped throughout the western U.S. and Mexico. Her husband "wanted to be out West of the Mississippi and . . . in a place where we could ski and camp near national parks. He doesn't like the East Coast; he says it is too crowded." They settled in the town in which they currently live: "We really like it, and we camped outside of town, and I came and looked at the hospital and . . . looked around to see some houses." One of the houses was for sale by a faculty member leaving the university. She informed Sukey that

they needed somebody here that could do OB, and I did OB years ago in the army, and I guess I could do it . . . I could polish up. I came over here and was introduced to the chairperson and was hired on the spot. We bought our house from the faculty member, and I started to work. I worked 20 hours a week . . . and then the next year I started working at the hospital . . . occasionally in the school year and full time in the summer. I felt like working part time I could take more time off with my kids when I needed and not feel guilty.

Her husband attended school at the local vocational technical institution.

Sukey related several incidents involving her family's experiences with the local religious culture that dominated the community and greatly influenced their lives, particularly her children's: "I had never run into religion in this form before. The boys went to junior high and that was sort of a disaster . . . and the other kids didn't accept them." For example, her second son was ridiculed by his teacher and beaten up by kids because he voiced his belief in evolution. Sukey tried to talk to the school and even joined the PTA and became president "but that

didn't get me too far. I didn't know what more to do for my kids. I was trying everything. They were getting increasingly unhappy." She gave her oldest son a birthday party and invited all the kids, but no one came: "This was probably the breaking point I think for him; . . . it was terrible." This son also was tormented by others because of his cerebral palsy. These "others" included a band teacher who would not let him be first chair because of the way his face "puffed out" when he played, which was due to the cerebral palsy. "That broke his heart." Her daughter participated in this church's activities so she could have friends: "She had lots of friends until she got up into the teenage years and decided she wanted to be baptized" in another church. They even built a new house outside of town in order to get away from the religious culture but to no avail. However: "Some of my neighbors were wonderful. One offered to share their cellar full of food in case of emergencies if I would be their 'ward' nurse. These neighbors have long moved on, but my reputation as ward nurse has stayed."

The year her boys graduated from high school, Sukey began preliminary studies for her master's, which she entered officially 4 years later. She decided to obtain her master's in nursing because

as I got involved in this program, I saw a lot of things I really wanted to change, and, as a bachelor's working as a clinical instructor, I had no pull. I went to all their meetings and opened my mouth, but it didn't have much effect at that level. . . . With a master's, I thought I'd have some more input and I did; I'd never dreamed of my master's, . . . a bachelor's was the only thing I'd ever thought about early on. I went to work full time after I got my master's.

About this experience she said: “I was also working full time. . . . I got my master’s . . . and that was exciting. I think I learned more in my master’s than I did in my doctorate . . . so much was opened up to me.”

“1989 was an eventful year.” Her son had divorced and moved out of state. Her daughter was hinting that she was gay “but I didn’t realize what she was trying to tell me.” That same year, Sukey joined the Army Reserves (with some difficulty). The army was not going to admit her because she had not graduated from a National League for Nursing (NLN) accredited school in the late 1950s: “I was infuriated because I had been in the active army.” She wrote to all of the congressmen and a friend in the South. As a result, the U.S. Congress passed a bill “saying that any nurses who had previous military service, whether or not her original school was accredited, could join the reserves.” She joined the reserves “because I’d been told that they need nurses so badly . . . and ’cause I loved the army when I was in it originally. . . . I can get to travel” and her husband could come with her. However: “The minute I got in they stopped doing their summers in Europe ’cause they couldn’t afford it.”

Sukey traveled though: “Less than a year” after she joined, “my unit deployed” for Desert Storm. While awaiting transport to Europe with her unit, Sukey volunteered to join another unit and travel to Saudi Arabia. She volunteered because she “didn’t have any little children at home. I felt real bad” for some of the women like those who left “nursing babies.” However, she added: “I didn’t realize what despair I’d be in; . . . it just about killed me, but I never thought

about it. I really was scared with the bombs coming down, . . . but we did survive, but there were some real wonderful positive things.” On one occasion, when there was bombing near the hospital and the staff and transportable patients had to take cover, Sukey chose to stay with a badly burned patient who could not be moved. She was later reprimanded for not leaving him, but she said: “I just couldn’t imagine. . . . I was looking at him and he was the same age as my son, and I would feel horrible if somebody just left him all by himself with bombs bursting all over the place.” She also took an interest in the special health needs of women, and, in conjunction with an obstetrics/gynecology (ob/gyn) physician, they opened a clinic.

Despite the bombs, Sukey reported: “I had a wonderful time in the country because I love to travel and I did everything I could once they let us out.” She shopped “the old markets,” during which time she was even assaulted by the religious police for not completely covering her elbows. Even though she felt like “an outsider” because most of the other people in the unit had known each other for some time, Sukey made friends: “The outsiders got together to make sort of a grouping and eventually we settled into the ward people and each ward was a real-tight group.” At the end, she was able to drive to Kuwait for “24 hours” and ended up standing “knee deep in oil.” At the close of Desert Storm, Sukey again volunteered, this time to stay extra weeks to help run a clinic until the Air Force could assume control. She volunteered because “there were lots of people with little kids that needed to get home.” She was away from home for 6 months.

Support from home was very important to Sukey. She became tearful when she showed me an apron from the student uniform that all of the students had signed and sent to her. Also: "They had an empty chair for me at graduation with a yellow ribbon on it."

Sukey's mother "was truly upset, and I didn't realize until I got home. . . . It just about killed her. . . . She was so scared for me, and I never thought about the effect on her. . . . I didn't really worry about my family." Her husband

doesn't believe in worrying until it's time. I think he realized . . . what women and kids go through at home . . . when he was left at home and had to solve problems with our children and our grandchildren . . . so he got the other side of the picture. I realized how much I really missed them, and I always have been close to them.

Sukey completed her PhD in nursing 2 years after returning from Saudi. Her dissertation described what life was like for the veterans of Desert Storm, including herself. She also presented

a lot of talks . . . that was really good. It helped me. I talked about the war. I did a ton of research; . . . and it explained why I felt so devastated and other people were angry, acting out and depressed . . . all the stages you . . . go through [regarding the process of bereavement and posttraumatic stress]. . . . A whole lot of people don't understand.

Sukey obtained her PhD because

we made this thing on the faculty that we would get doctorates and, if you came without one, you would get one, and I thought it would be a good example to the faculty, and it would be really neat. It was something my mother always wanted, and she couldn't believe that one of us would finally get all the way up this ladder. And, I think I wanted it myself; . . . it would give me a little more power in the hierarchy of the college and . . . be able to affect nursing education and some of these great wrongs that I see in the world.

The doctorate didn't really matter much at all when I was in Saudi . . . about finishing. It wasn't my premier objective anymore, my family was. I really looked a lot at my priorities over there. It was real hard to push myself to finish that PhD, but . . . I spent many years on it, and . . . so much money in it; and so much time invested, and I really was interested in finding out about this grief phenomenon; so, I did finish it, but it was like a hassle.

Desert Storm not only left an emotional toll on Sukey but a long-lasting physical one as well. Sukey gets "bronchitis and pneumonia every 10 to 12 weeks. This has been occurring ever since I got back from Saudi so it seems like cause-and-effect, but two civilian doctors I have been to disagreed." They believe it is

a result of my fighting fires for years, and I did burn my lungs about 12 years ago; . . . but then I would have bronchitis once or twice a year . . . and I had so much energy and I can hardly lift the hose and fight a fire now. I am really tired and very fatigued right now. That darn army PT test devastated me. . . . I simply cannot breathe. . . . I just don't . . . have the reserve anymore, and I did before. I didn't pass my test, and it is the first time. One thing I have done is I very rarely work at the hospital anymore, maybe 1 day a month. I am trying to slow down. It is aggravating, and it really interferes with what I want to do, which is not laying around doing nothing. I know I am getting older, but this is so coincidental I can't believe that I didn't get exposed to something. So, anyhow, I don't know exactly what will happen.

She has been trying to work with the Veterans Administration but stated: "It is sort of frustrating [and] what a hassle it is."

Sukey's life story had a strong focus on her children, as well as stories about incidents in their lives as children and, more recently, as adults. Stories about her oldest son were prevalent, but she did include the other children as well. Many of the stories involved adventure, scary times, uncertain times, problems, and relationships in general. Stories from their childhood included when her

second son fell out of a second-story window and when her daughter fell and hurt herself while she and her husband were out to dinner. She also included an incident that happened in Europe; her daughter's leg was broken when it hit the spokes of the bike Sukey was riding. She talked about family ski trips and working together on Sundays doing chores.

She also talked at length about her children as adults, including their problems and accomplishments. Some comments on her relationship with them include:

My son said that the problem is that I'm too competitive, but I don't feel like I'm too competitive. I feel like I focus on something and I go for it, and I try to share my advice and that's my problem. If I learn to keep my mouth shut, I'd be better off with my kids. I apparently screwed up with my kids; at least I am not understanding what is going on totally with them.

Sukey said that her oldest son is currently living in the same town. He has two children who are with their mothers. Sukey describes his life as quite tough. Since high school, he has struggled with drug abuse, loss of relationships, and cerebral palsy/epilepsy. Currently, she reported he is "off drugs" and has just become a certified nursing assistant. She stated: "I think this is great."

Sukey's second son is a registered nurse who works out of state for the Indian Health Service. He attended the same school at which Sukey teaches. She stated: "He's the most caring person I've ever met. His caring as a male nurse is expressed differently than a female, but it's felt by the patient." This son is married and has two children.

An important emphasis in Sukey's life is her relationship with her daughter. Just prior to the interview, Sukey had visited her daughter who currently lives in a West Coast state and is becoming recognized as an artist: "She likes to paint. Her work has totally blossomed. I'm so proud that she's considered good enough to be invited to participate in this art show." In regards to her mother's past responses of her art work, her daughter "always felt like I put her down," which they talked about during their recent visit. She recalled a time when they both took ballet class together but "failed together in ballet." Sukey was crushed one day when the ballet teacher referred to her older friend as her daughter. Her daughter quit ballet, which "for years she enjoyed . . . [until] somebody said to her she was chubby looking." Sukey was tearful when talking about her relationship with her daughter. They joined Weight Watchers together, during which Sukey lost 60 pounds but her daughter "lost and then gained," which "was another problem that came up" between them. However, in regards to her own weight loss, Sukey stated: "I was so proud of that. I walked 20 miles" for a March of Dimes Walk. Had I not lost the weight before, I never could have done that . . . that was quite a thing." The year before Sukey went to Saudi, her daughter had given her a book on mothers of gay daughters: "I didn't realize what she was trying to tell me, maybe because I wanted it not to be or really bought the idea that it was my friend's daughter." While she was in Saudi, the secretary at the college wrote and told her that her daughter had

formed a GALA . . . a gay and lesbian alliance . . . and I put that together with the book. I don't really care; it just was sort of difficult 'cause there's a whole bunch of dreams you have for your children, and they sort of get diverted, but if it made her happy. She did a lot of positive things she couldn't have done if she hadn't come out. . . . She is just like me; we don't do well hiding. We're better to come right out and do it, but it does have a lot of consequences and you do have to accept those. She has people who care for her . . . her extended family, and they are all really accepting of me despite all of my questions and gaping at . . . their clothes and hair.

Sukey has an ongoing relationship with her mother who comes to stay with her for 2 or 3 months of the year and lives with her son in the South the remainder of the time. She recalled a memorable time when she and her mother met for a vacation after she completed her master's:

That was the first time I felt like my mother treated me as a friend and not as a daughter. She didn't say anything about my hair or my weight or any of the other things that have distressed her for years. I was thinking this weekend if I could just reach that point with my daughter and just shut up about her hair and weight then I'd probably be a lot better off but. . . . I understand how mother felt. She was just trying to help.

Sukey talked about her grandchildren and her role in their lives. Both of her boys have children. She stated that she is "so much closer to" one of the grandsons because she was there when he was born and "spent so much time helping my son take care of him."

Last, but not least, Sukey's husband played an important role in her life, as she discussed throughout her life story. She currently is concerned about his health, as well as her own. She reported that he has a hereditary eye condition and "has a lot of trouble seeing" and she wonders "how long he will be able to drive."

She summarized his role in her life by saying: “My husband has supported me through sharing child care, housework (most of it), humor, and ‘being there’ through stressful, scary, and painful times, as well as exhilarating, good, and happy times.”

Sukey had other personal interests that she has pursued over the years. In the late 1970s, Sukey began to learn about and practice therapeutic touch, which she continues to practice today: “I was real intrigued by it and so was [my friend]; we practiced on each other.” She worked without pay with a doctor in the local chronic pain clinic for a number of years. The hospital housing the clinic would not give her privileges because therapeutic touch was considered witchcraft. Recently, a doctor, sitting on the committee that refused her privileges, apologized to her, stating that, in light of current interest in nontraditional care, they had made a mistake. She currently has her own private patients, teaches workshops, has made local appearances on television, and has written newspaper articles.

Throughout her life story, Sukey talked about her art work. After returning from Okinawa to the U.S.: “I was doing a lot of painting.” Also, following the birth of her third child, she “was still really weak, and I did a lot of drawing then ‘cause I could do that at home. After I got my energy back, I did a mural at the officers’ club.” In Europe, Sukey stated: “I did a lot of portraits over there.” At the close of the interview, Sukey showed me some of her drawings and gave me a wonderful gift of stationary bearing her drawings.

Even though Sukey's family is highlighted in her life story, she also has continued her commitment to nursing, which she began as a nursing assistant in her teens. Throughout her husband's military career she worked part time in nursing practice. She continued her work in nursing practice throughout her education and military career until recent health problems prevented this activity. She plans to continue in nursing education, stating: "I would like to work until I was 65." She also plans to retire from the military: "I'd get out of the army now because I really don't want to go to Bosnia. I think it would not be good if I came down with pneumonia or bronchitis in the middle of the war." Her husband, who retired from his job this year, "wants me to retire so we can go on trips and things and I think it will be nice, but I want to be sure that the children are stable before I stop bringing a good income. . . . [Also,] I have good health insurance right now, and, until I get something resolved" with the Veterans Administration, she intends to work.

### Jan

Jan lives in a town in a rural state near to where she spent her childhood. Memories from her childhood are a key component of her entire life story, as told by Jan. Jan is the

oldest girl of five daughters, and I have a brother who is older than me. It was a pretty tough childhood. My dad was an alcoholic. We lived on a farm. . . . They struggled for years . . . struggled financially. I spent most of my life taking care of everybody, which I think is probably pretty characteristic of a lot of staff nurses. As I looked back on my life and why I had done what I had done, it concerns me that I think we have a whole bunch of people in nursing

who have been raised like I have. I think that's where we have our problems because . . . you grow up thinking that you're the nurturer and caretaker that you can make everything OK.

Jan started her nursing career in the early 1960s as a nursing assistant “the day after I turned 16. I don't know exactly why I did that except that I wanted a job and I wanted the freedom to do what I wanted to do. Even though I only made \$.78/hour, it was enough to keep me going.” She reported paying for everything in high school herself such as cheerleading outfits, a class ring, and class pictures: “But in addition to doing all that, I still had all my responsibilities at home. . . . I took care of my mother essentially . . . cut her hair . . . cleaned her house . . . tried to keep peace in the family. I just did it all.” Jan also baby-sat for a high school teacher and his wife and lists them as significant people in her life because “everything I did was right . . . and I needed those people.”

After graduation from high school, Jan attended a private religious school “because I was going to do premed . . . to be a pediatrician. I had a glorified image of what health care was like and what I was going to be able to do. . . . I thought . . . I'll take care of kids and make sure they're safe and ok.” Jan changed her major from premed to nursing because of

academic rigors. I had been a really good student in high school, but it was a lot of competition in a private school. And I thought I don't . . . want to spend all of these years in school. The only relevant conversation I've ever had with my mother in my entire life was when I talked to her . . . about what I wanted to do with my life, and I said I don't want to be just a nurse; I want to do something very important. And she said to me, why don't you work on being the best nurse possible. I thought, well, okay, that makes sense.

Jan reported being very homesick at school for a while, and she “could never figure that out because I hated being at home in all that turmoil. . . . I look back on it now; it was a protective need. . . . I needed to be home taking care of everybody, but, once I got over that, I severed the ties and seldom went home.” She formed a new family at the college: “There were a lot of really significant people there for me. . . . I was very secure.” She talked about how important one priest was in her life at this time: “He became a real father figure for me. . . . We spent a lot of time studying in his office and talking to him.” Jan also had an aunt and uncle living in the city, and she “became a part of their family.”

During a summer spent at the Mayo Clinic, Jan met “one of my best friends who lives right here. That was a neat experience because they treated you like you were important even though you were just a nursing assistant; . . . they treated us with respect. Had I not gotten married, I would have gone back.” Another significant event during her college years was working on Bobby Kennedy’s campaign and meeting him.

During school, Jan continued to support herself by working as a nurse’s aide: “I put myself through school. Nobody put me through. I got grants and . . . financial aid.” She severed ties with her family, and “I am to this day not close to my family, even worse now than ever before.”

The summer following graduation Jan married her husband, who she had dated in high school:

It's been over 25 years, and he is a wonderful man. I'm not sure why I married him except that he accepted me for who I was. . . . I was hesitant. . . . I think I thought if I don't marry him nobody will ever marry me because I'm such a freak. My mother was furious with me; she just begrudged everything I did.

After moving to the West Coast, she worked evenings on a neurology floor. Her first child (daughter) was born 1 year after their marriage. Jan related about the marriage and birth:

I think had we not had a child that quickly I probably would have left . . . but I had such a commitment to keeping a normal family after all the chaos I had grown up with. We have struggled with our marriage for years . . . but he never gave up on me, and I never gave up on him, and we worked together.

They returned to the city where Jan had attended college. Her husband returned to school, and she started teaching at her alma mater: "We were a real close-knit faculty there, [and] we did a lot more things with our students because most of them living right on campus." The next year she began working on her master's in nursing at the state university because "I knew I had to do that in order to stay" at the school and "I enjoyed teaching there." This same year she suffered a miscarriage. Three years later she finished her master's degree but also lost a baby boy at 22 weeks. She experienced a "bad depression . . . had I not had my daughter I probably would have killed myself. We had tried so hard; it was a little boy, and my husband wanted a son. . . . We couldn't talk about it . . . just hurt so much."

One year later she gave birth to a healthy boy after "an awful pregnancy . . . a lot of bleeding, and we thought we were going to lose him all the way

through. He was a godsend.” At this time, her husband also earned his master’s in special education, and 2 years later, in the late 1970s, the family moved to the town in a western state where they currently live. They moved to be closer to her husband’s family and for him to take a job. Her father-in-law was “the other significant person in my life because [he] thought I walked on water and everything I did was right. He called me long ’n lean.” Jan was a nurse manager for the next 9 months on a medical floor. She stated “that was not my cup of tea. We were just glorified charge nurses, and I just really didn’t like it. I got pregnant after we moved out here, and I took a leave.” When she returned to work, she was “doing patient education part time because I had three children and I needed to be home, and my husband made good enough money I didn’t need to work full time.” She also worked as a lobbyist and was district president for the state nurses’ association, “which was a real interesting experience learning the political process; . . . it was a real eye opener.” During this time, her father died and she experienced depression, including suicidal thoughts. Further, at this time, her husband was ill from “a real major burnout and was off work for 8 months, and that was a real trial.”

After 3 years in the educator position, she quit and returned to work teaching at an associate degree program in a temporary position, which she held for 2 years. Her position was terminated because of a decline in enrollments: “I was in a real panic.” She found a job with the state board of nursing: “It was interesting . . . but I can’t stand being in an office 8 hours a day when the only

contact outside was the telephone or writing letters.” She applied for an executive director’s position but was not hired, “which was a real trauma. . . . I had worked so hard and ran the office for 3 months by myself.”

Jan accepted a position with a baccalaureate program at a state university. Her teaching time was split in the city and another city approximately 200 miles away: “I was afraid I would fall asleep at the wheel . . . but I didn’t [and] my family survived without me for 24 to 48 hours.” One year later, she began her PhD studies. She decided to obtain her PhD because “I knew if I was going to stay at the university I had to get my PhD.” She studied for a doctorate in education at the university where she taught. This arrangement was allowed because her previous degrees were from other schools. Factors that influenced her decision were that the program had to be nearby because “I couldn’t be away” and it had to be affordable because her daughter was enrolled in a private college. She also stated: “I did not want to go to a nursing PhD program . . . because they’re such prima donnas, and I was not about to put myself through that again. I had had enough with the nursing master’s at the university attended.”

“My course work was in research and statistics.” She said of the education program: “I just loved it over there; . . . it was a very positive experience for me because I learn well and do well and so they loved me which, again, was really positive for me. It took me 4½ years.” She finished in this length of time because administration was supportive and “let me keep the light load . . . when I told her I’ll do that and get done sooner.”

Teaching baccalaureate students . . . that's what I wanted to do with my life. Nursing education is my field . . . that is where I am going to stay. I really tried most of it in terms of nurse management, staff nursing, and all that, and teaching associate degree students. I work very well with my students because I understand them and . . . their behavior, and I'm also very very careful about what I say to them and where. I am there to help them learn; I am not an evaluator.

She had students conduct self-evaluations:

I'm not there for a power trip. I try to treat them as adults and part of it is because what I have been through and that's why I teach the way I teach. I like to watch them grow . . . develop. My favorite course is our beginning nursing course when I take students to the hospital for the first time. I do hope eventually to go to the graduate programs after I get better at research . . . but I need more experience.

"I love my job," but she listed two responsibilities about her job that she did not like. First: "I hate faculty meetings. We spend way too much on tidily stuff." Second, she hates the commute:

It's every day of my working week I have to be concerned about the weather. I've learned to do a couple of things to ensure that . . . I . . . get there. One . . . is we bought a used suburban . . . a big old tank; . . . I can dig through most of the snow with that. . . . I don't go unless I absolutely have to, if the weather is bad and I don't have to teach. The university is very tolerant. . . . Our dean understands the weather when you drive. We do a lot of meeting by teleconference.

She also stated: "I'm not as involved as I would be if I lived in the city where the main campus is. The university and the teaching . . . has opened up for me so many opportunities that I am really happy that I persevered and got my PhD."

Further, Jan acknowledged the freedom that working in higher education gives her such as being home in the summer, for breaks, and attending basketball games during the school year: "The time juggles itself."

Jan openly shared her history of abuse as a child and depression as an adult. One of her concerns regarding these issues is: "I think it is probably pretty common in nurses. I battled with depression for a long time. I also spent my life trying to please people and do what was right . . . irregardless of what the cost was to me." About the time she was completing her PhD certain events began to happen that led to her remembering abusive childhood incidents. She wrote that the "PTSD [posttraumatic stress disorder] surfaced" and her depression, which began with her father's death 10 years before, worsened: "I think the reason I was finally able to remember was when my kids were old enough that they didn't need me as much. . . . I could put some time in for myself. . . . You have to be safe." One factor in the remembering process was Jan's quitting smoking, which she had used as "a coping mechanism because it kept me very numb." After she quit, she "went through this period of time where every night I thought I wanted to cry . . . and I said to myself . . . it doesn't make sense." Another time was when she was having cataract surgery and panicked when sterile drapes were placed over her face: "I couldn't see and felt like I couldn't breath and I came up off the table screaming." Then "they put me out," and it was her husband "who got me out of this. I could not think of why I had that reaction." Another experience occurred when she purchased a rose-colored bedspread: "I wanted to . . . sit in the middle of that bed and cut that bedspread into little tiny pieces and rock back and forth and cry . . . and I kept thinking why would you want to do that." Finally, she continued to tell her counselor about an incident when she was 3 years old and

remembers her father trying to break her mother's nose but does not remember anything else until she was in the first grade, except taking a nap on a rug in kindergarten.

Another significant factor that she attributed to remembering is: "I had spent my whole life going to . . . male counselors [and] then I switched to a female counselor." This counselor's response to her bedspread incident was that "they destroyed something very beautiful" in her. When she was telling this to her husband that evening on their way to Kmart, he stated: "The only time I ever have seen this behavior in an adult is in someone who has been sexually abused." She said: "It was like opening the flood gates, [and] I could remember it all; . . . it took about 6 months for all this stuff to come back. My dad was the abuser." She remembers trying to tell her mother and "she just beat the crap out of me." Since remembering, she has tried to talk to her mother about it, but "she totally denied it all. She has everyone in my family believing I'm lying. So I just have no contact with my family." This situation is a problem because she teaches with her sister in the undergraduate program and stated: "It's been very tough."

On one occasion, Jan left her family and stayed with a good friend for "72 hours [and] nobody in my family knew whether I was alive or dead. I'd always wanted to run away." She proceeded to "kind of got myself back together [and] that's why I agreed to go on antidepressants [and] that has made all the difference in the world."

Jan told her colleagues at the university about the abuse, which has “been important in terms of the healing process.” After one 8-hour meeting with her sister: “She had this horrible angry look on her face, and, by the time I got out of there, I was just a mess.” She was unable to return the next day and wrote the remainder of the faculty an explanation on e-mail telling them about the abuse. Her colleagues responded with support: “The response I got back from the faculty was phenomenal. I never expected that; . . . it was really really wonderful.” However, her sister put out an e-mail message: “This is just Jan; our family is wonderful; . . . this is just Jan’s problem not ours. I was so angry . . . and hurt I sent my family a letter” severing all ties with them. One family member, her grandmother, who is now deceased, played a very significant role in Jan’s childhood. She “listened to me and figured out what was going on. I don’t know what would have happened to me if she had not been there for me. I was my grandmother’s baby all those years.”

Jan talked about the impact of her history of depression and abuse on the lives of her children. Her daughter

was the light of my life, but she had to be perfect . . . because being the first child and being a girl and because I was just such a mess . . . she spent her life just trying to do everything right . . . which I put on her and didn’t realize. She and I talk about this all the time.

Jan stated:

I think the importance of what all I’ve gone through and why I’ve told you all of this is . . . I think we have a lot of women who have been abused who do a lot of destructive things to themselves. I think we get a fair amount of these in nursing because you learn to be a caretaker and a peacemaker.

Jan continues to perform staff nursing:

Ten to 12 days a summer, a couple days a week. I feel like if I'm going to teach in the acute care setting I've got to be there. My whole practice has changed since I remembered this stuff. I used to be frightened of physicians; . . . they were all that male authority figure. . . . Now I look at them and want to laugh. . . . I don't put up with crap. The other thing I've learned how to do is take care of myself. I no longer will work for 8 hours . . . without going to the bathroom. I used to call myself the needless wonder . . . but now it's the exact opposite. . . . I can do for you and I can help you, but I'm helping me first because I'm no good to you unless I help me. I work when I want to work; I don't work at their beck and call. . . . I used to do that . . . I'd feel so guilty. I am very fortunate though that I do not have to rely on staff nursing as a full-time job. . . . Those who have to do it for income have to put up with that stuff.

Jan also takes care of herself in her faculty role:

I won't take on extra workload. I used to do that and then I would feel . . . stressed and be mad because no one would say thank you. I have learned to . . . say no. . . . I'm okay with that; . . . if they're not ok with it that's their problem. I have learned to say the major emphasis in my job here is the research and the scholarly activity. Most people don't argue with me. You have to take care of yourself 'cause nobody will do it for you; but, when it comes time to evaluate you, they will be very critical.

Jan's education has been very important to her since grade school:

I did very well in school settings. I was comfortable there from the time I was in grade school. . . . I studied hard; I did well; and I realize now that probably one of the reasons that I finished up and went all the way to get a PhD is because I get a lot of positive reinforcement and a feeling of success in doing well in classes.

She proudly boasted: "I have a 4.0 for my PhD, but I worked very hard for it, and they gave me a lot of positive strokes."

Jan interweaves her husband and his life throughout her life story, as has been written. In addition, Jan told that she was successful in the doctoral program

because: “I have a husband who has stood behind me through everything and he always took over; if I needed to spend 10 hours writing a paper, he took care of our kids; . . . he’s real easygoing in some aspects.” Jan also has been an important support for her husband, as well. He is dyslexic, and she was able to help him with his school work while he was in college. She also supports him at home: “I don’t let him do home improvement things . . . unless I’m there . . . to double-check” because of his dyslexia. . . . [Also,] when it comes to figuring out dollars and cents, . . . I do it.”

Jan acknowledged the role her children played in completing her PhD: “My children have had a real ownership in my degree.” All three children helped her with various aspects of the dissertation: “They wanted to see me get done, and they wanted to see me do well. They also have a real sense for education because of that . . . because they’ve seen what it does. I’ve had people behind me.” Jan’s daughter recently completed a master’s degree out-of-state and is planning to return home and work nearby. One son recently graduated from high school, and the other is in high school.

When asked how her family has responded to her no longer being the “needless wonder,” Jan stated:

My family loves it. I’m not running around all the time trying to keep everything in order, and I’m much happier. In fact, my husband said to me a couple of days ago, ‘I know things are better because I went to the coffee pot this morning and the coffee grounds from yesterday were still in the pot.’ He said it’s so nice to have you smile and be happy.

Prior to this change, she “would want to do something, but I’d have to get them all organized first, and then I’d never get to do what I wanted to do, and then I’d get mad . . . clam up and wouldn’t talk.”

Jan is working on a research project with a physician. Her research is funded by a grant. She is also writing for publications and describes the process as a “struggle and frustration. I don’t write well for publication and I’m having to learn to do that.” She has had rejections and deals with these by telling herself: “You’re doing your best and look at it like as a challenge instead of . . . a failure; . . . this is a growth process.” When her first grant application was rejected, the other faculty members encouraged her to keep trying. The tenure process was also discouraging for her at first: “It’s very demanding and very rigorous.” Her last review stated that she needed to “get a research program going. I started my program, so, if I can get about three more of these [published articles] done plus this grant, . . . I’ll be ok. It’s a lot of pressure, and your summers are not off . . . but, if I want to stay there, I have to do it, plus I think it’s fascinating.”

Jan’s future will continue to be nursing education and at this university: “I’m in nursing education until I retire. I love the job at the university. They pay me a decent salary. . . . I don’t think I’ll ever get my husband out of this state. He likes the hunting and the fishing.” She also believes that the children will be in the same city or in a nearby state.

Jan stated:

One of the things I had to really work on was to forgive myself. I spent a lot of time blaming myself and I had to finally say you're okay. My whole life just got turned upside down and I had to rebuild it. I like me, and I like what I do, and that's a real change for me. Two years ago I never would of said that.

At the end of her life-path description, Jan exclaimed: "Life is good!"

### Sarah

Sarah's life began in rural areas:

I was raised in very rural. . . . My dad was a forester. . . . I was around ranger stations. I was the oldest of three girls. . . . My father had no sons except me. . . . He didn't really try to make me a boy, but he did spend a lot of time with me. A common pattern was that he'd have to go cover a fire tower on the weekend and he would take me. My dad was the first member in his family to go to college. . . . It was a very big thing in their family because of the depression, and it was very difficult. So education for his children is one of his prime things in life. I can remember quite vividly in the sixth grade realizing that everybody didn't go to college . . . and I didn't realize that it didn't just come automatic like grade school and high school. All my life, if we went through a town where there was a college, my parents talked about this would be a good place for me to go. You can see that I was set up for this life very early and very solidly.

Sarah first attended

a small liberal arts college not really knowing what I wanted to do but just knowing I wanted to go to college. I toyed with the ideas of nursing. I had even joined a future nurses club when I was in high school, but I didn't know there was anything but diploma programs . . . and going off to a hospital and getting a diploma wasn't going to college in my mind. So, I kind of gave up on the idea of going into nursing. So, I just decided to be a lab tech. Then I went to college, and I loved biology, and I liked chemistry. So, I thought I'd be a biochemist, but I wasn't totally comfortable with either.

Sarah learned about college-based nursing programs from a housemate: "I didn't decide right away that's what I would do, but I'm sure that removed a block that was in my way." She liked the liberal arts classes such as sociology and psychology and "began to search for a field that I could go into that used all of those things; . . . it was a circular path that sort of led me back into nursing again." What "really clenched" it for her was when she became ill from poison ivy while working at a resort the summer after her freshman year for which she required a shot from a physician. She stated: "I had been thinking about maybe switching into nursing but that did it. I just thought, oh, I know that this is what I want to do. I want to be able to help people that are suffering if it was poison ivy or whatever; so, I decided I would go into nursing." Then she transferred to a Midwestern state university after 1 additional year at the liberal arts school. When Sarah informed her family of her decision: "My mother cried and she didn't want me to go into nursing. . . . They weren't very thrilled about it, but they were supportive, and I didn't give them a whole lot of choice."

Sarah explained a standing joke that she had with her nursing classmates: "There was a piece of me that was just spending time in college till I found a husband and got married." While attending the liberal arts school, she had the opportunity to hear Margaret Mead speak. Her message had an effect on Sarah:

She talked about how a girl's dowry was her ability to make a living. . . . Her rationale was that it took a lot of pressure off of the family. We're still talking about the 50s. . . . This is not a time when, as a woman, I expected to have a career when I had my children; . . . but it seemed like a good idea. It made a lot of sense to me. . . . [However,] I didn't go to nursing school to become a

practicing nurse, I came . . . because I thought it would be really good knowledge to have for raising a family and dealing with family health problems. I have a good friend who said that you're the only one in our class that wasn't going there to have a career, and you're one of the few that really early on established your career.

At her 20th nursing class reunion, Sarah "had this tremendous glimpse into my future, as well as a tremendous glimpse into my past." One evening, at the nursing class reunion before dinner, a microphone was passed around the room for everyone to tell what they had been doing the last 20 years:

Most people commonly said that they had just launched their first child into college . . . and most of them had just returned to work from having raised their children. So a lot of people had not developed careers. They may have thought they would, but it didn't work out that way.

When it was Sarah's turn, she only briefly told them that she had been a public health nurse and was "doing some faculty work." She did not tell them about her PhD. However, when the microphone got back to the emcee, she told everyone what she really had been doing. This information affected how the others treated her. Before dinner: "I had been chatting with a lot of people . . . [but at the] postdinner milling around . . . suddenly I felt like I had leprosy. I think I was the only person in the room with a PhD [and] part of this group of women just didn't know what to do with it." Some women, who were thinking about graduate school, asked her advice. When Sarah returned for her 30th reunion:

Quite a number of my classmates were getting PhDs . . . in this past decade and a lot of master's, but at 20 years that hadn't happened. It happened postraising families. When I went back to the 30-year class reunion, I didn't get any of that discomfort at all. It's a whole insight into a generation.

The same weekend of the 20th reunion, Sarah also experienced her first “hobnobbing” with “some of the biggest name researchers in the country in terms of” her field of interest: “Since then, many of the people that were in that group have continued to be close colleagues.” Sarah had been invited to make a presentation at the conference after taking the initiative to write one of the researchers. She spent 3 days discussing scholarly work and “getting to know some of the big researchers in the country.” After this weekend, Sarah was “just exhausted. I just had to lallygag and . . . emotionally recover. It caught me totally by surprise. What a stretch that was for my mind. I sort of met my future and past all in 1 week.”

Sarah continued her life story by going back and starting at the point in her life where, within 2 weeks, she graduated from college, married her husband, and moved to a West Coast state: “I was feeling very adventuresome. Jobs and opportunity were everywhere . . . so we really spent a lot of time looking at the map. . . . We could go anywhere we wanted to.” Her parents were continually moving because of her father’s job with the forest service, so she could not move near them. The Pacific Coast state “sounded like an adventure . . . really neat. It was a bit of a cultural shock for both of us, but we were young and . . . had reasonably good jobs, so it was an exciting time.” Her husband worked with many single men: “We all went on ski weekends . . . hiking or camping or sailing. . . . They treated me like I was one of them.”

After the move West, she began her first job on a maternal-child unit for \$350 a month: “It was not a pleasant place to work.” Sarah’s maternal-child experience as a student involved rooming in and “we were heavy duty into patient teaching.” At this hospital, “Nurses were not allowed to teach. I was the only baccalaureate nurse in the place. . . . I found myself philosophically out of step and turned around.” She related two incidents in which she experiences trouble for spending time teaching patients; as a result, she washed instruments, made beds, and gave baths. Another incident occurred when she refused to give anesthesia in a dose outside of the hospital policy guidelines: “[The doctor] got so mad he was cursing out the door.” At one point, shortly before she left the facility, she overheard the head nurse talking about

young whipper snappers who think they know everything. I was not an assertive person in those days, but I had really had it, and I said to her the job of head nurses on a unit is to uphold standards, and, if head nurses are upholding standards, the young whipper snappers don’t have to worry about standards.

During her exit interview, “They really wanted to know why” she was leaving, “so I really told them.” Within 3 months after she left, the supervisor and head nurse were replaced.

Another important event that occurred while she was working at this hospital was taking the state nursing boards: “It was the first time I had seen anybody from home, and I don’t think anybody enjoyed their state boards as much as I did. Those from my school would run in and take a test and then run back out into the lobby and hobnob until the next test. My big need at that point was to

connect with people from home.” All of the events that had occurred since her graduation culminated to the point at which she began to “realize how disorienting this whole experience was. I have suggested to young students that they might not put that much change in their life all at once.”

“I never really wanted to work in the hospital; I wanted to be a public health nurse right from the word go.” However, in order to do this, she had to return to school. She visited one of the programs: “They admitted me on the spot, gave me a stipend and the whole business, and I went back to the hospital and resigned.” After completing the program, she

went to work in public health. They required baccalaureate degrees . . . and suddenly I was with a whole group of colleagues that spoke my language and philosophically believed in the same things I did. I had an excellent supervisor who did a lot of staff in-service. I was with really good nurses. We also had a well-prepared master’s of social work consultant who met in our unit frequently. We worked in the ghettos . . . in the lowest social economic portion, and it was very difficult in terms of we were young girls in our early 20s and . . . so just getting in and getting involved and working in the slums day after day was tough work. We really had a good support system . . . frequent in-service education . . . one-on-one counseling. It was a real growth kind of experience.

Sarah quit public health nursing after the birth of her daughter and intended to stay home. However, she was recruited for a school nurse position, which she shared with a friend. They took care of each other’s children while the other was working and then arranged with the school to leave at noon to breast-feed. Sarah stated that she “found part-time work better than full-time and better than staying home.”

During her stint as a public health nurse, Sarah changed to a different county health department where

half of the nurses in my unit had master's degrees as staff nurses. That became the first time I ever started thinking I should have a graduate degree. I could sort of see that the nurses with master's degrees were functioning a little differently than I was. I began to peak at my level of education and I thought maybe I should have a master's degree.

Consequently, when her husband returned to obtain his PhD: "I began to think . . . I should go get my master's while he's getting his PhD." This time was opportune. She recalled a semester when she was attending school and he was not and how, because of all of the weekend activities:

I had a hard time finding any time to study. Once he went back to school our life changed dramatically. There was much less weekend running around, and he was studying and writing papers all of the time. I could probably have the space now, and it might be hard at another time.

She chose a master's in public health and a program that was close to her.

The master's program was

a very eye-opening experience [that] put me with a different group of colleagues than I had ever had before [such as physicians and educators]. I discovered that I could compete very well. I was the only one in the group that had actual public health experience. It gave me a whole different sense of interdisciplinary and collegialness . . . the whole idea that physicians-know-everything-and-nurses-know-nothing attitude passed right out of my head. . . . They knew something I didn't . . . and I knew something they didn't. That kind of experience shaped how I felt about who I am and about nursing schools and how we relate to other disciplines.

Even today, she "is a strong proponent for interdisciplinary kinds of things" such as supporting graduate students to take electives in disciplines other than nursing.

While Sarah was at the university working on the master's in public health, the Vietnam War was in full swing. Sarah recalled her experiences with the protests at home: "Every quarter that I was there the campus broke out in a major disturbance; . . . it was all really civilized; . . . [that is, until] the governor . . . was making a big heyday about putting down student disturbances." He moved a board of trustees' meeting that was supposed to meet in another location:

I knew full well he had moved that reagency meeting to the campus to cause that uproar. . . . If you don't have that uproar, you can't put it down. . . . So, by the end of the day, there was rioting everywhere . . . to protest the trustees' meeting. He ordered in the national guard, and I felt very angry over this. Everyday helicopters buzzing over the campus. . . . If there was any sign of mob movement, they sprayed tear gas . . . like human ants. One day I was walking from the public health building across the street . . . to get my sandwich and three real young national guard soldiers . . . swung across the sidewalk and pointed their guns at me with their bayonets on them and I was pregnant at the time . . . obviously pregnant so I had a big tummy. I was all by myself, so how threatening could I have looked? . . . I suddenly realized this kind of stuff was not play; . . . this was as close to a war zone as I personally would like to get.

Another time, Sarah was at home in the backyard with her daughter and a helicopter flew overhead, which was unusual for that neighborhood but a usual occurrence on campus: "I didn't realize how much that helicopter had impacted me until it went over my house, and I suddenly felt terribly angry, like, how dare you violate my space."

After her husband finished his PhD, Sarah moved with him, her daughter, and infant son to a southern state where he had accepted a faculty position. This move "was a cultural shock. . . . I had no idea that the Civil War was still going

on. . . . There was a tremendous resentment about Yankees coming in and taking over.” She stayed home for approximately a year, teaching childbirth classes:

When we moved there, I didn’t plan to teach. . . . I had my second child. . . . I was never going to be a career person, remember. But, the school of nursing found out about me and knew I had a master’s and literally needed a warm body. [They] said any amount of hours I could give them and so that’s how I got into nursing faculty work. I had not intended to do that, so, you see my life is a little bit of an accident here and there.

At first she

didn’t really like faculty work. I just missed working with the patients a lot. It took me several years before I could transfer what I felt about working with patients to working with students and begin to realize that they were all my charges, and, in the way, I had hope to give to patients I could give to students in a different sort of way. The longer I was there, the more I began to like it.

Because the state had a lot of oil money (the 1970s), the school

brought in lots of nationally known speakers. . . . It was a really good place to start faculty work. I got an excellent start in terms of what it meant and how I should go about it. I was aware that if I wanted to stay in faculty, a doctorate was a possibility, but I hadn’t thought about it really seriously.

When one of the doctoral-prepared faculty received a postdoctorate, Sarah was asked to teach graduate courses: “They said, by the way, if you’re going to be on the graduate faculty, you must enroll in a doctorate program.” She talked it over with her husband and decided to enroll “one course a semester. . . . What could that hurt? So, that’s how I slid into doctoral work.” She liked teaching the master’s courses; but, “I felt like kind of a fake,” because, in her master’s program, she had all “seasoned” faculty and “here I was with a master’s and no publications.” This situation was another stimulus for her to obtain her PhD. She

continued taking doctoral courses, one at a time, until

at some point I finally got enough hours; it dawned on me it would be a real waste not to . . . finish it. I finally jumped into it in a more wholehearted way. . . .

I had a lot of negative feedback when I started getting my PhD. In the South, faculty's roles were very well cut out there, and I had a definite role as a faculty wife. . . the fact that I had my own faculty job that didn't excuse me . . . but I didn't do a lot with my faculty wife role because by that time I was a faculty plus a student plus a mother and I didn't have a lot of extra time left over. My husband's dean's wife used to say things like, well, it really boiled down to "I don't know how you do all that you're doing, and, actually, you can't be doing it all and do it well." I used to just shrug it off. At a later point in time, once her children were all grown, she . . . came up to me and very bluntly said, "I now understand what you have done, why you have done what you have done, and you have done the right thing, and I wish I had."

"My family and my husband's family was very strange for a while about the PhD." At a family gathering shortly after she defended "nobody ever said a word." Her mother did send her a card and a check 3 months later:

My sister-in-law, with whom I have always been good friends with, and my mother-in-law, who had always been nice to me, were very strange and very standoffish for a while. I began to realize that they didn't know who I was going to be when I finished . . . and I think that they discovered in a few months that not a thing had changed; I was the same person I had always been but they just didn't know. My mother . . . has come around to being very pleased and very proud. I just became aware of a lot of people in subtle ways letting me know that they were having a problem with this whole PhD process, and it was all disappeared within a year or 2. There were some fairly heavy-duty pressures on women about getting PhDs a couple of decades ago. . . . Now I think the idea that a woman would have a PhD has grown tremendously in the last couple of decades. I remember thinking when I was going to defend, now, once I crossed this bridge, I've crossed it, and I can't go back and can't say I changed my mind, it was a mistake, I don't want the degree. . . . Once you've crossed the bridge, you've done it, you can't give it back.

“When I finished my PhD, . . . my husband said you’re not going to like this but it’s my turn and I want to” go up North and work for a semester at the university, which is where they both currently teach. Sarah had been to this town and agreed to go. During this semester, Sarah was awarded her first book contract, which she worked on but did not do any faculty work: “It was so pleasant here.” Because of the small size of the town, her children were able to walk or ride bikes to their activities. Sarah compared this experience to living in a large city in the South where she spent hours each day driving herself and the children places: “I had a very hard time managing. . . . [One day] by the time I got to work, I had been in the car for 3 hours solid. I thought this is not how we run a dual-career family. . . . I thought I just can’t do this anymore . . . couldn’t keep up with the activities.” She had “got a taste of small-town living [and] we talked about finding a smaller town. Finding a small town that has a research university was almost impossible.” Fortunately, 2 years after she completed her doctorate, they both found positions at the university where her husband had spent 1 semester working. They “would have never left the city if we couldn’t have both had a job here, but we both did; . . . it’s worked out very well.”

Sarah reflected on how the move to a smaller town influenced her children: “There is a lot to be said for raising adolescents in a small town. . . . You can pretend to give your children a lot of freedom, but there really isn’t anything they can do in this town that you won’t hear back about.” She told of the time when her son ran away one summer: “I knew where he was living.” Other people

would tell her they had seen him and how he was doing. He continued to keep their family counseling appointments: “He was really quite safe. As long as he wasn’t going to come home peacefully, I wasn’t going to make him.” She later enlisted the help of a lawyer, who was able to help the family sort things out: “I suddenly realized who is the expert in negotiating is not the psychiatrist but lawyers.” Her son is dyslexic and “had a tough adolescence, and he is shaping up to be quite a nice young man. We would have had much more difficulty had it been in another setting. . . . Moving here was really helpful in that sense.” Her son recently graduated from the university where his parents teach.

Sarah talked further about her career at this university. When she first came, the new dean was very supportive of research:

She was really supportive in terms of helping to launch me as a researcher and giving a lot of emotional support, as well as time to do so. All of my publications have been written since I came here . . . with the exception of that book. One of the nice things about being in a smaller campus is that it doesn’t take near as much of your time to negotiate your daily activities. I have brought in a lot of grants to the campus, and the campus has rewarded me very well. I have more space than anybody else. I have just finished this . . . very large grant.

Sarah involves graduate and undergraduate students in her research and community projects. She is a consultant for a new grant in a large Midwestern city. Most recently, she accepted the editorship of a well-known nursing journal: “I have been on a lot of editorial boards . . . but never been an editor before.”

Last spring she received a research award from the university. This reward “was a financial award so that was nice, but what I have noticed is that a lot of the

men on campus suddenly know who I am and go out of their way to speak or say hello. I am suddenly discovering a whole other layer of people I didn't know. I got admitted to another level of campus society . . . that has been a very pleasant thing to have happen." Sarah also is quick to acknowledge her nursing colleagues: "We have a strong nursing faculty, and we have quite a few active researchers among our faculty," so that Sarah is not the only one researcher.

During the interview, Sarah was in the midst of planning an international trip that included health care providers interested in traveling to a foreign country and learning about its culture, not telling them what to do but "to exchange what we learned as much from them as we are taught. I think it's going to be an exciting trip." She is already beginning to think about where she wants to go for the next trip.

In regards to her future, Sarah stated:

What I am working on now is figuring out how I am going to work things. My husband is itching to retire, and I am not really ready to retire, although I've got to come down. This grant has taken over my life, and I have been working 12-hour days and weekends for a long time; . . . it has been a huge undertaking. I am hoping to get a little piece of my life back for myself. I am trying to figure out . . . how I am going to continue to keep professionally active . . . to gear up for the next phase in life; . . . I haven't quite defined what I want. I don't envision myself ever not having some tie into my career, but I can see myself as not being employed. My husband is quite content that we will not retire at the same time . . . and how that is going to work out is unclear to me.

She has been talking to friends in order to get ideas. One friend is a professor emeritus who travels with her husband who golfs. The only criterion is that he golfs in a place that has a university so that she can receive library

privileges and continue her scholarly work. A cousin

pointed out to me that I had to be very careful about resigning from the university because . . . my opportunities . . . are probably going to be a great deal stronger than they would be if . . . I dissociated myself. I get to be a consultant on a lot of things, and there is a fair amount of activity. . . . People send me a lot of plane tickets to go lots of places, and I really like to travel. Nobody ever told us why we are supposed to get this national and . . . international reputation . . . presumably to give credit to your university, but nobody ever said what is in it for you. [Well, it turns out] it brings invitations to travel such as the international trip she and a friend are leading this summer.

Another friend gave her a book on retirement, which suggested that to retire to play 100% of the time “was to childrenize yourself and that you need to have some more solid plans”; it also suggested to begin planning 5 years in advance. She agreed:

I want to do things that are fun, but I don't see that you are all work up till this day and now you are all play from this day forward; . . . that doesn't appeal to me. I have to be very careful about where I am going and what I am going to do because, unlike my husband, who I believe can find lots of well-educated men his age, there won't be as many well-educated women my age. I have lots of friends who don't have their PhDs . . . but . . . I need a certain number of people in my life that share my interest and share my approach to things, and I don't know how one gets that in retirement. I will be willing to bet that in terms of women of my generation and my kind of issues that there's not very much available [in terms of written resources on the subject of retirement]. A lot of women my age who got PhDs are single and the whole business of having a spouse, having to think about what he wants, having children, wanting to think about what they want . . . and where they are going to settle down [is different than what they have to think about].

Her children, who are currently planning to settle near her, will influence her retirement plans. She has a daughter who is “very interested in motherhood

. . . and she is going to deal with the same motherhood career issues that we all dealt with.” She stated that she does not want to be the primary caregiver but would like to be available at times such as when the child is ill or the parents want to take trips. Her own mother, “on three or four occasions,” stayed with her children “for a week so that we could go off on a trip and boy that was helpful. Maybe I will just go and be a grandmother. . . . I haven’t had a chance to try that one yet; that may change my whole perspective on a lot of things.”

When asked how household responsibilities were managed over the years, particularly at times when she was quite busy such as when working on her PhD, Sarah responded with the following:

One of the things that I learned in the South was to have household help. I was real concerned about my children during the time I was so busy, and so I always had somebody pick my children up after school and come home and cook dinner and do the wash and do the cleaning. I didn’t make a lot of money . . . because by the time I sunk all my money into household help. . . . And I was fortunate, I . . . had a husband that made a decent salary and so I could afford to. . . . I call it investing into my career. I just feel housework is not a good use of my time; . . . it’s not something that interests me. So ever since then I have hired help. I have a lady who comes here twice a week for 4 hours. . . . She’s my “wife,” really, and she can do anything I need. At times, it’s been sort of a bone of contention between me and my husband because he sees that as sort of a luxury, and I say it’s not a luxury; I cannot carry on this level of career [without it]. He doesn’t recognize there is a whole job at home that I left to come over here to do this. I did . . . 100% housework and a 100% yard work for the first 15 years. . . . I did it all. I am not going back to it. I am not going to retire until I have enough retirement funds that I can continue to hire help. Fortunately, my husband seems to go along with all this.

Her husband began helping her when she started doctoral studies:

My husband started participating in the cooking, and it took that I was taking on the third role of the student, as well, that he could finally see that I needed some help. I bought a book called working couples' cookbook. . . . It says these are his responsibilities . . . and tells her what she should be doing and we put on this dinner together. . . . I had never had any objections to my husband helping with the cooking. I realized in the last couple of years how absolutely possessive his mother and his sister are of their kitchens, and I realized that he needed something like that book to feel welcome to come into the kitchen. It turns out that he is just an excellent cook, and he cooks 3 nights a week now.

I am quite aware of numbers of many marriages that have not been able to do the role shift. We've changed our marriage tremendously. We live a very different lifestyle than my parents did or my husband's parents did. I'm sure that he has had some times to think about who he married and how he got into all of this, but basically he has adjusted quite well. I thought he might have some resentment about this research award. . . . I didn't tell him I had been nominated . . . until after I had been notified I'd won it. He was very enthusiastic. . . . There were quite a few events that were connected with all of this. . . . He was very enthused about going to all of those. I am lucky that I married someone who is secure enough in themselves . . . that I can do what I want to with my career. It is not an issue if I am progressing in my career faster than he is progressing. I see that go on in some households, and it does not seem to be an issue in my household.

Sarah loves to travel, but her husband does not; he does not seem to mind if she travels. However, her family, as well as his, imply

this unspoken rule that I can't go where I want to go unless I can get him to escort me, and we don't work that way. I am gone seldom more than a few days at a time. I made a real effort at not having to have to do too many things. He's never gotten up in the morning without a clean shirt, and he didn't have to do his own shirt. . . . I just arranged so that we have our own "wife" who does those things. It's not that my husband has fostered my career, but he hasn't fought it, and he's been very pleased to have the income; so I think that has been part of his motivation is that we live a better lifestyle because I work.

Sarah's lifestyle has influenced her children: "We are a very androgenous family and our children are very androgenous." Her son does all of the cooking in his relationship: "He doesn't think anything strange about the men doing a lot of the cooking and the household. My daughter's about as liberated as they come, and it's just a matter of getting a man who can go along with that, but I think that she is maybe getting that settled."

The past year has been full for Sarah, taking on the editorship of a journal, winning the university research award, winning a Sigma Theta Tau teaching award, her youngest graduating from college, and leading an international trip. Sarah concluded that her life-path description with "life is good!"

### Elizabeth

"I always knew what I was going to do," stated Elizabeth. She has an aunt who is 13 years older than her who is also a nurse:

We were more like sisters than like aunt and niece. . . . I was going to be like her. I went to a 3-year program . . . where she had gone to school. No one had gone to college [in her family and it was the late 1950s] so it was not a time when baccalaureate programs were a big deal. . . . So the thought of going to college never entered my mind. I was going to be a nurse [although] I kind of thought about the track of going into physical education. . . . I was also real big into athletics . . . but that was . . . more of a college track and I didn't like what I saw with some of the people. . . . They were kind of tough.

She also considered the convent: "[I] had several friends who were thinking about going into religious life." She looked into it but was told she "could be an LPN and an infirmarian . . . working infirmary . . . and I thought that's no life career.

So I went into nurses training.” While in training, she lived in the dorm with the sisters, worked on the floors with them, and met another good friend who was considering religious life. She got “sort of revved up . . . about going to the convent.” These sisters were “very friendly. . . . They were all nurses . . . and they were just great women. As my friends started getting ready to go, I started thinking more and more about it. I just celebrated my 35th year as a sister.”

In this particular group of sisters, they “are very well-educated. . . . We were all sent into a 4-year program.” The first year she was trained as a postulate in the convent and attended school. The second year she was a novitiate and did not enroll in any nursing classes: “That’s kind of a quiet solitaire year. . . . We only take theology.” The next 2 years is the juniorate:

You are actually under vows [and] stay at the mother house [and] finished up all of my nonclinical courses in nursing . . . philosophy . . . theology and a lot of extra courses. You had to have finished your training as a sister before you could do upper division because they felt that upper division exposed you to a lot of things, and they wanted you to be grounded really well in who you were and what you were as a sister before you took on the world so to speak.

The final 2 years of nursing school Elizabeth lived at the hospital and commuted to the college and mother house:

On weekends we worked as actual staff nurses, and on holidays, and then during the week we were students. On the weekends the sisters ran the hospital. . . . We definitely were in charge.

During that time, I had two really key instructors. This was pre-Vatican II; this was full black habit. . . . This was total old world. . . . We didn’t talk to the girls in class. One was the psych[ology] teacher, I didn’t like psych, but I liked her approach to life. The other was the peds [pediatrics] instructor and I thought I loved peds and that’s what I wanted to do. But we also didn’t have a choice. . . . At that time you were told what you were going to

do, [when she finished school in the mid 1960s]. That was OK, that was part of the game.

However, she had a mother general who “was kind of an avant guard superior” who “asked me what I would like to do, which was kind of unusual. I said . . . I really like peds, but I’ll do whatever the community wants me to do.” Then she was assigned to an upper Midwestern state to learn to be an operating room (OR) supervisor by working with a sister who was in charge.

“They sent myself and two other young sisters . . . and we just had a hay day. We worked all the bad hours because they could assign us and had all the worst cases but we had a great time. We worked 12 to 16 hours a day . . . 7 days a week.” She began pre- and postoperative visiting to check on the patients “which was a little bit on the cutting edge. We would visit them at least once a day until they left the hospital. We didn’t teach, we just were present to try to allay fears. I didn’t mind the OR. . . . This aunt, who was my role model, was an OR nurse.” At the end of 1 year, she returned to the mother house for 3 months for additional religious training: “More time for spiritual development. . . . Your last chance to make a decision . . . before you make your final vows.” She made her final vows and was allowed to return home for a 3-day visit. Otherwise: “In those days, you went and stayed in a convent, and you could go to your parents’ home from after mass in the morning until 8 at night.”

After her 3-day visit, Elizabeth traveled by train to a small city in a western state to work at one of the sisters’ hospitals in the OR and ER [emergency room]:

I thought I was sent to the end of the world. . . . We didn't travel a lot as kids. . . . Going West was like going . . . to China. I cried all the way on the train; I didn't know anybody, and was all alone, and felt like I was going to the end of the world. I was there about 10 days, and I had fallen in love with the West. [There was] a whole bunch of young sisters my age . . . and we had a very young superior who . . . was really ahead of her time and she allowed us to have a day off a week, which was unheard of, and she wanted us to take the same day off . . . so that we could go out and hike [or to a cabin in the nearby mountains].

Elizabeth stated that this superior was another important person in her life. She “helped me to see how you can live your religious life fully and still be a really good nurse . . . that they could fit together. Work wasn't hard because you had fun and you could have a day off.” She was there for approximately 3 years and was then assigned to a nearby town in the same western state.

“I did not like the atmosphere. . . . It was not a very good situation for me. I do much better with poor people, with kind of regular folks . . . that's who was in the first town.” In the second town, there were a lot of people moving in and out with the military and “a lot of money; . . . that just didn't appeal to me.” Also, “all of my friends weren't there, so it was a sad situation. During that year, . . . I began to wonder whether I should stay in the community or not; I was very unhappy. I had a really uncompromising superior, and the administrator and I had very different views on life. I was not in a good space myself.” At this time in the late 1960s early 1970s:

There was a lot of sisters and priests leaving religious life . . . so there was a lot of turmoil and friends leaving. At that point, I wanted to go to school, but I knew that I didn't want to go to school and then leave the community because that's what a lot of people were doing. It was a stepping stone out. I wanted to make my

decision one way or the other and either go to school or leave.

During this time, the rules changed, allowing her to request her own assignment, which she did after 1 year. She was assigned to another nearby western state to work in the OR. After this move: “Things in my life settled down; . . . it was a better situation.”

When she had been there for approximately 1½ years, she asked the director of health care ministry of the community about attending school. The director had been her superior at her first job: “She was just this visionary person who probably is the biggest role model in my life.” She agreed with Elizabeth and said: “You choose any school you want to . . . and I’ll see that you get the money.” This was unusual because generally a sister had no say as to where she went or what courses she took: “Well, the doors were opened . . . here I was with choice. I was bored and figured it was a good time to go to school, but I really didn’t know what I wanted to do exactly.” She decided to attend a university in her home state in the Midwest because she believed “this will be a given amount of time I will be close to my parents. . . . I thought that will be nice, I’ll go home . . . see my parents . . . be a little closer to some of my other friends.” Up until this time: “We were permitted 1 visiting day a year with our parents, and, if you lived in the West, you would save it up for 3 years, and you came back to your home for 3 days, unless our parents came out.” Her parents were able to visit her, but it was “around my work schedule. . . . We could visit in the evenings after we finished with work.”

“I liked the program which had a lot of flexibility in it. It was a clinical nurse specialist program.” She recalled a professor who was a “wonderful nurse leader but tough as nails.” Elizabeth, with three other friends, “became the foursome.” They decided that they were going to enroll in all of this particular instructor’s courses:

We would show her [because] we wanted a good education . . . we were going to take the toughest courses . . . stick together no matter what happened; she would never get rid of us. Her courses were wonderful, and they were tough . . . she just was unmerciful. But, she believed in nursing research . . . and I found myself really getting hooked on research.

During this time in the master’s program, Elizabeth stated that she

was pretty green at that time. We had just gotten out of the habit . . . getting used to wearing clothes and had changed my name back from our religious name . . . and this was going to be my first time now trying anything on my own at a state university. I was much quieter and much more timid than I am at this point; . . . it was kind of a scary experience. I lived with this aunt who is the nurse. . . . She had gone back to school and . . . was doing her undergraduate work while I was doing my graduate work, so we didn’t see much of each other, but at least I was in a living situation where I knew someone.

Elizabeth graduated in the mid 1970s with her first master’s and immediately began thinking about obtaining a doctorate.

Historically, the community believed that nurses did not need doctorate degrees, but she talked with the same director of health care ministry and “decided to write my letter, and I figured I’m going to ask them every year if I can go and get my PhD until they say yes.” They said yes after her first letter: “The only restrictions were that you have to find a place where you can get some of your

education paid for.” She started talking to other people, some of whom suggested she get a PhD and not a DNSc: “Don’t compromise.” She knew she wanted research and to be out West again; so, she applied to three places and was accepted at all three. She selected the program on the West Coast because a famous researcher was there, whose work Elizabeth had read in her master’s program. The program was a combined master’s and doctorate in a nonnursing field: “You had to take 1 full year of master’s-level courses to prove that you could do master’s work.” She was funded through the federal nurse scientist program.

Her doctoral experience, which took approximately 7 years, was “the absolute very first time that I was totally independent. . . . I had no one.” At first she lived in a noisy dorm mixed with all levels of students. She later moved into a house with four other graduate students. Then she established an intercommunity house in which “sisters who would come in to go to school from all over the county could have a place to live and so we had these wonderful groups of sisters, which was a wonderful part of my life.” While there, she was the only sister from her own community, but another group “adopted me.”

The demands of the program were great: “If I knew back then what I know now, I would have been scared to death. I wasn’t doing very well in statistics. . . . I cried myself to sleep every night. . . . I knew I just wasn’t going to make it.” Letters of support came from her friends and her superior, which “only made me sadder,” because there she was the first sister to obtain a PhD: “I knew I wasn’t doing very well.” The program was “very hard” and

they did not like nurses and . . . did as much as they could to wash us out and that was well-known. They thought we were too practical in that we didn't think analytical enough. . . . [But] I went full-time school year round, and I really stayed with it, even though I had a lot of catching up to do.

"There were a lot of key people." Her primary professor was a young teacher who was "bright eyed, bushy tailed, and had won every award they put out." At first she was not friendly towards nurses, but, "over time, we became best of friends. . . . She chaired my thesis and . . . dissertation. She is a scholar . . . demanded scholarship . . . was an excellent writer . . . very prolific . . . and a good researcher." Elizabeth also became acquainted with the "up-and-coming" nurse researchers in the school of nursing. She would spend time studying in the nursing department, working for them as a research assistant. She was "on the ground floor of the doctorate program," which was in the process of being established for nursing. Also: "If we knew people were writing grants, we would volunteer as slave labor . . . so that we could learn how to write grants." Along with another student, Elizabeth volunteered to develop a tool for a grant that a group of nurse researchers was writing. She stated that they were "naive. . . . We just were. I knew I wanted to do research and I had to get the experience." Both of them used the instrument for their dissertation and continued to work on it; in fact, it is used in more than 13 countries and has been translated into "a variety of languages." They also have published an article about the instrument in a nursing journal and have presented it at a regional research conference. While in her program, Elizabeth was able to "meet all kinds of people," [including some of

the very first nurse researchers]. . . . It was those people there who really kind of helped me see what this whole nursing research thing really was and how you did it. . . . They were just great mentors.”

After Elizabeth graduated in the early 1980s, she decided that she wanted to find a smaller school and begin her research career and then later go to a larger school. Job hunting was stressful, and she felt pressure to find employment so that she could again contribute to her community of sisters: “I never taught, not day one . . . so I thought I better go someplace where I can get some teaching experience, start a research career, and then when I’m a big kid go to a big school.” One of her nurse friends had been visiting the western state university in which Elizabeth currently teaches. She told Elizabeth: “You’ve got to go” there. After job hunting in several western states, during which time she worked as a consultant, Elizabeth took a position as department chair at the school in which she currently teaches. Before she accepted the position, she confirmed it with her community: “You don’t make independent decisions. I came over here, and I interviewed, and I really liked it.” The dream of the dean at that time was to develop nursing research at the school, and she “really encouraged research. . . . My research career was prodded by her.”

When she began the job, she

was working probably a 70-hour week because I didn’t know what I was doing. It took me forever to get ready to teach because I didn’t know how. And then trying to figure out the department chair stuff. . . . They had never had a department chair. . . . I had to create the job. It was trying to get a class together because you had to teach it on Monday, Wednesday, and Friday, try to get through

faculty meetings and stuff together . . . because you have to run the faculty meeting . . . a lot of university committee work . . . search committees . . . which is a whole lot of work.

My research was . . . early in the morning and weekends and holidays. I would have liked to have more time to go cross-country skiing and hiking, . . . but I knew that if I wanted to do research, I was going to have to bite the bullet and the only time . . . was the weekend. I looked forward to Saturdays because it was a workday without the telephone, so I would go to the office early in the morning, be there till late at night.

She was abiding by advice given to her by an early mentor:

Never let a day go by that you don't do something on your research. . . . So I tried. I was real intent. While I worked at the church a lot as a volunteer, I'm not on staff there, I don't have a community nor do I have a family here, so I can work all the time if I want to. I tend to be a workaholic. I didn't have a chance to develop as many good relationships as I have now because basically all I did was work.

She attributed her success in research to the hard work and time she invested: "I never took my vacation time . . . since the mid 1980s because I was too busy. At some point, you have to make those compromises if you really want a career in research."

As I mature, I should take more time to enjoy and I can now because I'm tenured and my career is in place. . . . I can do better now with taking a weekend or at least a day of the weekend and it's my time to go do something. . . . [However], there is a lot of responsibility when you're running a big office and three or four grants and it never lets up. . . . [Furthermore], I write grants constantly. . . . There is the constant comment of keeping food on the table. I still have to say that when I'm not doing something else, I'm working.

Elizabeth had come to the school with grant money she and her partner, who coauthored the measurement tool, had received. When she began, she had received grants from the university and the state. An administrator told her not to

waste her time applying for the state grant. Elizabeth stated: “All I need is a challenge, so I sat down and wrote a grant and got money right away.” Since the mid 1980s, she had “been anywhere between 60% to 95% soft money, so I’ve been primarily focused in research,” including a new investigator award from the federal government. Elizabeth relied on the contacts she had made in her doctoral program to assist her with grant writing: “There wasn’t anybody here to help me.” She continues to conduct collaborative research with researchers at other universities and, in fact, has an appointment with one university to work with their doctoral students. She “built up strong collegueship with bigger schools in the research arena because I was basically . . . alone here and most of my research continues to be with colleagues in other universities. I’m still the only person who has ever had any federal research funding on this faculty.” Her research plans include

finishing up the model building sort of theory development research that I’ve been doing and leading now into the intervention component. I want to continue to develop my research career and bring more people along. I love working with young faculty . . . helping them write . . . get grants going . . . and generate their ideas. I get a lot of enjoyment out of that. I think I’m seen as a very reputable scientist [by the rest of the university community].

Elizabeth stated that being in academe and trying to obtain more funding is more difficult now than it was, particularly for nurses: “I think nurses work harder than most other faculty. . . . The work ethic that we’ve built into nursing is astronomical and the number of meetings . . . if we could get rid of meetings in nursing . . . it sure is time consuming. Nursing is still kind of caught up in our

old ways.”

“I spend most of my time focused on research. I do some teaching with graduate students and I have not done undergraduate teaching for quite a while, but I do thesis and . . . a lot of guest lecturing [and she involves graduate students with her research]. . . . I love to teach about research.

“I do a lot on the national scene and I enjoy that . . . that’s fun and challenging.” She has served on a study section for federal grant review, which she accepted at the encouragement of her research mentors, and she attributes the invitations to her work with rural theory. Because of the rural nature of the state in which she lives, she has been involved in rural research and theory building: “I’m not a rural person by my upbringing . . . but . . . because we were so involved in the rural, I got involved in the rural. The rural component has taken off and, of course, we are asked to speak on it all the time.” She also has been involved with national rural committees. She is involved with Sigma Theta Tau locally and has goals to hold a national office.

“I do a lot more things with people around town. I’ve started a prayer group. . . . So I’ve done more things and have gotten a chance to have more relationships with people here, which I think is a whole lot healthier.” She returns to her home state four times a year because she is on the board at the sisters’ college.

“When I came here, I said I was going to be here 2 years . . . to learn to teach and then I was going to go . . . to a bigger school. Well, I’ve been here

starting my 14th year, and I really like it, and my research career is taking off.”

Elizabeth is in her mid 50s and stated: “I think I’m going to probably be active in academia. . . . We don’t ever really retire. We encourage the sisters to look at second careers that are less demanding. . . . We are productive for a long time.”

The sisters are not funded by the church, and each group makes its own money and carries out its mission:

Our checks go back . . . into the pot, and then you get some money back to live off of. So, in this day and age, as our numbers shrink, it’s important that some of us keep jobs that are earning jobs so that other people can work in South America . . . the inner city . . . in homes with people with AIDS . . . in shelters for abused women and not bring in very much money; so, it’s a community effort. So, because I’m highly educated and I love what I’m doing, it’s important for me to keep a paying job. So, I probably see myself working another 10 years and then refocusing into another ministry.

She likes where she currently lives but stated:

I don’t like being so far away from my sisters. I love it here, so maybe I’ll stay here for 10 years. . . . I’ll only make one more move because I don’t think you can bounce around; you can’t get your research going. You’ve got to have your ties, you can’t keep uprooting yourself and moving. I’d like to look at retiring from craziness when I’m 65 or 66 and then do some kind of consulting or writing, and I would like to work with the poor. I really enjoy the intellectual pursuits, and I know I wouldn’t be happy unless I had some of that. So, I would see recycling into something that would have some academic bent, but I would also see doing something hands-on with the poor.

### Ruth

Ruth began her life story: “I remember always wanting to be a nurse. I don’t recall having any other focus. I looked at several schools. . . . I was aware of accreditation standards at that time.” Thus, the school she selected was an

accredited baccalaureate program at a university in her home state that had been a diploma program: “You were in clinical up to 40 hours per week. . . . So, our education at that particular point in time was really pretty diploma oriented.” She recalled: “I had a lot of clinical time; . . . it wasn’t necessarily good time.”

During her first job as a new graduate as a float nurse, she stated: “I can recall learning things right away that never even had occurred to me beforehand.” She explained this statement by describing an incident when she was giving report on a D&C patient and the oncoming nurse asked about the perineal flow: “I had not even thought about checking; . . . it was a real eye-opener for me.”

Ruth also was asked to be the evening supervisor/clinical instructor. She believed: “This is a big responsibility, but they must think I can do it. . . . So after thinking about it for a while, I took that position.” She worked 3 evenings out of the week as the clinical instructor and 2 as the evening supervisor. Here she met one of her mentors, who also was an evening instructor: “I recall that I learned a lot from her. . . . She was a really wise person . . . what we would call today a good critical thinker. She was also good support for me when I was evening supervisor.”

After graduating from the baccalaureate program in the late 1950s: “I said to myself . . . I had no intent of ever going back to school. . . . I was tired of school and ready to get out into the work world but that didn’t last very long.”

Approximately 1 year after she graduated: “It became known that there were trainingships available” for the new master’s program at her alma mater. Her

mentor from the hospital “was really intent on going back. . . . I ended up going back, I suspect, because of her influence on me and because I thought at the time . . . the traineeships . . . were essentially . . . equivalent to what we were making in the supervisory position. . . . It was a pretty good deal, and we would be able to go to school.” They attended school and roomed together. Ruth “took a lot of credits . . . did all of my course work in 3 quarters . . . talk about driven. . . . Why was it important to do things in such a hurry? . . . I think people tend to when you are younger.” She also spent 1 quarter at a university hospital, out of state, in order to obtain clinical experience; this was the first time she became aware of her “educational bias,” which was pointed out by a family member after sharing a process recording with her and other students. She stated: “I remember being really upset with that. . . . I felt . . . I had exposed myself and . . . my privacy was violated. My father definitely had an educational bias. . . . It was very important for all of his kids to at least start a college education, but I didn’t think that I had the bias.” After the course work was completed: “I had a professional paper to do after that period of time, but I did that on my own time.”

While Ruth was working on the paper, she accepted a service position and then “actually . . . got talked into a teaching position, and, in order to take that teaching position, I had to finish my degree. . . . So that was the impetus on my finishing my degree.” She took the service position in the state in which she had obtained her master’s clinical experience. She also took the job because “I felt like I didn’t know what nursing was anymore and I needed to get back to the

clinical [and] took a position as a staff member” at the county hospital. Another reason for taking the job was “I also wanted to leave my home environment . . . that was a good chance to do it.” She also had a friend who encouraged her to move and take the job. Ruth stated: “I remember the director of nursing telling me that I needed to make sure that I didn’t let other people know that I had almost completed a master’s degree. She said that I would not be very well-accepted.” She worked the next 4 months on the night shift until she contracted “infectious mono. I never really learned to sleep in the daytime.” She was off work for 6 weeks, after which time she returned to the same position:

Right now, thinking about it, I wonder why I didn’t seek a different time frame. My friend was encouraging me to look at teaching . . . so I applied for a position [with a private university]. . . . The requirement for going into that position was to have my degree . . . so . . . I concentrated on getting that paper done, [which she did and] that was the start of my teaching career right there.

“I was teaching nutrition and oh that was awful! I didn’t know that much about nutrition. I can recall on one of my evaluations that this student said she is green and she shows it, but she is improving. It’s one of the more outspoken ones. I can recall the student even.” The nutrition class was included in the fundamentals course of which she was a part. She taught clinical at the hospital in which she had worked, stating: “That was really helpful to have worked there before I supervised students in that setting. I was probably one of the youngest faculty members.” The university was religious in nature, and she recalled that there was no dancing. Also, Ruth had a coworker who was trying to recruit her to her religion: “I was resistant. . . . It was upsetting to me that someone would tell

me . . . that my own religion didn't have too much of a foundation. . . . So, I managed to resist all of that. I stayed at the university for about 3 years."

"I had really not wanted to go into teaching or, at least when I had gone into nursing, it was not with the intent to teach." Before deciding on her next move, she stated: "That was still in the back of my mind that here I am teaching. . . . I went into nursing so I wouldn't be going into teaching and then I turn right around and went into teaching. I was very much influenced by a friend. So I stayed with it for 3 years and then . . . I did a lot of roaming around" in the mid 1960s.

Ruth left teaching and moved South to take a position as a staff nurse in a rural desert hospital:

It was, in a sense, kind of my escape from teaching at that particular point in time. What a contrast [to the northern coastal state]. . . . Night and day in terms of the greenery versus the desert and lots of heat. We did everything. . . . At one point, while I was there, I was the director of nursing. OB really scared me because I had never really felt good in the delivery room.

She remembered one patient in particular who had just graduated from high school, and he and his friend were fatally burned by a chemical explosion. She recalled the incident in detail and was obviously touched by the experience. She stayed at this job for approximately 6 months and then decided that she wanted to enroll in an OR course.

"One of the experiences I had teaching was that I had the students in the OR and I really felt like I didn't know what was happening . . . so I was going to enroll . . . so I could get a better knowledge of what actually happened in the

operating room.” She moved to a state in the South that had a university hospital OR course: “I decided to go down there and be working there and perhaps I could get into the program. I got down there, and it was right after President Kennedy was shot. I can remember that pretty vividly.” She also recalled her first incidents with racism and segregation: “I was so naive. When I saw a laundromat that said ‘White only’ on the front of the door, I thought it meant linen.” She initially worked in the ER and then moved into the OR, where they said: “If you promise to stay for a year, we will make sure that you get experience in all of the different areas.” She continued to work extra shifts in the ER:

I spent actually a little bit more than a year. . . . At the end of that experience, I still had the itch to travel I guess. I did something else that I wanted to do; I wanted to go over to Europe . . . which is my dad’s homeland, so I went . . . as a visitor. It was a much slower pace than I had experienced before. When you go visit, they expect you to stay a long time. I was there for 3 months . . . an American visitor . . . that’s a real plus for them. They like to have you come, like to show you around, and it was good. But I remember I was beginning to get pretty anxious and I was also thinking about trying to work over there; however, it was going to be a lot of red tape, so I ended up coming back to the U.S.

Then Ruth took a job back in the same southwestern coastal state but in a different city. She worked in an OR in a hospital that specialized in a particular respiratory disease: “I really did that just to fill in time till I went back to Europe to work.”

She was able to arrange work in Europe through the American Nurses Association, even though they warned her that “nursing in the other countries is very different.” She worked in the OR in an 800-bed county hospital: “It was an experience in socialized medicine. People who came up and had their surgeries

done would stay there a long time, and you might even have them come up to the OR to have their stitches out.” She stayed approximately 6 months: “I really wanted to stay a year. . . . I was really getting homesick . . . so I decided to come back. I knew I wanted to get back into education, and I guess I was tired of the footloose and fancy-free things I had been doing and that my true interest was in education at that particular point in time.” She wrote to the dean of her alma mater, who suggested that she apply to a diploma program in a nearby western state. She interviewed, but “I wanted to be a teacher, and they wanted me to be the administrator of the program. . . . I started thinking about that and decided that was a little bit more than I wanted to get involved with.” She rejected the position and began work as an evening supervisor at the same hospital in which she started her nursing career: “I didn’t really find it very challenging after having been through all of the other things that I had experienced and the diploma program kept calling me. I finally ended up saying yes.”

She was associate director of the program, reporting to the director of nursing: “So I was back in education again.” She stayed approximately 4 years before she resigned. One of the reasons Ruth resigned was because she had been trying to obtain college credit for courses if students decided to attend college; the administration did not support her. The administration “saw this nurse as a 3-year person who really didn’t have need of the education; . . . they ended up using them for servants. It became more and more evident to me that I had a true educational bias and that I needed to move from a diploma program to one that

was in a college setting.” The other reason was because the administration fired one of the nursing administrators. After consulting with the dean of her alma mater, she decided “that I really did need to move. I didn’t know what I was going to do at that point in time, but I knew I was going to leave that position.”

In the early 1970s, “I met my husband . . . through a dating service . . . about that time and that was pretty fast and a whirlwind type of situation. So I ended up getting married. We met each other and were compatible.” She said that the hospital “saved face” by using her marriage as an excuse for her leaving rather than her actual reason: “It was a fairly happy leaving because of that.” She then accepted a position with a private religious associate degree program. She taught there for approximately 4 years: “Going into an associate degree program was kind of an eye opener. . . . They were pretty progressive. I was pretty amazed at how forward they were in terms of education.” They had a lab and audiovisual aids: “Just a lot of things available for teaching. We were sent to a lot of workshops.” She taught first- and second-year students, recalling: “It was a heavy teaching load.”

Her husband was also an educator, but in high school, and was “in a position in which he was not real happy. We talked it over and . . . he looked for a position in teaching; . . . teaching positions were getting much tighter.” He found a position in the same state: “So I went with him, not knowing what I was going to be doing. That was a new experience for me. I was really interested in not doing teaching for a while at that particular point in time but he thought that it

was pretty unwise that I do that.” She accepted a part-time position at an associate degree program “43 miles down the road. I did a lot of commuting. It was a fairly new program and they had less than a 50% pass rate, so that tells you something about the quality. . . . I was really upset with that.” She taught and worked on a project to improve the

clinical spots. I remember fighting for my wages there, too, and I was very discouraged by that. . . . I wasn’t prepared to have to make my case. My husband was not happy with the fact that I was commuting [because of the bad weather]. . . . My husband said, “Well, you moved for me last time, I’ll move for you this time. . . .” So, I put out some applications [and interviewed mostly in the upper western part of the states, including her home state].

Ruth returned to her home state to interview and to see her father who had been very ill. The family had placed him in a nursing home “because my mom really couldn’t manage him. She had some problems all the way along. When we got married, I remember her being very upset because she had hoped that I would be moving closer and could help her deal with dad.” When she saw him: “Interestingly enough, he was better at that time. . . . It almost seemed like he recognized me. I was never sure those last years if he did or not, but he was happier and he seemed better, and low and behold 2 weeks later he was gone.” She accepted the faculty position in her home state and “so I made my second circle back.”

Ruth began her new position feeling

behind on my knowledge of what had happened in education. I know the teaching because I had learned that by the seat of my pants so to speak. . . . I just learned that . . . from my colleagues. . . . [However], I didn’t know anything about nurse theorists. I knew

that I needed to go back to school. I didn't want to get another master's. Looking back on that decision, . . . I'm not sure I would make the same decision. . . . I didn't have a good basis for going into a doctoral program, but I plunged into it. I was actually tenured before I went into the program, so I did not need to get it in order to be tenured.

"I became aware of a summer program . . . so I made application . . . I was accepted. Two weeks later I was on the plane going down." The doctoral program started before her teaching responsibilities ended, but her colleagues helped her so she could go: "It was exhilarating, but it was extremely difficult because one of the first courses I took was theory . . . but I survived it and went back the second summer" with the support of her teaching colleagues. The third summer she "went down . . . and stayed for a whole year" to work on her dissertation, except for the data analysis, which she finished back home: "I really pushed myself. I would have liked to have done the qualitative study but elected to do survey essentially that was quick and dirty. I was pressed for time. . . . Financially we were dependent on my salary." When they had made the move back to her home state, her husband "had difficulty getting a position. It was a hard time for him. I really wanted to get that degree by the time I was 50. . . . I just made it." Her advice to other nurses thinking about a summer-only program is: "If it is at all possible, they not do a summer program. We did have socialization with fellow students, but we didn't have socialization with faculty . . . [and] I think they'll find resources limited."

Her husband, overall, was supportive of her efforts: "I wanted him to go with me for that year; . . . but he didn't want to; . . . later on he regretted that."

When she was investigating options for doctoral study, he had helped her research different programs. She had contemplated a doctorate in education, but: “When the opportunity came to do a nursing degree, I realized that would be the best option [because] I needed to get something more on nursing.” She also looked into external degrees, but: “He really nixed those and said you need to be in the setting; . . . obviously he was educationally oriented.” In regards to attending a summer-only program: “I had a hard time talking my husband into that. I had to explain to him why I felt I needed to do it and go away . . . but once he realized the importance of that to me and also the kind of education I was getting, he was behind me all the way. He was very proud of what I had done.”

Her husband did not like the town in which they were living, so they moved to a nearby town and Ruth commuted “for a couple of years” to the first town: “I remember commuting each week and then I’d stay with my mother, and I’d go over Sunday night and teach Monday, Tuesday, and Wednesday and then come back Wednesday night and be here; so it was a long commute. It’s sort of the story of my life since I’ve been on the faculty here.” Eventually she was assigned to the campus in the town, where she lived. Both of these towns are extension campuses; consequently, she also commutes to the main campus, as well as a third extension campus:

I stayed here the longest. . . . I recall when I finished my 4th year and started my 5th year that I really wanted to move on. . . . I was getting restless. . . . I was really used to, well, flitting in and flitting out. One of the things that happens when you’re not staying more than 4 years . . . by that time you become aware of the problems, and, if you leave, then you don’t have to deal with them.

If you stay, then you'll have to deal with them or live with them, whatever it is.

After they had moved to the second town, she recalled: "I really noticed that there was something, that my husband wasn't, as well as he had been. He seemed to get tired and . . . have respiratory difficulty, but, when I would ask him, he would deny it. He was very good at minimizing what was going on with him." This event occurred approximately 2 years after she received her doctorate. He visited a doctor at the same time she was preparing to attend a regional research conference:

He didn't say too much about the doctor visit. . . . He really did minimize it because he knew that I might not go to the conference. I assumed that he had emphysema; he had an older brother who had emphysema and it seemed like he had the symptoms . . . because he definitely did not have the stamina.

When she returned, he told her:

There was a tumor, and I went with him then to see the specialist. The first time that I saw the chest x-ray I knew right away when I saw it that he had a very bad tumor . . . the size of my fist right here in his chest. He was hospitalized right away. . . . It went really rapidly. . . . I remember going to visit him, and he was already in radiation therapy. He made up his mind that he was going to fight it as long as he could.

He developed complications from the radiation therapy and had to be rehospitalized:

He was so positive when he left the hospital the first time, but we had to work to get him to the hospital the second time. A person from hospice came and helped me talk to him. He was diagnosed in the spring, and he was gone by the late fall. I knew it was going to be a short time. One of the things I really noticed is that when someone becomes that ill that . . . they become very focused on their illness. My husband was a person who always remembered

every anniversary and every special occasion. . . . I was the one that usually forgot, but, on the day of our anniversary, he didn't remember, he was so caught up with this disease.

"I was pretty much home and not doing anything schoolwise that summer."

Ruth had received a grant to build her research program

but I didn't even try to do anything on it. . . . I ended up starting school; I was teaching in the master's program, commuting. Knowing what I know now, I would have asked for a leave, but, when you're closest to a person, you don't realize. He seemed to be doing pretty well, but, as I looked at pictures, I could see that he was getting much thinner. I went with him to the doctor's appointment, and he said to the doctor, "I think I need to go into the hospital." And here's this man who had to be talked into going into the hospital each time. It almost seemed like it was a way of relieving me at that point in time, that it was becoming too much for me. I remember saying to him: "I'm overwhelmed and I just don't quite know where, which way to turn." And I think he was almost protecting me. My family came to be with me. I stayed with him at night, and they would stay with him during the day, and he just suddenly slowly faded away. I was getting real upset with the hospital care.

One example was when her mother asked a new graduate nurse for pain medication for him and the nurse

told her that he was dying, so he really didn't need to have anything. . . . I got to that nurse right away. He was in the hospital maybe 5 to 7 days, and he died of respiratory failure. He really fought valiantly and as long as he could.

I went back to work right away. My work has been my life, education has been essentially, I've spent most of my years in education, and working and teaching has been my life. So I went back to work right away because that was essentially all I knew. It was my pattern of doing things, just jump right back in. But, in a sense, it kind of caught up with me because I had lost my best friend. I knew I was getting into trouble because I was too close to tears too much of the time. Finally, a couple of faculty said: "Ruth, you need to get some help because you're really depressed." So that set into motion my getting antidepressants and I also had some therapy because I really needed to resolve that grieving. I

hadn't really grieved and that first year was real rough. Looking back, I wish I hadn't been as work oriented as I am and that I had spent more time with my husband. He was real good at developing day trips so that we got away. . . . I think that I could have done that a whole lot better. I should have taken off when I knew he was as ill as he was instead of starting with students, because they ended up getting the brunt of having to change to another person who had different ways of dealing with students; . . . it was unfair to them. It wasn't good for me; . . . it was not good that I went back as soon as I did. I should have just let myself feel, let myself grieve, but I didn't know how to do that."

Because of my nature, I guess . . . I wanted to move on and do something different, and so the next thing that I ended up getting involved with and it was probably because my husband was gone and I knew I needed to have some kind of change. . . . Teaching was becoming pretty routine again. . . . So, I ended up applying for a post doc and went [to a university on the West Coast for 2 years in the early 1990s]. . . . That was a pretty good experience. . . . This was in-depth exposure to research without having a lot of other things going on [such as not continuously switching roles between being a teacher and student]. . . . One of the obligations I had as a result of participating in the postdoctoral experience was to try for a federal grant. Well, I gave it a good try [but it was not funded] so I just kind of let that go. What I've done researchwise is go back to some qualitative work doing interviews [involving a concept I studied for my dissertation].

Ruth's grief was compounded by the loss of her dog of 14 years only a few months after her husband died: "That dog kind of held me together right after he died." The dog had been her husband's companion when she was gone. The dog had a stroke, and she decided to put her to sleep: "My family was with me and that was really fortunate. It was a real loss for me because, in a sense, she was my husband, the substitute for my husband." She was crying as she talked of this experience. A short while later a faculty member persuaded her to get another dog; in fact, she actually gave it to Ruth. However, this event had a tragic outcome, as well, because the dog became ill, and, again, Ruth had to have a

loved one put to sleep: "You do get really close to the animals. . . . Some people don't understand that." Fortunately, she found another dog before the last one died to keep the ill one company:

It was certainly a wise move to get her because it really was a hard loss for me losing him, having him put to sleep, but this one little girl has been very healthy. It's important to me to have a dog. I'm pretty much a loner. My husband was also loner . . . so having a dog is probably good; . . . they always need you; . . . they never grow up; . . . they're tremendous company; and they talk at you; . . . they do get to be a real best friend.

We decided not to have children because we were both older. We both were teachers. In some ways, I regretted that when I first lost my husband, but then it hasn't been a big thing for me. My mother is pretty dependent on me . . . as a confidant and advising her on certain things. I don't have that person to look forward to right now. I hope to remain as independent as I can because I am a very independent person, but I suspect in the long haul . . . I'm going to have to become dependent. I hope I plan well. I have no children, so that's a fact and I'm not alone in that. I am more of an introvert and have need for time alone. I also recognize I have the need for time with other people. I can look forward to both.

One of the disappointing things for me in growing older is having less energy. . . . [Ruth developed asthma.] I used to just add things when I wanted to do them and eventually get things accomplished . . . stay up late to get those accomplished and a lot of things at the same time, and I can't do that anymore. . . . It's hard to let go. I am looking more at getting engaged in those kinds of things that I really like to do and that's why I am trying to do the clinical the way I like. I did not do clinical last year and I really missed it. It's becoming physically kind of hard for me to keep up with that. If I do clinical, then I need to let some other things go, which has always been hard for me to do. My most rewarding teaching is doing clinical. I like the interaction with the patients . . . that goes back to my original reason for going into nursing. I have a lot of patience and I do very well with the very beginning student. I'm looking at transferring to the very beginning course and doing clinical like in a nursing home. I do have an educational background in gerontology as a result of the doctoral program, so I think that would be a good spot and a slower pace than the hospital.

Ruth talked further about the idea of having less energy and the need to be more focused and doing things she likes, as well as how this interfaces with the expectations of teaching in a rural school:

You do a lot of things because it's expected of you. We end up being a jack of all trades, and you take on responsibilities that you don't necessarily care about because you're maybe the only one who can do them or because of what you've done or your education or background you take them on even though you're not interested in them, and I've done a lot of that. At the present time, I'm trying to focus on what I really like to do. I'm doing what I like because my energy is becoming really limited because of health problems and aging.

However, she still has to do things she is not interested in such as teaching undergraduate research, which she doesn't like because of the students' lack of interest. Another example is a concept analysis paper the dean asked her to present at a conference. She stated that you need to have something "that turns you on," like her qualitative work, because "it makes the rest of the things you do . . . palatable."

"I really like the challenges of working with graduate students. I always hope they might learn from me, but I also learn from them. I . . . would really like to move into teaching a graduate gerontology class." She also has graduate students who are researching the same concept she is interested in:

One of the things that I've found with teaching is that your rewards aren't as immediate. . . . They are there in the long run, and then you see those that go on, and you see those that decide to just become a good staff nurse and that's a good goal to have, too. . . . The rewards . . . are much more evident I think in a clinical role.

“One of the things I see as I grow older is that as you get older you have more problems with chronic illness, also your family does too.” Her younger brother had TIA’s soon after he helped her move back from her postdoctoral work. A half brother developed emphysema, and “he doesn’t talk to most of the family . . . but I was able to help support him.” Then her brother-in-law developed cancer, and

I found myself going through the grieving process for her [sister’s] situation because it is so much similar to mine. To learn to grieve opens you up so that when something happens to you again you can more easily experience; it’s more there, right on top, rather than buried like my grieving was.

Ruth and her family have been a support for this couple.

I’m taking much better care of my health than I was when I was younger. I think you do think you’re very invincible . . . you always have time. . . . I always thought I’d have time to eat better and take better care of myself, and the illness came along and made me realize I need to do that now. I am having to take medication for asthma . . . and take a preventive for osteoporosis. . . . I want to keep as mobile as I can for as long as I can.” Her dog helps her “maintain exercise. . . . We walk every day. . . . She comes to expect that, and, even if I don’t feel like getting up she’s there.

In regards to future plans such as retirement, Ruth told of a retired friend who stated that she does not know what she wants to do when she “grows up,” and Ruth is

trying to find that out before I retire. I pretty much decided I would stay with teaching, because I am so work oriented, at least until I’m 65 . . . another 6 years down the road and try to continue doing the qualitative work that I like to do. You’ve got to have something that really turns you on and makes you feel some accomplishment that makes you feel good and that’s what qualitative work has done for me. And you can always refine your skills teaching. . . . I try to do that continually.”

She continues her own education by taking classes such as a class on phenomenology:

I really did not do a good job on financial planning; I'm realizing that now as I look at retirement. I always went from place to place and from doing things with the idea that there was always a job out there and that's not always true in today's world. I was pretty fortunate. One of the things that has kept me here is the realization that I need to build up that nest egg because we do have the teachers' retirement system, and I've even lost some of my time when I was gone for sabbatical for the PhD and the post doc. I was able to purchase a couple years of that back. One thing . . . backing me up was I could always count on my family if I needed it.

I didn't have real goals and I, in a sense, let things happen along the way. I . . . took advantage as they just showed up. The only one difference was going to the doctorate program, and I know that I had that one in my head when I first took the position here and when I knew we were dependent on my income to live.

In summarizing her interview and while reviewing her life-path description,

Ruth commented:

I have had a consistent pattern of attending school. I was a clinical specialist for 10 years, but I found I couldn't maintain it . . . required having clinical experiences separate from students. . . . I couldn't manage the time so I ended up letting that go. I've had experiences in all different types of programs starting with BSN, then moving to diploma, and then ADN back to BSN, then master's.

She believes

more than ever, that the BSN is where it's at in giving care. Health takes into consideration not only physical health, emotional health, and psychological health. . . . It's so much a part of the whole person that it is difficult to separate it, and I think BSN is so necessary. . . . I guess I've never really put that into words before.

### Christina

Christina's interest in nursing began when she was 12 years old and her father was sick in the hospital:

My father died when I was 12, and he was sick for just a very short time. It was a very impressionable thing for me. There were two student nurses who were caring for him. They got really friendly with me. . . . I still remember them. . . . They impressed me a great deal. I had known I wanted to be a nurse, but watching them with my father and with me was just wonderful. So I guess those were my two big influential nursing role models as a young child. When my father died, . . . my mother was essentially destitute, and we moved to the South immediately to be near an older brother. I started work at 14. I had to lie to get a work permit, but it was kind of essential because we didn't have any money. I . . . worked straight through until I went to nursing school.

Her mother had been able to buy them a house with money from a settlement she received after being hit by a bus: "She sold that house in order for me to go to nursing school; . . . it was a big crisis in her life."

At age 18 Christina enrolled in nursing school. She stated that she did not realize until she was in practice that the program had a nationally known reputation: "I just walked into it." She recalled the first day:

It must have been a funny picture. We didn't have a car, and I only lived across town, but I had to take a bus . . . to the nursing school. I had . . . purchased, for the Alaska trip, two suitcases . . . really cheap, like paper suitcases; . . . they were hot pink. I had on a light green dress and there I was trudging through town with these hot pink suitcases. When I look back, I think, gee, it's too bad I had to go by myself. . . . Most of the families brought the girls, and they had a family tea, and it didn't bother me at the time. It was such an excitement to me to be able to be in nursing school and to think that somebody thought I had enough skill to even be able to do that. That was a really major event to be able to be accepted to nursing school.

In the late 1950s:

There weren't any options open to girls. If you had lots of money in your family and your family talked up college, then that was something you thought of, but my mother had not been to college. I didn't have that push at home . . . and there were no scholarships or loans available then. I can remember never having had counseling in high school at all.

The message was:

You will get married and have children and that was the end of the discussion. At one point, I wanted to be a Latin teacher but realized there was no way I could go to college. If my father had lived, I am quite sure that I would have gone to college and gone to law school and gone into practice with him. I probably would have been very successful in law because my husband says I can debate and argue until everybody's in bed asleep.

Between high school graduation and entering nursing school, Christina went on an all-expense-paid trip to Alaska as an exchange cadet for the Civil Air Patrol: "One of eight girls nationwide . . . a fine honor and one which broadened my perspective on life and cultural elements. That was a wonderful experience for me never having been anyplace except" the two states in which she had grown up. The experience was marred by an attempted rape by an adult Civil Air Patrol leader who was responsible for flying her to the West Coast to meet the other girls:

I was really naive . . . and hadn't really emotionally grown up and dated a lot. Luckily, I have always been very gutsy and very strong, and, when I realized what was happening, I came at him with an iron and got myself a cab. It frightened me for the rest of the trip. I never told a soul about it. . . . I was scared because he said, "I am going to tell them that you initiated this and it was your fault." I thought I would never get into nursing school now, never, I've been ruined.

“I spent 3 excellent years in nursing school and did very well and enjoyed every single minute of it. Nothing spectacular happened.” She recalled that the South

was a very troubled time. We had, in the hospital, Black buildings, and nursing students were not allowed to work there . . . to touch Black people. They had Black nurses. Our class was the first class that really got aggravated about that and . . . got to be pretty feisty. We made enough noise about that in our senior year that we were the first class to go work on the “colored” unit . . . or as it was called then.

Other memories include being inspected every morning and the “heavy blue starched uniforms with white aprons.” Being weighed “once a month to make sure we never got overweight. . . . We could be sent home. We had curfews every night,” and no one could be married:

They gave you \$15 a month stipend, which was wonderful because it bought all your toothpaste, Kotex, and all those things . . . paid for a hair cut. It’s fascinating to be in nursing 40 years this year since I have been in nursing school and to remember where we were and what we learned and the changes. I graduated in the late 1950s . . . second in my class. I laugh now that I was always second in everything, never first in graduation or anything like that.

She remembered one instructor as a mentor; she was a clinical faculty member:

She was my ideal. . . . She was wonderful, and I’ll never forget one day I was changing a client who was in a bed just full of feces and faculty didn’t do this, but she came in and helped me change that bed. She never got a drop of anything on her, even with these cuffs down to here. I actually saw her years later . . . and I told her [about her impact].

“While I was in nursing school, I realized that would not be enough, that somewhere during that period, I don’t know when . . . I knew that I wanted to get my college degree. It might of been that I really wanted to work community

health and they wouldn't hire me without a BSN." Christina presented a plan to her dean to enroll in a course during her last summer in nursing school. At first she was not supportive of Christina. Christina finally convinced her to allow it and was able to obtain a scholarship to pay for the class.

After Christina graduated, she wanted to work labor and delivery, but the only job available also included nursery. She stated: "I don't like whole rooms of babies, I couldn't handle all the screaming." She took a job on a medical unit: "This was pre-ICUs [intensive care units]. While I was working there, we got new, the first cardiac monitors in use. . . . Nurses didn't know what to do with them . . . interns didn't, residents didn't . . . the only people who knew . . . were the cardiologists. It was just the beginning of technology, and it was just so fascinating when I think about all the firsts." She worked there for approximately 6 months and then

for whatever reason, I don't know exactly . . . except I knew that I wanted to teach, but I began . . . teaching fundamentals at the same school I graduated from, which was kind of fun.

I worked with two young nursing instructors, and they had just come to work there also. They had finished their BSN degrees. I learned so much from one of them. She had a research knowledge . . . a lot of vision. In fact, she is my best friend today . . . stayed in touch and done some writing together. She really started me thinking about things like item analysis of tests, test construction. I really started pushing myself to stick with the BSN work I was doing. That was kind of hard because I was working full time and going to school in the evenings . . . and social life, of course, is pretty much nil when you are doing that sort of thing. This gal and her friend went off to get their master's and I kind of followed 2 or 3 years behind them.

She continued teaching for more than a year and then: “I made a whole set of mistakes.”

She married someone who was in the service and with whom she had been in the high school Civil Air Patrol. He was a “real sociopath. I can’t imagine why I did that except that it got me to another place to do new and different things.” She moved to the Midwest where she worked on a pediatrics unit and taught in an LPN program. She took the students, one at a time, for a clinical rotation. She stated that she did not like pediatrics because “I got too attached to the little kids.” She vividly remembers one boy who became attached to her and called her mom: “I got way too close to the children, so I knew that was not for me.” She was there for approximately 6 months, then her husband was transferred overseas, and she returned to the southern state.

For approximately the next 10 years:

I would alternate teaching . . . and nursing . . . and then I would get into a pattern of teaching all year and working in the summer and the weekends with patients. I would work for 2 years and then got fed up because I wasn’t in a position of making changes, and so I go back to teaching and feeling like at least teaching one or two students in the class . . . you have an impact on maybe. . . . It looked to me that I had more influence teaching than staffing. It’s a struggle that I have today. I get really disgusted with education and then I get really disgusted with staffing, so I don’t know what the answer is to that. . . . I have never found an answer for myself.

“I went back to a head nurse role in the same medical unit that I had first been on” for approximately 2 years and then went back to “teaching fundamentals in the same program.” The hospital

kept offering me administrative roles and I didn't want it. I never wanted to do that; it's just something that did not turn me on. I have a lot of organizational skills and the ability to see the forest and to be able to sort out the overall picture. . . . So I guess that would be helpful in the administration.

She "believed that that layer of persons was even more hamstrung and farther from the clients." While teaching, she worked weekends and vacations in the ER, ICU, and recovery room at a small community hospital. She wrote on her life-path diagram:

It is of import to note that the ICU was one of the first in the city and was quite a challenge from an intellectual and technical standpoint! No one, including the MDs [medical doctor], really knew what was going on much of the time with all of the newly developing equipment. . . . I loved the emergency room, however; I was quite distressed because I couldn't get the hospital to do anything for families. I wanted a family room and someone to work with families and, of course, there was no money.

She liked the recovery room better than the ICU "because the patients did wake up and start talking. I hated the ICU. . . . I am not a machine person, and the people were way too sick, and I really missed the families." She recalled one learning experience during this time. She was caring for a patient on one of the first ventilators. A doctor came in and asked how the patient was breathing, and she told him what rate the machine was set on:

Well, he hit the ceiling . . . and used very foul language and called me everything in the book, and he said to me I don't give a \*-\*-\* what the machine says; I want to know what the patient is doing. That was one of the best lessons I learned in that moment. . . . It doesn't matter what the machine is doing; you have to assess your patient.

During this time, her husband returned, she had a miscarriage, and she was divorced. She then

went through a big depression. He was sociopathic and had really physically abused me, which probably had brought on the miscarriage. I did psychotherapy at this point to get out of depression, which really was a major influence in my life . . . maturing and developing a real ego strength and working on some real negative self-esteem that I had from childhood . . . and probably working on a codependency thing.

After 2 years of teaching, she returned to full-time work in the ICU/ER and recovery room at the same hospital in which she had practiced while teaching.

While working there, in the mid 1960s, she graduated magna cum laude with a baccalaureate degree: "It took me 9½ years and part time. I was fortunate . . . to get a federal traineeship that lasted 2 semesters so that I could go full time and change my work hours to evenings and weekends. Nothing too specific happened to me during my baccalaureate years." She stated that the program was

a terrible program for RNs; there was nothing that took into consideration any ability or skill that you had picked up along the way. I can remember one advanced med-surg [medical-surgical] faculty that I had. . . . She said to me you know you don't have to do these basic things. . . . She started me doing some time-and-motion . . . research . . . that was very visionary for her. I learned some more things about research. I had been reading a lot about it, and, since the first year I taught with the role model, I had been doing little studies on my own.

"I stayed at that little small hospital for quite awhile, then moved to another hospital in the community until I went off to graduate school" in the late 1960s.

She applied to "a couple" of graduate schools, but there was one she really wanted to attend:

I had been reading research articles for several years and knowing that most of the research came out of that university and that's where I wanted to go. I thought fat chance . . . knowing that I could never get into graduate school. . . . Nobody would ever want me . . . and darned if I didn't get in. I went off to do my master's work wondering how long it would take to figure out I was a fraud and could never learn things that people learn at the master's level. I graduated in 1 calendar year, and I never did anything but breathe school work for that year, which is kind of the pattern of my life. I have been ingrained in these things where I had to go to school and work, and I haven't taken personal time. I had one absolutely phenomenal role model. She was a nurse researcher. . . . She was just wonderful. . . . She taught me more in that 1 year about research than I ever learned in my doctoral program. I feel bad because I didn't tell her before she died what an impact she had made on me. That's the downside with education, as you never know if you've had an impact.

Her mother was becoming "increasingly disabled" with a chronic illness and more dependent on Christina: "I needed to go back South because of my mother. . . . I was encouraged to do the doctorate program at the university and should have done that but I didn't." She returned and "married this fellow . . . mistake number 2 in terms of marriages. We bought a home that would allow me to bring my mother with us with facilities that she could handle very easily." She began teaching full time at the university in which she had obtained her baccalaureate degree and would teach there for the next 20-some years. In the early 1970s, she divorced this husband because of his alcoholism. She "had another depression and went back into therapy again." She stated that "these episodes gave me more sensitivity for clients and their problems." About this same time: "I began getting into outdoor activities hiking, camping, and I joined a big trail group . . . things I hadn't done since I was a Girl Scout." She also

continued to work at a hospital “on Fridays and full time in the summer.”

In the mid 1970s, she was awarded tenure. Approximately 1 year later, she obtained special permission from the university to obtain a doctorate there which had not been allowed before. However, she “had this invalid mother . . . living with me by now. . . . I couldn’t go any place else and we had no nursing program.” She obtained permission and also “got to do it 100% tuition free. A lot of my colleagues . . . followed in my footsteps.” She took courses in the evenings, continuing to teach full time, work weekends and summers at the hospital, and take care of her mother.

She started out in the education doctorate program with a research major but changed because her advisor and professor of the advanced research course informed the “very first class the women are going to have a great deal of difficulty getting through, but we’ll struggle and help get them through; but now the men, you’ll not have any trouble at all. I couldn’t believe that. I have seen this so many times in academia.” She changed after telling this professor that she wanted to be a research coordinator or director in academia, and “he said you probably are never going to get that job. . . . Women are not going to make it.” She changed her major to curriculum supervision. Being a woman also caused her problems as a faculty member: “You had to work harder on faculty counsel. . . . You had to be more aggressive to be heard and to be darn sure that you were sound intellectually . . . that you had done your homework . . . as a woman first and as a nurse second. That’s two strikes against you in the male academic-driven

community and so you just had to be much better. You had to dress as though you knew what you were talking about.” Another example was, when there were women on committees: “They always ask you to be the secretary. . . . I absolutely refused. . . . I would say . . . after each of you have taken minutes, then I will take them.”

In regards to her doctoral experience, she said:

There was only one professor I ever learned anything from and which is kind of sad. I had been teaching for quite awhile so I knew the basics of teaching and I knew a great deal. . . . There was some really poor teaching. The one professor that I had learned so much from was a young hot-shot young man. . . . He was challenging. . . . He and his wife traveled all over the United States . . . investigating. He taught us oral histories, which was my first look at qualitative research; . . . it was just fascinating.

One year after she began the doctoral work she had to place her mother in an extended care facility:

It was a terrible experience because the facilities cost more than I made month-by-month, so she had to go Medicaid and . . . you have no choice in anything. I had long-term friends on the faculty and with my mother and that crisis with the nursing home . . . she was in there 5 years. . . . Not once during my nursing years did any of my nursing colleagues ever offer me support or say anything. It was just amazing to me. Whether they believe that you know all about that and gerontology is my specialty area . . . so why do you need more support. I try now when I have friends and colleagues who have a crisis to do a little bit better.

Another example of lack of collegial support was when her mother had to be taken to the ER and Christina called her dean to tell her that she would be missing a meeting and “she raised hell that I would not leave my mother . . . and, of course, I didn’t and it was okay.” She told of an incident that occurred the day after she

received her doctorate with this same woman. The dean had phoned to congratulate her and “asked me what I was doing, and I was cleaning the toilet bowl, cleaning house . . . and I received a lecture on having a housekeeper and devoting my life to the profession.”

Her mother died just 2 years after she received her doctorate: “When she died, it was a real problem. I always have this guilt that here I am taking care of everybody else’s mother and I can’t take care of my own.” She had full responsibility for her mother. She has a half brother who she tried to involve in her mother’s care but he did not “participate. . . . It would have been nice to have a little family support.”

When asked how she balanced her life while working on the doctorate with so many other responsibilities, she replied:

I have kind of been the adult from the age of 14. I have just been expected to do those things. If I had a goal or . . . something I wanted to do, I just had to figure out a way to do it. . . . Those years, they were very very difficult years. . . . Just one day at a time. You just got it all done. I was highly focused on whatever I had to be focused on at the time, and I think not a very healthy stance because my personal needs were last. It was kind of aggravating at the time to be in school and to be working full time and to be in school with people who are schooling full time and to know that you have to change your expectations of your performance because you don’t have the time to do what those people are doing.

An example of her strength was that, even though she lived in a big city:

I had not been victimized . . . because I carry myself with confidence and look strong and look like I would fight if anyone came to me, and I think that is the kind of a thread of the way I have been. I had to work; there just was no choice. . . . Maybe I, too, have some of the postdepression baby . . . culture about me too. . . . I have to be able to take care of myself, that’s the most

important thing to achieve. If there is something else that you want, then you work another extra night a week for a month until you get it. Nobody ever criticized me for going to school. Probably because I associated with people who had done it also. All of us in the 1950s had to make great sacrifices in order to do these degrees. Somebody like me with a really negative self-concept for all those years, why on earth did I bother to try to get the baccalaureate and the master's and the doctorate.

Following the doctorate, she “made a conscious decision not to do educational research anymore. . . . I wanted to do work with clients . . . gerontological research.” She conducted a multidisciplinary, multicultural study. Multicultural nursing was a part of the university program in which she taught, as well as a personal interest. She published her first article with the woman who was her mentor in her first education job. Also, she continued to work “summers full time and often weekends at a small community hospital. This was both economical need and my personal need to stay close to client care.”

In the late 1970s and early 1980s, she toured Greece “by myself. It was a gutsy thing to do and so I had done a great bit of personal growth, and I found a real spiritual experience.” A few years later: “I planned my trip, not with a tour guide, but by myself and had another wonderful time.”

In the mid 1980s, Christina married her current husband: “I met him through our hiking group. He is a wonderful, stable influence in my life, and we are different types of people. . . . I am type A and he is type B.” He is now retired. Shortly after they were married, they began to plan for his retirement: “We spent our summers coming out here to the West and looking for very specific things. I had put together an interview sheet for the city and for the job. Both

with things that we had to have . . . a public library and swimming pool . . .

various things like that.” They selected their current place of residence because “I thought it was an excellent program for my job.” She was hired to teach

medical surgical nursing, graduate program, and other supplementary courses. Our friends in the city said you will never last in a small town. We were from an eastern megapolis. We kind of thought we could . . . we’d really been careful and . . . intellectually made this move. I wasn’t here 6 months until I knew that this city was too big for me. What I really think I would like is a city of about a 1,000 people. Shopping is a big problem here because you don’t have any choices, so we do almost all catalog shopping.

“The last year before we moved, I lost three colleagues in about a year and a half. . . . To have colleagues die like that, in such a short period of time, really makes you think about your mortality a lot.” Also, things were changing at her work:

The new administration was not positive, with us the old guard, and one by one everyone I knew left. This experience has helped me to understand the losses suffered currently by nurses as they are “cut” through the changes in health care. There were a lot of losses right before we moved and then, of course, a major move. I had been in that city for almost 40 years. . . . To move up here was a big big stress . . . a positive stress, but it certainly did have its impact on my health.

The tenure process at her previous university “was an automatic thing. . . . I don’t even remember the tenure process.” At the university in which she currently teaches:

I negotiated for a 3-year tenure review. I shouldn’t have bothered doing that . . . because it meant that I arrived in a new city in a new state with rural nursing as the focus and . . . I didn’t know the rural nursing piece, and I had 3 years to publish current publications and get acclimated and oriented and make an impact here. I don’t know

how I lasted in the first 3 years up here. . . . I had to do a lot of networking statewide, which I did. I had to very quickly learn about the state, government, and everything imaginable.

She received tenure.

Because Christina teaches at a satellite campus: “I have no interdisciplinary colleagues in this city, which is a big problem for . . . me . . . because I really enjoy the interdisciplinary contact. When she submitted her federal grant, she enlisted the help of people from other disciplines. It took a lot of planning, including permission from the administration, for early travel to central campus faculty meetings so she could also meet with the interdisciplinary colleagues. . . . You can’t do any planning at the last minute. This administration is excellent” at supporting her efforts. The grant was not funded but she plans to resubmit.

I’ve been fascinated by some of the differences that I’ve learned about with rural health care and rural peoples . . . that’s been very very exciting to me. I came here with a tremendous cultural sensitivity, so that has been helpful. One of the things that has been disturbing about rural . . . it’s a cultural part . . . has been the homogeneity of the culture . . . my husband and I who thrive on different perspectives . . . that you have when you live in a multicultural society [like the one she lived in prior to moving West]. . . . I miss the people, the food, and the languages.

She had a policeman come to her house after a stray cat bit her. When she noticed he had a Spanish surname, she asked him to speak Spanish to her:

A fair number of people have never been outside of the state. A fair number of nurses have never nursed anyplace other than right here. . . . You don’t find that there is a lot of vision and excitement and infusion of ideas . . . and that’s a problem. Every time I go to a conference, I come back with 20 other things I want to do quick before I retire. But that’s what’s missing here. . . . So it’s hard to keep intellectually stimulated.

Christina works on a satellite campus; consequently, there is “a tremendous amount of traveling” for meetings and to teach graduate classes. “But that’s fun. . . . You have to not mind a car. . . . You have to drive and you can’t be afraid of weather.” She recalled an incident when she first moved to the state. She had never driven in snow before and stated that “being stupid sometimes helps an awful lot.” She had a meeting to attend out of town when the first big snow storm of the season hit: “I don’t know what a big snow storm is . . . so I get in my car and I go.” When she arrived, the others could not believe she had come because people from her same town did not: “I didn’t know to be afraid. . . . You can’t live your life worrying about all that.” She stated that the administration is understanding of not traveling if the person does not feel safe.

“I have always been 150% producer, and I am now down to what I would consider 75% on my own standards. I don’t produce as much now; I don’t have the energy any longer. Part of it is that I am in my late 50s and . . . probably some of it is from my asthma. I don’t have as good lung function as I used to. . . . It really is awful.” She also has fibromyalgia, which, even though recently diagnosed, was noticeable in her 20s, along with osteoarthritis, but they “never hampered my life.” She also has a history of hypertension, iatrogenic arrhythmia, and was surgically treated for glaucoma and cholecystitis: “I am a better teacher and nurse in this area due to my own sensitivity.” As a result of her health problems and aging: “I have to be very careful not to take on more things than I know I can do and, of course, what always suffers is my recreation and my

personal health.”

“Since we have moved up here, I have not worked summers . . . for the first time in my life.” She and her husband are active in exercise and recreation in the summer, but her schedule limits her time and energy during the school year

so that’s what suffers. . . . Another real worry to me now is facing teaching not knowing whether I can continue clinical in an acute med surg with the junior students. . . . It is physically difficult. . . . [After clinical,] “I am dead; I absolutely can’t do anything those evenings. We lead a real healthy life. . . . We exercise at a gym and we cycle . . . and it seems like the lack of energy is going faster than the exercise is maintaining. I don’t know if I had led a sedentary life if it would bother me as much as having led a very highly physically active mentally active life. . . . I don’t know. . . .

The other part about being a faculty member is that the longer that you are a faculty member and the more skills you have, the more times you have done things like worked on writing an NLN self-study, the more you are called on to do those things. You are in more responsible positions that have more influence or more impact on the school. Even though you are at a period of your time when you are able to do less in terms of overall things, there has to be some kind of way to balance that out. . . . Of course, the balancing has to be done by me. I have to say no. . . . I certainly couldn’t do it consistently . . . or then my yearly evaluations wouldn’t look good, but I can say no to some things. You need to be able to have a balance and to put your family first.

She believed that she first saw the importance of this when faced with her own mortality

when I had that scare of the possibility of cancer of the kidney in the 1970s. Other disciplines . . . don’t generate the work that we generate for ourselves, and they are not as neurotic about all of this stuff and they do take time for themselves. I think, historically, nursing education has made an unhealthy situation for ourselves . . . because we have had to prove ourselves all along the way and . . . we’re still trying to do that.

“The other piece about being this age and being a nursing educator is that there are so many other things that I haven’t done yet that when something interesting comes by I don’t want to say no.” For example, she took two courses last year that interested her: “I had a really tough year. . . . I should of said no, but those were fun, they were new things. There are just so many more interesting exciting things left to do it makes it harder to say no.” An example of how Christina applied her enthusiasm to try new things to teaching is that she implemented new experiences for her students in order to keep pace with the changes in health care. She has her medical/surgical students make home visits postoperatively. She was “scared to death, [but] my wonderful community health colleagues were very helpful.”

Finally, another issue related to aging for Christina:

I’ve had more difficulty reaching students the older I’ve gotten. I was much more able to reach students when I was closer to their age. I don’t know if there is a distrust . . . with the older generation or if it is associating too much the authority of your mother or your grandmother. . . . It gets to be a little bit more difficult each year. I think, am I really out of touch? The other part of that . . . I found that having my doctorate has really been a detriment to my teaching. It removes you too far from the undergraduate students, and you get too many students that are frightened. . . . You’re not approachable any longer. When you work in a system where there aren’t any doctorates and you’re the only one, it’s like you’re the odd man out. . . . I’ve had students write that . . . I was afraid because she has her doctorate and so she knows all this stuff about nursing. But it does get you good seats on the airlines. . . . If anybody is going to get bumped, it won’t be you.

She also has found the title useful when trying to get through to a doctor’s office on the phone.

Christina stated that she had been involved with “organizations all my life in nursing.” Her involvement with the American Nurses Association included being a member of the first political action committee in her home state: “I was so interested in politics that at one point I thought I would run for political office, [but with] my background . . . twice divorced with no children . . . I said this is crazy, and so I just worked for other people.”

Christina plans to retire in 4 years. She is “trying to think about what I want to do when I finish this job and when I grow up this time. I really would like to carry a caseload of dementia families for consultation, support, case management.” Her husband has a small business that she helps with in the summer and plans to help with after she retires:

I can't wait to retire. . . . My friends think I won't be able to retire . . . but my husband and I have so many things that keep us busy, so many interests. I want to write a book. I wanted to write a major grant. I wanted to get a major grant, and I still may get that . . . that is this year's project. I have to be real careful about projects that I get into that have long-term goals attached to them because I don't have long term in the job. When I retire, I will write my book. . . . I like to write, and it comes easily to me.

Her husband is retired, but

he is so busy I can hardly ever get him at home. I hate to get up in the morning, and he doesn't have to get up. . . . Then I leave him here and I go to work and that's a problem for me. . . . I have talked to several ladies my age whose husbands have retired and that is a bothersome thing.

He does the cooking during the school year according to her menus or “we would have sausage every night.” Originally, he also did the housework but “it became a real aggravation,” so they hired a cleaning service because “our life is too

important together to complain about cleaning.” In the early 1990s:

We found ourselves a little mountain cabin which has been our stress management strategy, and, every weekend that we can, we go up there. . . . It is just really great, and I cook off of a wood stove and I learned how to do that . . . that was fun and real different. It's not the heavy backpacking stuff I am having difficulty doing now because of my physical health. . . . At this stage in life, all of these reminiscing things are kind of neat and which is why I really enjoyed your project because it was really kind of neat to sit down and do that and think about it. . . . It is what is going through your mind anyhow at this stage of life, so it's been fun.

### Summary

Chapter IV introduced each of the 7 women's life stories, resulting in the reader knowing each as a unique woman. Chapter V presents the themes that emerged from a qualitative analysis of the women's life stories and that were common to most or all of the women.

## **CHAPTER V**

### **RESULTS PART II: EMERGENT THEMES**

#### **AND DISCUSSION**

##### **Emergent Themes**

In this chapter, the themes that emerged from the women's life stories are presented. The themes are intricately interwoven and are organized for the purpose of presentation and clarity, but the order of presentation does not reflect incremental levels of importance. Also, the manner of presentation is not intended to indicate linear relationships among the themes. The main organizing themes are interdependence, higher education issues, age-related issues, rural life, and a miscellaneous category of other themes. Included with each main theme are numerous other themes that support an understanding of the main theme, as well as other supporting themes. Any number of arrangement of the themes would have been possible because, as reflective of the women's lives, all of the themes are intricately interwoven.

##### **Interdependence**

Interdependence was a theme throughout all of the women's lives and was intertwined with most of the other emergent themes. Interdependence describes a way of being that the women had in which the importance of commitment to

themselves and their interests such as careers was accentuated and balanced in different ways at different times with the importance of commitments to relationships with other people. The theme of interdependence is evident in each of the following sections, beginning with a discussion of life markers.

### **Life Markers**

An analysis of the interviews and life-path descriptions revealed specific life markers that the women used to guide the accounts of their lives. Life markers are events in the women's lives that structured how their life stories were told, similar to "chapter headings," as Bateson (1989, p. 75) labeled them. These events included high school graduation; entrance into and graduation from various levels of education; marriage; entering the convent; childbearing; divorce; deaths of children, spouses, and parents; birth of grandchildren; childrearing events such as painful moments, graduations, marriages, divorces, and work-related successes; war; family members' illnesses; personal illnesses; moves; travel; completion of work-related projects such as grants; and retirement of husband and impending retirement for themselves. Not all of the markers were used by all of the women. Some of these markers fit with what Bateson termed the "physical rhythms of reproduction and maturation" (p. 13) such as pregnancy, birth, lives of children, grandchildren, and widowhood or the probability of it. Most of the markers indicated a "restructuring of life around commitments to others" (p. 75). Also, the life markers were similar to those discovered by Mercer, Nichols, and Doyle (1988) in their life-history interviews with women.

Each woman had a different style in which she prepared her life-path diagram and told her life story. Mary's life story was guided primarily by life markers involving her career that was interspersed with personal and family events. Sukey told her story using mostly personal adventures and family-related events such as the life markers of work and education. Jan's story was an integration of personal, family, and work-related life markers, as was Sarah's and Christina's. Elizabeth's story was directed by accounts of her religious responsibilities and career-related markers. The beginning of Ruth's story was guided by career and personal adventure markers and later included more personal and family markers. Despite the similarities in life markers, each woman told her story in a unique manner. No attempts were made to speculate on the weighted importance of life markers based on their inclusion in the life stories. As will be seen in the next section, these women, as with those in Bateson's (1989) study, did not focus on a single vision or goal such as work or family. Rather, they had blended responsibilities and had become experts at living with "ambiguity and multiplicity" (Bateson, 1989, p. 184).

### **Life Choices**

**Relational choices and life paths.** Components of the women's lives reflected the female way of being, as described in the literature, that is rooted in the value of caring and corresponding importance of relationships (Surrey, 1991b). For the most part, the women's experiences were centered around relationships with and connectedness to others, as well as nonhierarchical relationships based on

responsibility, mutuality, interdependence, and empowerment of others (Bateson, 1989; Gilligan, 1982; Jordan, 1991a, 1991b; Miller, 1976, 1986; Noddings, 1984). The value of caring and the importance of relationships or connectedness to others are rooted in women's development, which was particularly true of some of the women in this study (Chodorow, 1978; Miller, 1986; Surrey, 1991a). Key to the female way of being is that women make life choices that are relational in nature or simply relational choices (Elgqvist-Saltzman, 1988). Some of the decisions made by the women in this study were relational choices, that is, decisions regarding their own lives which were significantly influenced by the lives of others with whom they had relationships (Elgqvist-Saltzman, 1988).

The literature on women also suggests that relational choices play a part in making women's lives multidimensional rather than reflective of a pursuit towards a single goal and that their life paths are more of a spiral or zigzag with starts and stops rather than a unidirectional path guided by one goal (Bateson, 1989; Elgqvist-Saltzman, 1988; Gilligan, 1982; Miller, 1991a). As opportunities surface, goals are created in response to work that needs to be done, as well as the needs of others, thus adding to existing responsibilities (Bateson, 1989). Examples of the caring value and importance of relationships, including relational choices from the women's life stories, are offered next.

Mary decided to quit her first nursing program and move back to her home state where her husband was needed to work the family farm. Later she chose to work part time for a year after each of her children was born. Even today, she

emphasized: "My family takes precedence over everything in my life." Jan began her relational role as caretaker by assuming the responsibilities of her family as a young girl: "I spent most of my life taking care of everybody. . . . I took care of my mother . . . tried to keep peace in the family." Her adult life has been guided by relational choices such as when she chose to return to the state in which she currently lives for her husband's job and to be near his family. After the birth of her third child, she chose to work part time so she could take care of them.

Examples of relational choices in Sarah's life began during college when one of the reasons for choosing nursing was: "I thought it would be really good knowledge to have for raising a family and dealing with family health problems." An example of a relational decision within her marriage was the move to a Southern state so her husband could take a faculty position. Sarah agreed with the intention of staying home and raising her children.

Elizabeth's life path was influenced by her relationship with her religious community. In some instances, such as early in her nursing career, she had little control where she would work or what type of nursing she would perform.

Ruth's life path was different from those of the other women regarding relational choices and her early life. With the exception of one friend talking her into accepting a teaching position, she made her life choices independently according to her own needs at the time. In later years, after she married, she changed jobs as a result of a career change by her husband. However, the last teaching position she accepted was based on her career needs, but they changed

cities while in the same job because of her husband's discontent with the first city.

Christina made decisions based on her mother's dependency. She rejected an offer to pursue a PhD after finishing her master's and chose to return to her home state because her mother was becoming "increasingly disabled." This sense of responsibility can be traced to her early teenage years: "I have kind of been the adult from the age of 14. . . . I have just been expected to do those things." Sukey's sense of caretaking also began as a teenager when she and her mother worked opposite shifts so they could take turns caring for Sukey's younger brothers. Her military career was decided upon for her when she was pregnant, after which her life path followed her husband's army career. After their final move, Sukey's life decisions continue to reflect her connections to her family such as teaching part time so she "could spend more time with my kids . . . and not feel guilty."

**Interdependent decisions.** Interdependent decisions also were evident in the women's lives. Few examples were given of independent, autonomous decisions that solely benefitted the women, which is consistent with the literature on women (Bateson, 1989; Gilligan, 1982; Jordan, 1991a, 1991b; Miller, 1976, 1986; Noddings, 1984). Furthermore, their life decisions were not exclusively relational in nature either. They involved consideration of personal needs and benefits, as well as concern for other people. That is, the women's sense of responsibility included "both self and other, viewed as different but connected" (Gilligan, 1982, p. 147).

Examples are particularly true when the decisions involved maintaining the recurrent threads of commitments talked about in the next section such as decisions of the women to obtain advanced degrees. The decisions reflected variations of concern for self and others. For example, Ruth decided to obtain her doctorate because she believed that she needed it in order to teach in nursing. The best program for her was a summer nursing program out of state, which meant being away from her husband. However, she chose a summer program and pushed herself through quickly because she was the sole financial support for the household. Mary's decision to obtain her PhD was stimulated by the university administration: "They said, if you want a position as chairperson, . . . you have to get a doctorate." Even though this decision was for her career, she selected a school based on her family responsibilities, allowing her "to drive back and forth and be at home for weekends."

Beginning with her decision to obtain a master's degree and being allowed to select a school, Elizabeth's life path reflects interdependent decisions, which is evident in the decision-making process regarding her master's and place in the community: "I wanted to go to school, but I knew that I didn't want to go . . . and then leave the community." Later on, after she completed her doctorate and was job hunting, she relayed: "You don't make independent decisions." However, she was able to select a job that she wanted and then confirmed it with the community. Elizabeth's thoughts on retirement also are interdependent in nature. That is, she identified that she wants to continue to work because of her

career orientation, but she also needs to because: “In this day and age, as our numbers shrink, it’s important that some of us keep jobs that are earning jobs so that other people can work [on their mission work]; so I probably see myself working another 10 years.”

Sukey’s early life path was guided primarily by relational decisions. However, since her family’s final move to where they currently live, her work seems to have become more influential in her life choices. For example, she chose to obtain her master’s and doctorate degrees so that she could have more influence within nursing education and to uphold a standard established by her department. Yet, she emphasized that, particularly after Desert Storm, her family remained a priority in her life. She continues to think about her family when making career choices such as retirement. Her husband “wants me to retire . . . and I think it will be nice, but I want to be sure that the children are stable before I stop bringing in a good income.”

Sarah decided to obtain her master’s degree for personal career reasons. While working as a public health nurse: “I could sort of see that the nurses with master’s degrees were functioning a little differently than I was. I sort of began to peak my level, and I thought maybe I should have a master’s degree.” The decision was interdependent because she chose to start the program at the time she did based on her husband to obtain his PhD. She thought: “I could probably have the space now, and it might be hard at another time” such as when she was in school and he was not and she “had a hard time finding any time to study.” Their

move to the rural state was greatly influenced by the fact that it would be easier to conduct a two-career household and would be better for raising adolescents than living in a metropolitan city. However, they would not have moved unless they both had faculty positions that they were satisfied with. Her plans for retirement also are interdependent in nature. She wants to maintain a connection with her profession, yet states: "I do have some real concerns about what my children will be faced with . . . careers and working and children," and the possibility of grandchildren "may change my whole perspective."

Jan decided to obtain her PhD because: "I knew if I was going to stay at the university I had to get my PhD"; thus, this decision was made to help her meet her career goals. Where she decided to go was interdependent in nature. She could not leave the area to attend school, and finances were a limiting factor because her daughter was attending college. In addition, she did not want to attend a nursing doctorate program because "they are such prima donnas and I was not about to put myself through that again." On a different note, another example of interdependent decision making in Jan's life involves the decisions she presently makes regarding taking care of herself. Not only does she do it for herself but for her family as well: "My family loves it." Her husband recently told her: "It's so nice to see you smile and be happy and do what you want to do."

Similarly, Christina chose to obtain her doctorate degree but was limited in selecting programs because of her responsibility to care for her mother. She was able to be more independent in selecting her master's program, which she did,

because it was a university she knew to be prominent in research, which was of interest to her. As she was finishing, she realized her mother was becoming more dependent on her and, consequently, chose to return to the state where her mother lived. The decision to move to the rural state in which she now lives was interdependent in nature. Both she and her husband selected the location based on a list of criteria they developed, in addition to criteria that met Christina's professional needs.

### **Recurrent Threads of Commitment**

Relational and interdependent choices and the resulting zigzag path of women's lives could be and have been viewed as having interfered with or inhibited women, decreased their productivity, and seen as "draining interruptions" (Bateson, 1989, p. 236). However, Bateson offered the alternative perspective of viewing events associated with relational choices such as "multiple fresh starts" during which "thread after thread from the past was picked up and woven into" their lives (p. 236). As a result, the productivity and quality of the women's contribution may be improved because of their multitude of complex interests, responsibilities, and goals in life (Bateson, 1989). Following are examples from the present study that demonstrate how, regardless of numerous fresh starts, the women held onto threads or commitments from their past and continued to re-create new possibilities and to reach the present point in their lives in which all reported being satisfied.

Mary always worked as a nurse, even with the birth of six children within 10 years: "I feel like if you're a professional nurse, then you should continue working all the time." She also acknowledged that she saw herself as having been a good mother, a good nurse, and an instrumental nursing leader. Sukey was dedicated to providing the best rehabilitative care to her oldest son, to nursing, to her art, and to being connected with whatever community she was in. At each army post she was able to create a niche in which she could maintain her commitments. Jan's commitment to nursing, education, family, and, most recently, herself throughout moves, job changes, and particularly as a survivor of sexual abuse is evident. Sarah maintained her connection to nursing and education, although at times serendipitously, through all of her family's moves, and she is beginning to plan retirement in order to maintain this connection: "I don't envision myself ever not having some tie into my career."

Elizabeth stated: "I was lucky . . . but I am reasonably bright, highly energetic, highly motivated. I have my goals and I stay with it. I'm not someone who is distracted." During her early years as a nurse, she did not have much say in where she was sent by the community. She was able to maintain her dedication to nursing, and, despite long hours: "Work wasn't hard because you had fun." In later years, even though her decisions to return to school and to take a job in which she could live her devotion to nursing research separated her from the community, Elizabeth still maintained her connection with her sisters and spiritual life. Perhaps this was because of the influence of a nun who was a role model

early in her career who “helped me to see how you can live your religious life fully and still be a really good nurse . . . that they could fit together.”

Ruth also maintained her connection to nursing throughout all of her personal “flitting in and flitting out,” as well as when she made decisions based on her husband’s career choices. Christina sustained her dedication to nursing, education, clinical practice, and research throughout marriages, moves, and being the primary caregiver for her mother.

Ruth, Christina, Jan, Mary, Sarah, and Sukey expressed thoughts on their connection to nursing practice. Jan believes that, if she is to teach in an acute care facility, she needs to be working there, which she does. Sukey also has worked in the hospital but, with recent setbacks in her health, has had to decrease her hours significantly. Mary had to give up clinical work because of the time demands of her administrative responsibilities. Lack of time was also a problem for Ruth who regretted having to give up her clinical specialist certification because of not having enough time to obtain clinical hours. Ruth misses the contact with patients, stating: “One of the things that I’ve found with teaching is that your rewards aren’t as immediate. . . . They are much more evident in a clinical role.”

Christina described her life-long struggle between teaching and service, stating that she would go back and forth between the two; when she was disgusted with one, she would change to the other. She said: “It looked to me that I had more influence teaching than staffing.” However, it continues to be an issue for her: “I have never found an answer for myself.” Sarah struggled with the same thoughts

when she first started teaching:

I missed working with the patients a lot. It took me several years before I could transfer what I felt about working with patients to working with students and began to realize that they were all my charges and in the way I had hoped to give to patients I could give to students in a different sort of way.

### **Significant People, Self-Contributions, and Serendipity**

The literature review described how successful women attribute their success to “lady luck” or to a male partner rather than by independent means (Carp, 1991; Stiver, 1991b; Wiersma, 1988). The women in this study acknowledged the influence that various relationships had on their success (Redmond, 1991). In addition, they also recognized the effects of serendipity, as well as their own efforts on their successes. In this section, the mentors in their nursing careers, other significant people, serendipity, and self-accolades are presented.

**Significant people in the women’s nursing careers.** In contrast to the literature, these women appeared to have no difficulty finding nonnursing and nursing mentors, as well as other significant people who influenced or supported their nursing career (Abu-Lughod, 1981; Clark & Corcoran, 1986; Eliou, 1988). Mary identified two people who were influential in her nursing career: “Some of my best experiences I had was under the preceptorship of a nun. She just . . . took me under her wing and showed me everything. She really liked me and helped me learn about OB.” The second was one of the nursing deans:

She was influential in my academic life. . . . I just learned so much from her and a lot of the things I do around here I think about the way she taught me. . . . She involved all of us in working on that grant and setting up the curriculum. . . . You never had to guess where you stood with her.

Margaret Mead influenced Sarah's life by a talk she gave at Sarah's college on how a "girl's dowry was her ability to make a living." Sarah stated: "It made a lot of sense to me. . . . I began to think seriously about a career . . . a new idea to me. Previously, I had thought of college as a place to meet a husband and nursing as a temporary job." Sarah's first official "hobnobbing" was with leading researchers in her area of interest who have "continued to be close colleagues." Her research was further influenced by the woman who was dean when Sarah first came to her present university. The woman was "really supportive in terms of helping to launch me as a researcher and giving me a lot of emotional support, as well as the time to do so."

Elizabeth originally wanted to be a nurse because her aunt, who was her role model, was a nurse: "I was going to be like her. I went into a 3-year program . . . where she had gone to school." In her basic program, she "had two really key instructors." One was a psych instructor, and Elizabeth "liked her approach to life," and the other was a peds instructor. Elizabeth's interest in nursing research was sparked by an instructor in her master's program who "believed in nursing research and that nursing research was absolutely paramount. . . . I found myself really getting hooked on research." This feeling was further cultivated by faculty mentors in her second master's/doctorate

program. One was “bright eyed, bushy tailed . . . a scholar, and she demanded scholarship . . . an excellent writer . . . a good researcher . . . she believed in us . . . and we are very close friends now.” The nurse researchers at the university where she obtained her PhD “were my real mentors who I can go to any time.” Elizabeth also attributed her success in research to the woman who was dean when she first came to this university: “My research career was prodded by the dean who kept saying I want you to do it.”

Ruth worked and obtained her master’s degree with a woman she identified as being a significant person in her early life: “I learned a lot from her. . . . I would, for all practical purposes, call her a mentor for me at that particular point in time. . . . She was a really wise person . . . what we would call today a good critical thinker.” In regards to her decision to obtain a master’s degree, Ruth stated: “I ended up going back, I suspect, because of her influence on me.”

One of the first significant people in Christina’s nursing career was a faculty person in her basic program: “She was my ideal . . . a wonderful nurse. . . . I’ll never forget one day I was changing a client who was in a bed just full of feces and she came in and helped me change that bed. She never got a drop of anything on her, even with these cuffs down to here.” Another woman who influenced Christina was a sister faculty person with whom she taught in her first teaching job: “She had research knowledge . . . a lot of vision. She really started me thinking about things like item analysis of tests, test construction.” In her master’s program, she “had one absolutely phenomenal role model. She was a

nurse researcher. . . . She taught me more in that one year about research than I ever learned in my doctoral program.” She had one faculty role model in her doctoral program. He was “a young hot-shot man . . . who was so excited about life. . . . He made you think. . . . He was challenging.”

**Other significant people.** Mary acknowledged her husband’s role in supporting her life: “He knew it was important for me to work.” Sukey gave credit to her husband who “has supported me through sharing child care, housework (most of it), humor, and ‘being there’ through stressful, scary, and painful times, as well as exhilarating, good, and happy times.” Jan stated: “I feel very fortunate . . . to have survived . . . and can do what I can do, and it’s because there have been significant people in my life.” Her grandmother was her significant person as a child: “I was my grandmother’s baby all those years. . . . She listened to me and figured out what was going on.” As a teenager, it was a high school teacher and his wife for whom she baby-sat who made her feel as though she could do nothing wrong. In college, it was her aunt and uncle who took her into their family and a priest who was like a father figure to her: “He made you feel very special . . . [and] spent a lot of time studying in his office and talking to him.” After marriage, it was her father-in-law who played a significant role in her life. He treated her like she “‘walked on water’ and everything I did was right.” The importance of her husband in her life is evident throughout her life story: “He is a wonderful man. . . . He never gave up on me. . . . He always took over. If I needed to spend 10 hours writing a paper, he took care of

our kids.”

Elizabeth credited sisters within her community as important in her life. One sister was her superior at her first hospital, who she described as being “an avant guard superior” and later on would give approval for Elizabeth to choose where and what to study for her master’s: “She was just this visionary person who probably is the biggest role model in my life.” This sister continued to support Elizabeth while she was in her doctoral program: “[She] was very supportive of me long distance and always encouraged me to keep on.” Another significant sister was her supervisor at the hospital in the first Western city Elizabeth was sent to: “She helped me to see how you can live your religious life fully and still be a really good nurse.”

**Self-accolades.** In addition to honoring significant people in the life stories, the women acknowledged their own role in achieving successes in their lives. Mary acknowledged her determination to prove herself as the reason for being successful in high school: “I excelled at everything I did.” While working as a staff nurse, she acknowledged: “Clinically I was really really good.” As a chairperson, she stated:

One of the things I am really proud of . . . I facilitated a policy that all faculty had to be doctoral prepared if they’re on tenure faculty. . . . We have over 80% . . . who are doctoral prepared . . . really remarkable. Also, I am a very good teacher. . . . I have been nominated for master teacher three times at the university level.

In addition, Mary said: “I feel like I was a good mother. . . . I accept what I did as being the very best I could and that is just the way it is.”

Sukey's pride in her art work was evident when she talked about the work she had performed over the years and when she showed me her prints. In the early years, she was proud of other accomplishments: "I was the first female and an officer to join the army skydiving team." When she was overseas, she credited herself for starting a wife's club to help other women, and she addressed the issue of bias against Americans with the European women. She was proud when she participated in a 20-mile charity walk after losing 60 pounds: "That was quite a thing." In regards to her doctoral work: "I did a ton of research obviously. . . . Look at that big fat thing up there," pointing with pride to her bound dissertation.

Jan cited several examples of how her own independence and strength led her to successes. As a teenager, she was able to work and pay for all of her expenses herself, which gave her the "freedom to do what I wanted to do." She also stated that she "had been a really good student in high school . . . worked very hard" to prepare herself for college. In college, she continued to work as a nurse's aide: "I put myself through school; nobody put me through. I got grants and I got financial aid" in addition to the nurse's aid work. Success in the doctoral program came because "I worked very hard for it. . . . I have a 4.0 for my PhD." As a teacher, Jan stated: "I'm very good at teaching and teaching undergraduates . . . that's my strength."

While in her master's program, Sarah discovered she "could compete very well" among physicians and doctoral-prepared people. She was open about acknowledging her accomplishments such as receiving an award for her first book

“that did very well,” receiving a Sigma Theta Tau teaching award and a university research award, being appointed as a journal editor, and bringing in grants to the school: “I have brought in a lot of grants . . . and the campus has rewarded me very well for that. . . . I have more space [office] than anybody else. . . . A lot of things that I have done have paid off.”

Elizabeth attributed her success in research and higher education to long hours and hard work: “I knew that if I wanted to do research I was going to have to bite the bullet. . . . At some point you have to make those compromises if you really want a career in research.” On Saturdays she would “go to the office early in the morning and be there till late at night.” As a result, she has been invited to serve on national committees, including a federal study section, and has received several grants: “I’m still the only person who has ever had any federal funding on this faculty.”

Ruth identified one of her areas of strength: “I’m very patient, so I do well with beginning nursing students.” She reported being “driven” in her master’s program and finishing all of the course work in 3 quarters. In her doctoral program, she recalled that the first class on theory “was very very difficult, but I survived.” When working on her dissertation, she “really pushed” herself. She seems to be driven, wanting to “move on and do something different,” which is evident in her plans to continue with her qualitative research and taking classes that interest her.

Christina recalled her experience in the basic program: “I did very well.”

The remainder of her life reflects how she described her ability to do all that she has done: “If I had a goal or something I wanted to do, I just had to figure out a way to do it.” An early example is when she wanted to begin her bachelor of science degree in nursing while still in the diploma program. She made a plan and pursued the director of the program until she gave Christina approval. Another example was her petitioning the university, in which she was teaching, for approval to enter an on-campus, tuition-free doctoral program. Christina attributed some of her tenacity to being from the postdepression era in which

education is tremendously important . . . being tied very tightly with having a career which will give you the security of a job. The worst thing that could happen to you is not to have a job, not to have a career, not to have an identity, something useful to do. All of us [women] in the 1950s had to make great sacrifices in order to do these degrees.

She also pondered why “somebody like me, with a really negative self-concept for all those years, why on earth did I bother to try to” get all of the degrees?

**Serendipity.** Some of the women stated that they did not begin their career with the idea of being where they are today, suggesting that it was serendipity or circumstances that got them to this point. Mary reflected:

I always got moved up not because I wanted it but it just so happened that I was there. . . . I wonder if that is because I am firstborn or if it's because I was good at something. I do not know. But I never sought to go up higher. . . . I didn't ever dream of becoming a chair. It was just given to me. I never purposely went out to get this position. . . . No one else around here . . . wanted it, and I thought we needed someone so I did it.

Sarah reflected: “You see, my life is a little bit of an accident here and there.

Maybe lots of people’s are accidents, maybe some people sit down and plan it all, but I haven’t really.” Ruth followed suit, saying:

I didn’t have real goals, and I, in a sense, let things happen along the way. The only one difference was going to the doctorate program, and I know that I had that one in my head when I first took the position [in the baccalaureate program and] I realized I needed to return to school.

In summary, the women seem to have interwoven connectedness, independence, self-recognition, and serendipity in their lives. They have remained connected with others, which is an important component. However, they also have maintained a connected independence or interdependence by which they have lived their lives, pursuing commitments or personal interests and taking responsibility for the success of these endeavors. They have accomplished this while continuing to preserve relationships and acknowledging the importance of these relationships to their commitments and lives as a whole. Jan made a statement that exemplified this for all of the women: “Things have gone very well because of the significant people and because of the hard work.”

**Marriage.** Marriage and events associated with it were life markers for all of the women who were or who had been married. Some of the marriages reflected the collaboration and regeneration that Bateson (1989) attributed to success of a relationship and the individuals in it. That is, there was mutual support for the individuals, and roles and responsibilities were renegotiated throughout the relationship. Christina described her husband as “a wonderful

stable influence in my life and we are different types of people. . . . I am type A and he is type B.” Their marriage reflected collaboration and negotiations. For example, the decision to move West involved long-term planning, spending summers traveling the West, and Christina interviewing for jobs with lists of criteria for the city and the job. Christina collaborated with her husband in helping him with his business during the summers. On a smaller, daily scale, they were able to negotiate a workable system for household responsibilities when he retired that was suitable for both. They hired household help, she created the menus, and he did the shopping and cooking during the school year; in the summer, it was her turn.

Ruth’s marriage involved collaborative moves that were negotiated because of the rotating needs of her and her husband, as described in the relational choices section. Her decision to attend the doctoral program selected involved collaboration and negotiation because it meant temporary moves for her with him choosing not to go. At first he was hesitant, but “once he realized the importance of” her going away to school, “he was behind me all the way . . . truly a supporter.”

Sarah stated: “We’ve changed our marriage tremendously. . . . We live a very different lifestyle than my parents did or my husband’s parents did. . . . I’m sure that he has had some times to think about who he married and how he got into all of this, but basically he has adjusted quite well.” One example she gave was that she travels alone most of the time for professional meetings because her

husband does not like to travel: “[He] tolerates this quite well; if he sees something strange or unusual about it, he doesn’t say anything. . . . He’s very accepting of it.” However, both of their parents find it unusual that she travels alone, and they let her know their opinion. She said of her husband: “I am kind of lucky that I have married someone who is secure enough about himself that I can do whatever I want to with my career and it is not an issue if I am progressing . . . faster than he is. . . . I see that go on in some households.” For example, when she won the university research reward, she was worried that “he might have some resentment about” it because he had not received one. However, he “was very enthusiastic . . . he got wholeheartedly into” the celebration.

Jan said of her marriage: “We have struggled with our marriage for years with some issues that have come out in my life, but he never gave up on me, and I never gave up on him, and we worked together.” She described how her husband has been there for her in many different ways, including her healing process from sexual abuse, working on her doctorate, and her career. She described her support for him such as helping with certain school and home responsibilities that he has problems with because of dyslexia. Also, he had a “major burnout” and colitis at one point in his career for which he was off work for 8 months; she stood by him then, too. She was quick to acknowledge his success in teaching and her pride in him: “He understands kids and their behaviors.”

Sukey’s marriage also had evidence of significant renegotiation and collaboration, in particular, during the early years when her husband was active-

duty army. For example, Sukey mentioned the difficulty in role changes that occurred when he came home from overseas and wanted to take over the checkbook: "I was really in control when he was gone . . . and it would become more and more difficult when he would come home." She talked about gaining insights into each other's past roles when the "tables were turned" because of her participation in Desert Storm.

Mary and her husband juggled childrearing together by working opposite shifts so that a baby-sitter was never necessary and so that each could continue their careers. She further described their joint contributions to raising children: "He is the one who taught our children how to show love to one another. I am the one who taught our children discipline." She also talked about a "rule" she and her husband have: "He doesn't bring his problems home to me and I don't to him. . . . The reason is because there is nothing you can do about it." She compared this rule to her friend's marriage in which they talk to each other several times a day and tell each other their problems. Mary described her husband as "my best friend . . . my golfing buddy."

Marriage also involved losses such as with Christina's first two marriages, as well as Ruth's. After each of Christina's first two marriages ended, she experienced a depression for which she received psychoanalysis. After the first divorce, she stated: "Divorce was not something that was really a concept in my family, although my mother had been divorced; it was just not an acceptable kind of thing to have happen, even though this was the husband who . . . had really

physically abused me.” She acknowledged the positive outcome of receiving help: “They were very positive and assisted me with maturing my identity, something that did not occur well into my teens and early 20s, as I was focused exclusively on achieving in nursing and education to the detriment of personal growth. In addition, these episodes gave me more sensitivity for clients and their problems.”

The death of Ruth’s husband was a significant part of her life path in which she talked about his terminal illness, death, and her resulting grief. Ruth experienced a depression after the loss of her husband and sought professional help at the encouragement of her colleagues. Her family was present for support. She attempted to deal with his death by immersing herself in work; it was not successful. She actually had a compounded loss because she also lost two dogs shortly after her husband’s death. She proceeded to take “antidepressants and . . . some therapy because I really needed to resolve that grieving. . . . I had lost my best friend.”

**Childbearing/childrearing.** Childbearing and childrearing were significant life markers in the women’s life histories and were reflective of the importance of relationships to the women, even though how they were included was unique for each woman. For Sukey, her children were the key life markers throughout her life story. Her experience with children began with a pregnancy that meant discharge from the army, initial shame, and an attempted suicide because of the social views on unwed mothers at the time. She included many stories about them as children, indicating the key role their activities had in her day-to-day life and

overall life. Her discussion about them as adults focused on her relationship with them. She also acknowledged the importance her grandchildren have in her life and how she has been involved in their lives. Christina talked of miscarriage in relation to abuse and divorce, all of which ended in depression. Losing children and subsequent depression were included in Jan's life story, as well. She miscarried and a short time later lost a baby at 5½ months, stating: "That was just devastating, and, had I not had my first daughter, I probably would have killed myself. . . . I was so depressed. . . . I felt like I was a failure. We couldn't talk about it; it just hurt so much." She later had two more children. She also talked about how her years of depression and dealing with sexual abuse affected her children. She stated about her oldest child: "She had to be perfect because being the first child and being a girl and because I was just a mess. . . . She and I talk about this all the time."

Mary stated: "I feel like I was a good mother. . . . When you look back, there might be things that you might have done different raising kids. My theory is that you cannot look back . . . because you can't go back and change things so I accept what I did as being the very best I could." She recalled that she never had a baby-sitter for them for work or recreation. When her children "were old enough, . . . we'd pack up all the kids in the vans, station wagon and go to the movies. . . . We did family things like swimming . . . skiing."

Sarah talked about her children regarding their birth, making sure they were taken care of while she was working and going to school, what it was like raising

children in a rural area, and what they are like and doing as adults. When Sarah was in the master's program, Thursdays was "my day to spend time with" her little girl. She "job-shared" with another woman when her daughter was born, thus enabling Sarah to spend time with her, yet enjoy employment. She described her children as androgenous because of the roles they have seen their parents assume: "My son doesn't think anything strange about the man doing a lot of the cooking and the household, and my daughter's about as liberated as they come." Also, she has created a "center for our family" by buying a cabin in the mountains where they all go and share in the upkeep. (See the section on "rural" for her, as well as Sukey's description of raising children in a rural area.)

Ruth talked about her thoughts of not having had children:

We decided not to have children because we were both older. In some ways, I regretted that when I first lost my husband and then it hasn't been a big thing for me. My mother is pretty dependent on me . . . as a confidant and advising her on certain things. I don't have that person to look forward to right now. I have no children, so that's a fact and I'm not alone in that.

**Friendships.** The women included relationships in their life stories that they identified as friendships. This theme is related to significant others; that is, friends also gave support, and, for some, previous mentors later developed into friends. For example, Christina's early mentor, with whom she taught in her first teaching program, later became her friend. In fact, they continue to communicate and work together. Ruth's friend, early in her career, was identified as a friend but also played a significant part in her career by persuading Ruth to move to the West Coast and to accept her first teaching position. Jan mentioned a friend from

college, who currently lives in the same town. This friend let Jan stay with her when she needed to get away from her family for a few days when dealing with sexual abuse.

One friendship influenced participation in this study. One of the women stated that her friend had “volunteered” for the study, calling her friend her “personal manager.” During the interview, she included her friend in her life story when comparing communication in marriage. She stated that her friend “is one of the most interesting people we have. . . . She is just an incredibly energy-related person. . . . I really like her.”

Friendship was important to Elizabeth in her master’s and doctoral programs. In her master’s program, three other women were in her group (“the foursome”). The four studied together and made a pact to take all of the toughest instructors’ courses together. In her doctoral program, she again had three friends who were single: “They wanted to do group women things,” and they were Catholic, so they attended church together, too. Further, the three women were often guests at an intercommunity house that Elizabeth started with two other sisters. She added: “I am still very close friends with those women.” The sisters from the intercommunity house also were “a wonderful part of my life. . . . The church was really alive; . . . it was a great time.”

**Mentoring or supporting others.** The women voiced their desire to help others achieve success, which is part of the female culture termed “empowerment” (Miller, 1991c). Mary’s leadership style was such that: “I am a very democratic

leader. . . . I get input from people all the time because I think it's important that people are part of the decision making." As a teacher in the master's program: "I am very much aware of student needs in terms of their time commitment. . . . I will work with them and put in the extra time to get them through." Ruth was concerned about her students, as well, and believes that her patience with them in learning skills is an asset. In addition, Ruth showed her concern for students when she regretted having to start and then stop during a term when her husband was dying: "They ended up getting the brunt of having to change to another person."

Jan empowered her students: "I am there to help them learn, I am not an evaluator. . . . I have them do most of their own evaluations. I understand. . . . I am not there for the power trip. . . . I never belittle a student. . . . I try to treat them as adults." Elizabeth stated that she enjoys helping master's students with research, and "I love working with young faculty . . . helping them write . . . get grants going . . . and generate their ideas. I get a lot of enjoyment out of that." Christina stated: "It really is hard to know whether you've had any impact on the students, and I guess the thing that's kept me going in education is hoping that . . . if one out of the class has a change in their nursing . . . your words will be heard in years to come . . . then I've made a difference."

Sarah's defiant stance on continuing patient education in her first job, despite reprimands, was empowering to her patients. She currently serves as a mentor for undergraduate and graduate students, whom she actively involves in her research. She is supportive of other nursing faculty, acknowledging: "We have a

strong nursing faculty and . . . quite a few active researchers. . . . There are a lot of people who work very hard at what they do.”

### **Summary**

The above section (Interdependence) included themes that surfaced from the women’s life stories and reflected how their lives have been interwoven with commitments to themselves, others, and nursing, as well as commitments others have made to their lives. In the following sections, the themes related to higher education issues, age-related issues, rural life, and a miscellaneous category are presented. These themes were organized in this manner for easier reading and understanding but, as with the women’s lives themselves, all of the themes in this chapter are multidimensional and intimately interconnected. Therefore, there has been, and will continue to be, some overlapping between sections and themes in the discussion; also, the method in which they are organized does not denote priority or hierarchical importance.

## **Higher Education Issues**

### **Multiple Life Roles**

Role strain from attempting to balance professional and personal responsibilities was one of the most discussed areas of concern for women in academe (Clark & Corcoran, 1986; Eliou, 1988; Hensel, 1990, 1991; Menges & Exum, 1983; Sorcinelli & Near, 1989). They reported experiencing emotional and physical health problems as a result of multiple responsibilities (Abarbanel, 1991;

Houston & Kelly, 1992; Lott et al., 1993; Miller, 1991b). Women continue to “struggle against the impulse to sacrifice their health for the health of the whole” (Bateson, 1989, p. 240). An enlightening example was found in Jan’s life. She described how she called herself “the needless wonder” because she placed everyone’s needs first, at work and with her family, at the expense of her own. For example, with her family, Jan said: “I would want to do something, but I’d have to get them all organized first and then I’d never get to do what I wanted to do and then I’d get mad and I’d clam up and . . . wouldn’t talk.” She stated that since she has learned to take care of herself: “It’s the exact opposite; I can do for you and I can help you, but I’m helping me first because I’m no good to you unless I help me.” As a staff nurse, she “no longer will work for 8 hours . . . without going to the bathroom” or eating. As a faculty member, she sets limits:

I won’t take on extra workload. I used to do that. . . . Then I would feel bad . . . stressed and . . . mad when no one would say thank you. I’ve learned to say the major emphasis in my job here is the research and the scholarly activity [and to say no to other demands and] most people don’t argue with me. [However,] people can do a good job of making you feel guilty. . . . They can’t anymore . . . not me.

Most of the women in this study reported health, physical, and emotional problems, but they did not directly connect them to role conflicts or overload but to other life circumstances such as losses, war, and not having healthy habits. Christina talked about her lack of energy. She reported trying to maintain her health through exercise and scheduling of work-related activities, but she has encountered difficulties because of workload and scheduling demands.

Academic women report that they continue to carry the majority of the household/family responsibilities such as child and elder care (Maitland, 1990; Seeborg, 1990). Ruth talked about being supportive to aging relatives whose health was failing. Christina discussed the demands of being the sole caregiver to her ill mother. In addition, she was a full-time faculty member, a doctoral student, and worked evenings, weekends, and summers as a staff nurse. She acknowledged: "It would have been nice to have a little family support." She also did not have the support of her colleagues. However, in regards to balancing all of these roles, she stated: "If I had a goal or . . . something I wanted to do, I just had to figure out a way to do it. . . . Those years, they were very very difficult years . . . just one day at a time. I think not a very healthy stance because my personal needs were last." She also voiced aggravation because "to be in school and to be working full time and to be in school with people who are schooling full time . . . you have to change your expectations of your performance."

Child-care and household responsibilities were not an issue probably because of the age cohort. None of the participants had small children at home; the youngest was in high school, and the others had adult children or were childless. In addition, they reported that their spouses had a history of helping with household responsibilities and child care (such as Mary, Sukey, Jan, Christina, and Sarah), and/or they hired outside help for housework (such as Christina and Sarah).

However, in talking about the past, Sarah described how, in the early years of marriage: “I did a lot of years of a 100% of housework and 100% of yard work. . . . For the first 15 years I did it all.” Then, during her doctoral program, because of her multiple roles as faculty member, mother, wife, and student, her husband began helping her, and she learned to hire household help. Even though hiring helped cost a significant portion of her income, she stated that it was worth it because she believed she was “investing into my career. . . . It’s not a good use of my time,” and she plans to continue this practice into retirement. Even though her husband continues to cook 3 nights a week, Sarah assumes the responsibility to ensure that the work is done via a housekeeper. She is responsible for the majority of the household duties by proxy: “Part of the reason why I have hired so much help is that he’s never gotten up in the morning without a clean shirt” and “he didn’t have to do his own shirt or not have them done. . . . I just arranged so that we have our own ‘wife’.”

Women report that academe is not understanding of personal responsibilities (Hensel, 1991; Maitland, 1990; Sandler & Hall, 1986), which was true for Christina. She had to take her mother to the emergency room, missing a curriculum meeting. Her dean “raised hell that I would not leave my mother.” A humorous example, with the same dean, happened the day after Christina graduated with her PhD. The dean called to congratulate her and asked what she was doing. Christina told her she was “cleaning the toilet bowl . . . cleaning house . . . and I received a lecture on having a housekeeper and devoting my life

to the profession.”

Ironically, women also are criticized if they neglect their traditional feminine duties (Barge, 1986; Jussawalla, 1990; Sandler & Hall, 1986). An example for this group of women occurred when Sarah was working as a faculty member and obtaining her PhD. She recalled that she

also had a definite role as a faculty wife. . . . The fact that I had my own faculty job that didn't excuse me. . . . And I didn't do a lot with my faculty wife role because [of all my other roles] my husband's dean's wife used to say things like . . . 'I don't know how you do all that you're doing and actually you can't be doing it all and do it well.'”

The ultimate example of women being penalized for mixing personal responsibilities with career, although outside of academe, occurred in Sukey's life. She was discharged from the army for being pregnant.

Mary, on the other hand, works at a university in which they have a progressive policy that acknowledges a faculty member's personal obligations and that also reflects her value of caring and relationships:

I think it is important that we have an understanding and appreciation of family [and] to have someone in charge of the program who is a family member . . . someone who knows what the family life entails. . . . They are much more empathetic to what other faculty members have in terms of demands on their time.

In her department, a family is described as “a social unit” and “a social unit can be a dog, a cat, or children, a husband” because they recognize the importance of animals to some people.

The flexibility that a career in higher education offers was a positive aspect mentioned by the women. Sukey was a part-time faculty member when she first

started teaching, which allowed her to spend the time she needed to be with her children. Jan stated that higher education has given her the “freedom” to be involved in activities rather than being tied to “an 8-to-5 office job” such as having free time during the summer and spending holidays with her children. Also: “If I want to go to a basketball game and I don’t have to be at clinical to teach, I go. . . . I think the time juggles itself.” Mary concurred: “The time is very flexible. . . . That’s why I like higher education.”

The effects of aging and how it has changed the participants’ views of multiple life roles and role strain are discussed in the Age-Related Issues section in this chapter.

### **Professional Networking**

Women in academe reported difficulty in finding and establishing professional networks, as did the women in this study, but they also told how they had attempted to solve this problem (Maitland, 1990; McCarthy et al., 1988; Stokes, 1984). Lack of interdisciplinary networking, because of the distance of the satellite campus from the main campus, was a problem for Christina: “Being on faculty council, getting different perspectives . . . that’s not available to us here.” However, she was able to establish one network in order to prepare a grant, but this took a significant amount of planning and effort. Christina also has maintained a relationship with one of her early mentors; they have even published together. Also, one of her research projects, after completing her doctorate, was multidisciplinary in nature. Elizabeth was concerned with the lack of research

networking within her college of nursing: “It would be nice to have some colleagues from here.” She has dealt with this situation by maintaining relationships established during her doctoral studies in order to provide support for her research and other professional endeavors. Similarly, Sarah has maintained the relationships she originally established at her first “hobnobbing” with prominent researchers. She continues to remain nationally connected and working on projects with other researchers such as in the capacity of a grant consultant and organizing an international trip for health-care providers. Jan has joined with a physician for her latest research endeavor.

### **Administrative and Collegial Support**

In contrast to the literature on academic women, this group reported receiving support from their administrators and faculty members for personal and professional endeavors (Sandler & Hall, 1986). A few instances of nonsupport also are included. Jan’s dean “let me keep the light load” so she could complete her PhD more quickly. When Jan decided to tell her colleagues about her history of sexual abuse: “The response I got back from the faculty was phenomenal. I never expected that; . . . it was really really wonderful.” Her colleagues also extended encouragement when she received rejections from attempts at publishing. Support for research endeavors by deans was discussed under “significant people in nursing” for Elizabeth and Sarah, as well as mentoring by one of Mary’s deans.

Ruth acknowledged the support she received from other faculty members when they agreed to complete her semester tasks for 2 consecutive years so that

she could leave early to attend a doctoral program. Also, after Ruth's husband died and she was depressed, some of her colleagues encouraged her to seek help. One woman even gave her a puppy to help her through her grieving. In contrast, Christina regretted that "not once . . . did any of my nursing colleagues ever offer me support or say anything" when she was coping with her mother being in an extended care facility. As a result, Christina stated that she tried: "Now, when I have friends and colleagues who have a crisis, I do a little bit better." A similar situation occurred that illustrates nonsupport by administration. On one occasion, she had to take her mother to the emergency room. She called the dean to tell her that she would be missing a meeting: "She raised hell that I would not leave my mother . . . and, of course, I didn't, and it was okay."

Sukey reported a different type of collegiality that occurred when she served in Desert Storm. Her students sent her an apron that had all of their signatures on it, and, at graduation: "They had an empty chair for me . . . with a yellow ribbon on it."

### **Gender Differences in Higher Education**

Women's careers in academe are hindered because of their gender regarding salary, tenure, and promotion (Clark & Corcoran, 1986; McCarthy et al., 1988; Pounder, 1989), which is also true in nursing (Barge, 1986; Blum, 1989). In contrast, this group of women reported satisfaction with their salaries. However, they gave examples of how gender influenced their lives. One woman provided an example of how gender interfered with her career in higher education. As a

doctoral student, Christina had to change majors because of a professor who said, in the first class: "The women are going to have a great deal of difficulty getting through." Furthermore, when she saw him and "told him what I really want to be is research coordinator, . . . he said you probably are never going to get that job. . . . Women are not going to make it."

Christina and Sarah provided insights into how gender differences affected the way women nurse educators are treated within the university. Christina stated that in meetings at her previous university: "You had to work harder and be more aggressive to be heard and to be darn sure that you were sound, intellectually sound, that you had done your homework." As a woman and a nurse: "That's two strikes against you, . . . so you just had to be much better," which even included dressing "to look powerful." A pet peeve of Christina's was that in these meetings they "always ask you to be the secretary. . . . I absolutely refused" until every man had taken a turn. Sarah's example involved the difference in how she was treated after she won a university-level research award:

What I have noticed is that a lot of the men on campus suddenly know who I am and go out of their way to speak or say hello. I am suddenly discovering a whole other layer of people I didn't know. I got admitted to another level of campus society; . . . that has been a very pleasant thing to have happen.

Elizabeth stated that she believes she is viewed by the rest of the university as "a very reputable scientist, but I should be because I'm bringing in huge bucks so in that money talks." She attributed nursing's status in higher education to something other than gender: "I think nursing everywhere is still seen kind of a

little bit as a stepchild . . . because we still have master's degree faculty; . . . we need to grow up." That is, nursing needs more doctorates "because I think that's how we gain legitimacy" within higher education and that "we can't have a different set of standards for nursing." What Elizabeth described reflects the historical origins for professional ideology in nursing. That is, the advanced education of nurses will secure a place for nursing in higher education that, in turn, will support nursing's quest for recognition as a profession (Dickson, 1993).

### **Sexual Harassment, Communication**

The women did not report any instances of sexual harassment in the workplace, as was reported by women in academe in general (Jensen, 1982; Sandler & Hall, 1986; Stokes, 1984). They also did not broach the subject of problems with communication based on gender differences as did other women in higher education (Sandler & Hall, 1986; Simmons & Jarchow, 1990; Stokes, 1984). Perhaps this group of women nurse educators did not report experiencing sexual harassment or communication problems because a majority of the other faculty they work closely with are women.

### **Characteristics of Nursing Education**

Some of the women chose to include characteristics of the culture of nursing education when talking about their experiences. Some of the women acknowledged the demanding workload found in nursing education, which is similar to reports in the nursing literature (Mobily, 1991). Women educators,

other than nurses, also reported demanding workloads and working twice as hard as male faculty in order to receive recognition (McCarthy et al., 1988; Sandler & Hall, 1986). Because nursing is a “female profession,” perhaps this is one reason that nursing education has demanded so much from its faculty in order to maintain its position in higher education, as discussed by Elizabeth, Jan, and Christina.

Elizabeth stated:

I think nurses work harder than most other faculty. And I’m not saying other faculty don’t work hard, but the work ethic that we’ve built into nursing is astronomical . . . and the number of meetings. If we could get rid of meetings in nursing . . . other departments meet once a semester; we meet every other week. . . . It sure is time consuming.

She wishes nursing would “get on with life, which is research. . . . Nursing is still . . . caught up in our old ways.” Jan agreed: “I hate faculty meetings. We spend way too much on tidily stuff.” Christina also agreed when comparing nursing to other disciplines:

They don’t generate the work that we generate for ourselves, and they are not as neurotic about all of this stuff, and they do take time. Historically, nursing education has made an unhealthy situation for itself . . . because we have to prove ourselves.

Elizabeth added: “I think nursing everywhere is still seen kind of . . . as a stepchild. We still have master’s-degree faculty. What other college has master’s-degree faculty?” When asked how she believes nursing is viewed by the university, as a whole, she replied: “Well, I don’t think we are seen as the hotbed of science” because of nursing’s lack of research activity and dearth of doctoral-prepared faculty.

## **Tenure**

Tenure was mentioned by all of the women who were all in tenure positions; but, for most, it was presented more as a passing thought than as a significant event or life marker (except for Jan and Christina). None of the women discussed inequities in the tenure or promotion process related to gender, which are evident in the literature on academic women (American Association of University Professors, 1993b; Clark & Corcoran, 1986; McCarthy et al., 1988).

Jan related that tenure is a major issue in her life because she is in the process of obtaining it, and it is one of the motivating factors behind her scholarly work. She viewed the process as “very demanding and very rigorous” and “it’s a real game. . . . You know what you have to do” and it’s “a lot of pressure.”

Christina’s tenure process at her current university was compounded by the stress of:

I arrived in a new city, in a new state, with rural nursing as a focus. . . . I didn’t know the rural nursing piece. They put me on the major curriculum committee. . . . They were getting ready for the big curriculum change, and I had 3 years to publish and get acclimated and oriented and make an impact here. I don’t know how I lasted in the first 3 years up here; it was just terribly difficult.” This contrast is significant to the tenure process at her first university: “I don’t even remember the tenure process there. . . . It was essentially an automatic thing.

## **Traditional Model of Academic Success**

Elizabeth’s life path was unique; that is, she was the only subject in the study to conduct a traditional course to academic success. She graduated from the doctorate program, took a tenured position, conducted a course of research, wrote

and received grants, worked 70 hours a week, and excelled at scholarly productivity. She acknowledged that she did not have her community or family to care for. All she did was work: “A workaholic.” This life course worked for her life goals, which was directed by her love for research.

However, if any of the other women’s lives was compared to this traditional model of academic success, it would be like comparing apples and oranges because of the zigs and zags of their lives (Bateson, 1989). Yet, as each woman created her life path, she was able to create a niche in academe in a manner that met all of her responsibilities, including making significant contributions to her family, community, nursing, and academe.

Regardless of the directions these women’s lives took, they did not voice a predominant theme of personal versus career or gender dichotomy. This group of women nurse educators also did not report experiencing the adverse effects on their lives that other women educators reported from trying to meet the androcentric model for academic success (Hensel, 1991). In order to create a life with which they are currently satisfied, most women were able to shift their focus to balance and combine role expectations. The shifting, balancing, and combining, however, is an ongoing process. No adverse or positive effects were reported on their lives because of having to create continually this balance.

### **Valuing Education**

The value of education and continued intellectual stimulation were obvious in all of the women’s life stories, as seen by their advanced degrees and how hard

they worked to obtain them. They had begun advanced education at an early age and had continued to pursue it throughout their lives, which for 6 of the 7 women's age cohort was unusual. At the time they graduated from high school, the feminine mystique, as described by Friedan (1962), was in full swing. Education for women was discouraged, as was a career, because it was believed to be the downfall of the traditional American family (Friedan, 1962). Friedan was revolutionary, claiming that education was the key for women to remove themselves from the feminine mystique. Even though more than 30 years have passed since Friedan's book, similar messages against education and employment for women continue (Faludi, 1991).

Some of the women in this study also connected the origins of the value of education with their family (Redmond, 1991). Ruth stated that her father valued education and expected all of his children to obtain college degrees. Sarah also described the importance of education within her family. Sukey referred to the support given from her family in moving from the baccalaureate program, through the master's, to the doctorate. Elizabeth and Christina stated that the value of college was not instilled in them by their families. However, the religious community Elizabeth entered was "very highly educated. . . . We were all sent into a 4-year program."

Those with children passed on their value of education (Elgqvist-Saltzman, 1988). Most of the women's children had attended college, completing baccalaureate and master's degrees. Jan stated that her children observed and

helped her with her studies, which gave them “a real sense for education.” The women’s continued quest for education is found in their plans for the future, even into retirement.

### **Age-Related Issues**

This section is divided into two parts. The first section addresses the age cohort and what the interviews revealed as a result of the age group the women were in. The second section includes what the women had to say about the aging process and the effects on their lives.

#### **Age Cohort**

Sarah offered a unique “insight into a generation” when she told the story about her 20th class reunion. While Sarah was in her baccalaureate program in the late 1950s, she was a subscriber to the feminine mystique of the period: She attended school until she found a husband, and she wanted to be a nurse because she believed it would help in raising a family. Ironically, as a friend later said: “You’re the only one that wasn’t going to have a career, and you’re the one that really went and got on with your career.” Her other classmates professed to be career oriented. At her 20th class reunion, she was the only one with a doctorate. When others found out, most avoided her during a postdinner mingling except those who sought advice on obtaining more education. The remainder of the women recently had repursued nursing after sending their last child to college, which was more typical of women from this era than Sarah’s (Friedan, 1993). At

her 30th reunion, Sarah did not “get any of that discomfort at all” because many of the women had continued their education and some had even earned doctorates.

Christina also commented on what it was like for women of this generation: “Looking back in that era, there weren’t any options open to girls. . . . I can remember never having had counseling in high school. . . . Nobody ever said . . . you ought to be able to do this or this. . . . You will get married and have children and that was the end of the discussion.” Later, in the interview, she added: “All of us in the 1950s had to make great sacrifices in order to do these degrees.”

Ruth, Elizabeth, and Christina mentioned the alternative career choice for women of this era, that is, teaching. Ruth stated that she went into nursing to avoid teaching. Elizabeth considered being a physical education teacher but thought they were too tough, and she did not see herself attending college. Similarly, Christina had thought about being a Latin teacher but “realized there was no way I could go to college” and remarked that she was glad she did not “because there wouldn’t have been anything I could have done for the next 40 years.”

### **Aging: Aging and Fatigue**

Aging was talked about by the women in close relation with health, energy levels, and the effects on their personal and work lives. Bateson (1989) and the women she interviewed related to the aging process: “As we get older, we increasingly must worry about conserving energy, avoiding fatigue, and jet lag,

and stress, caring for our bodies and our minds instead of spending them carelessly, so there will be more to give.” This quote mirrored the voices of Ruth and Christina.

Christina concurred with Bateson’s (1989) quote: “I don’t produce as much. I don’t have the energy any longer. I have always been 150% producer and I am now down to what I would consider 75%,” about which Christina feels “horrible. . . . It is really awful. Part of it is that I am in my late 50s and . . . probably some of it is from my asthma.” Ruth, who also has asthma, echoed Christina’s thoughts: “One of the disappointing things for me in growing older is having less energy. I used to just add things when I wanted to do them and eventually get things accomplished . . . and I can’t do that anymore; it’s hard to let go.”

Christina and Ruth voiced concerns about being able to continue teaching in the acute clinical setting because of fatigue. After clinical, Christina said: “I am dead, I absolutely can’t do anything those evenings; . . . it is physically difficult.” For Ruth, clinical is “becoming physically kind of hard for me to keep up. . . . If I do clinical, then I need to let some other things go, which has always been hard for me to do. . . . My most rewarding teaching is doing clinical.” Christina tried to sustain her stamina with exercise but stated: “It seems like the lack of energy is going faster than the exercise is maintaining.” Ruth is “steering” her teaching responsibilities in order to conserve energy by switching to less physically demanding clinicals such as taking beginning students to a nursing home where the

pace is slower; thus, she is able to do clinical yet have “energy to . . . keep up with doing some research.” Reports of fatigue in nursing faculty are found in the nursing literature, as related to role strain, but is not specifically linked to aging and associated health problems (Dick, 1992; Lott et al., 1993; Mobily, 1991).

### **Aging: So Many Things, So Little Time**

A related aspect to aging is that these women have been in academe for approximately 20 to 30 years. They have more skills than less experienced faculty, and they have proven their responsibility. As a result, they are called on more often “to do those things even though you are at a period of time when you are able to do less in terms of overall things,” according to Christina. Ruth concurred with Christina and, along with Mary, also related it to being in a rural setting with fewer people to perform several jobs. Ruth stated: “We end up being a jack of all trades and you take on responsibilities that you don’t necessarily care about because you’re maybe the only one who can do them.” In addition, Christina said that there are “so many other things that I haven’t done yet that when something interesting comes by I don’t want to say no.” Christina also stated that each time she returns from a conference: “I come back with 20 other things I want to do quick before I retire.”

**Aging: Balancing Conservation of Energy  
With Responsibilities and Exciting  
Things Left To Do**

Christina believes that she is the one responsible for achieving a balance but must be careful about saying no within the organization or “then my yearly evaluations wouldn’t look good. . . . I have to be very careful not to take on more things than I know I can do [or else] what always suffers is my recreation and my personal health.” Christina has “gotten real good recently in the last 10 years” at analyzing projects for importance and the impact that the work will have on her health. For example, in the past: “If I had a report [that] had to be done tomorrow morning, I would stay up all night to get it done. . . . I started saying, now wait a minute, what is this going to do to my health and the rest of the week. You learn some of those things when you face your own mortality and . . . health going down.” She further described how her nursing colleagues will schedule classes and meetings back-to-back without lunch or exercise breaks and how she views this as “an unhealthy situation” and “not for me.”

Ruth is creating a balance by “trying to focus . . . on those kinds of things that I really like to do. I’m doing what I like because my energy is becoming really limited because of health problems and aging.” She said that doing what she likes or “what turns you on” makes “the rest of the things” she is not interested in but has to do “palatable.” In addition to creating a balance at work, Ruth is “taking much better care of my health than I was when I was younger.” She wrote in her life-path diagram: “With medication, therapy, and adoption of a

more healthy lifestyle [nutrition, exercise], I am now feeling better than I ever have.” Ruth’s dog also plays a role. That is, she walks: “Even if I don’t feel like getting up, she’s there to.”

### **Aging: Reaching Students**

Christina, in her interview, and Ruth, in follow-up correspondence, acknowledged problems with undergraduate students because of the age difference. Christina stated: “I’ve had more difficulty reaching students the older I’ve gotten.” She is unsure why this is true but has found that it “gets to be a little bit more difficult each year.” Christina speculated that perhaps it is due to students viewing older faculty as mother or grandmother figures and, thus, authoritarians or disciplinarians rather than colleagues or teachers. Ruth attributed it to ageism. Friedan (1993) cited quotes from men and women nearing the traditional retirement age who indicated similar experiences between younger and older persons in which the older persons believe they are invisible or repulsive to some younger people.

### **Aging: Aging Relatives**

Ruth described assuming a new caregiving role because her family also was aging and experiencing declining health. Sukey also was concerned with her husband’s failing eyesight and how this would affect their life.

### **Retirement/Recycling**

All of the women, except Jan, spontaneously included retirement in their life stories or addressed it when asked about their plans for the future. Their

responses are as varied as their life stories. In her life-path description, Mary stated: "I am not going to retire until I win the lottery." She further reinforced this statement in the interview: "I never want to retire. . . . I feel like if I were falling behind younger faculty, then I should retire." Sukey said that her husband "wants me to retire so we can go on trips and things and I think it will be nice, but I want to be sure that the children are stable before I stop bringing in a good income." Also, Sukey is concerned about keeping her health insurance until issues are settled with the Veteran's Administration.

Sarah stated: "My husband is itching to retire and I am not really ready. . . . [He] is quite content that we will not retire at the same time." Even though she is not ready to retire, she is beginning to think and plan about it. Her concerns are how she will be able to remain connected to her profession and stay intellectually stimulated. She is worried that "there won't be so many well-educated women my age. . . . I need a certain number of people in my life that share my interest." Finances are also a factor in her decision to retire; that is, Sarah is not "going to retire until I have enough retirement funds that I can continue to hire the help" with the housework. She also is considering where her children will be living and their needs of her such as child care.

Elizabeth explained: "We don't ever really retire." She stated that second careers are encouraged for the sisters and that they recycle into activities such as projects in South America, the inner city, people with AIDS, and abused women's shelters. "I probably see myself working another 10 years . . . retiring from

craziness when I'm 65 or 66, and then do some kind of consulting or writing . . . recycling into something that would have some academic bent [and] doing something hands-on with the poor."

Ruth is trying to "lay back" and figure out what she wants to "do when she grows up" before she retires: "I pretty much decided I would stay with teaching because I am so work oriented, at least until I'm 65." Another concern is: "I really did not do a good job on financial planning. I'm realizing that now as I look at retirement. I think what has kept me here is the realization that I need to build up that nest egg."

Christina is planning to join her retired husband in 4 years and said: "I can't wait to retire. My friends think I won't be able to retire . . . but my husband and I have so many things that keep us busy." She plans to "carry a caseload of dementia families for consultation support case management" and help her husband with his business. In addition, she wants to write a book, possibly one on poetry, and take some classes such as in geology.

The term "recycling" was included in the title of this section because it could easily replace the term "retirement" based on the plans the women had for the future. In some form or another, all who talked of retirement had plans for contributing to the world, some related to nursing/nursing education and others not. Other nurses nearing retirement also were reluctant to be "put out to pasture" (Copp, 1993, p. 125). The plans of the 6 women nearing retirement age are similar to the women Bateson (1989) and Friedan (1993) described, who are

continuing their life's work in their profession and/or have identified a new commitment while maintaining commitment to their relationships.

Friedan (1993) suggested that women, such as the women in this study, may be better prepared than men to enter retirement. Friedan's synopsis of the literature, as well as her own research, indicated that women, who have experienced changes or discontinuities in their lives and who have had to balance changing and multiple-life responsibilities such as career and traditional female caretaking roles and reinvent their lives, will be more successful at reinventing yet another era in their lives. This lifestyle "strengthens women for age" (Friedan, 1993, p. 151), giving them "greater flexibility and resilience in age" (p. 149). This finding supports Bateson's (1989) view that women's multiple fresh starts and stops or zigs and zags in life should be viewed as assets. Comparatively, men and women, who have followed the traditional linear career trajectory, are projected to have more difficulty with the transition of aging and retirement, as suggested by the disproportionate numbers of elderly men who commit suicide and the earlier age of death for men as compared to women (Friedan, 1993). However, Friedan provided examples of men who were able to develop new commitments, renew relationships, and establish new ones after the loss of their life-long predominant connection to a career.

### **Rural Life**

Rural culture was a theme that emerged from within the women's stories. The women's experiences with the rural culture included growing up rural,

decisions to move to a rural area, and personal and work-related experiences within it. Sarah stated that she “was raised very rural” as a daughter of a forest ranger. After living in large metropolitan areas for most of their married lives and following a temporary move to a rural area, Sarah and her husband decided to seek a university in a small town. She emphasized the reason for this decision with an example of a typical day for her in the city: “By the time I got to work, I had been in the car for 3 hours solid, and I thought this is not how we run a dual-career family.” Finding a town that had a research university with departments for her and her husband “was almost impossible,” but they were both able to find jobs where they still teach. She stated that “moving here was really helpful,” particularly with her dyslexic son: “It would have been more difficult had it been in another setting. There is a lot to be said about a small town for raising adolescents. . . . You can pretend to give your children a lot of freedom, but there really isn’t anything they can do . . . that you won’t hear back about.” Sarah and her husband originally “thought that after the kids had grown that we could go move back to the city but by then we had no desire to move back. One of the nice things about living in a smaller city is that it doesn’t take near as much of your time to negotiate your daily activities.”

Issues related to teaching in rural areas were brought forth in the life stories. One of these issues was talked about by Mary and Ruth. That is, because there are fewer people to perform the required jobs, they must perform a lot of work, as mentioned in the age section. Christina described one difference between

teaching in a rural versus an urban area: Everyone knows everyone else. For example, she was discussing a patient assigned to a student, and the student informed her she was her grandmother. Thus, confidentiality/anonymity is an issue that is difficult to deal with because “everyone is related to everyone.” Lack of interdisciplinary colleagues was a problem for Christina, which was discussed under professional networking. Christina found: “It’s hard to keep intellectually stimulated” because of this and also because of the local people’s lack of experience outside the state. “You don’t find that there is a lot of vision, and excitement, and infusion of ideas, other ways of thinking and looking at things, and behaving, and that’s a problem.”

The lack of diversity in the rural culture or cultural homogeneity was also a problem for Christina. She and her husband miss the different cultures: “I’m so hungry for the cultures!” Despite these factors, Christina and her husband have proven their friends wrong who predicted that they would not last in a rural area: “I wasn’t here 6 months until I knew that this city was too big for me. . . . We really enjoy the rural environment. . . . We wanted to move from the crime/stress scene the city had become.” They enjoy outdoor activities that the area offers and recently purchased a cabin in the mountains, which has no modern conveniences and which Christina describes as her stress management influence.

Sukey and her husband also decided to move West so they could be active in outdoor activities and near national parks. Similar to Christina, Sukey reported religious homogeneity in the rural culture particular to her area. One religion

dominated the rural culture and significantly affected Sukey's life, which is evident by difficulties she described in raising children in this environment.

The weather of the Northern rural states was also an issue regarding teaching; that is, many of the women's teaching jobs required commuting. Christina told a humorous story about her first "big snow storm" through which she was able to travel when others were not because "because being stupid sometimes helps an awful lot." That is, she had never driven in snow before and did not know the difference between a big snow storm and a little one. She stated that to work in this area "you have to not mind a car and you can't be afraid of weather." Ruth added that commuting had been "the story of my life since I've been on faculty here." Jan also discussed weather as an issue for commuting, but she listed it as one of the things she did not like about her job because "every day of my working week I have to be concerned about the weather . . . whether . . . the students are going to make it . . . or am I going to get there." In order to assist her with the commute, she bought "a used suburban which is a big old tank. . . . I can dig through most of the snow with that." On one occasion, Jan had to commute 180 miles one way, once a week, to teach at a satellite campus. Both Jan and Christina stated that that administration is very supportive regarding the inability to travel because of weather. Jan stated: "I don't go unless I absolutely have to if the weather is bad." Jan added that, when possible, they also hold teleconference meetings in order to minimize travel.

Elizabeth stated: "I'm not a rural person by my upbringing." She described her first trip West as a young nurse: "I thought I was sent to the end of the world. . . . Going West was like going . . . to China. . . . I cried all the way. I was there about 10 days, and I had fallen in love with the West." Since that time, other than a hiatus to obtain her master's degree in the Eastern part of the country, Elizabeth has lived in the West. Because of where she teaches, she has become involved with rural nursing theory and "took that rural nursing bull by the horns" and developed it. She currently is considered an expert and has been invited to sit on committees and to make presentations. She acknowledged that she has proven that research can be conducted in a rural area, which has taken a significant amount of work.

### **Other Themes**

#### **Violence**

The theme of violence was noted in some of the participants' stories, which corresponds to violence as a form of backlash in women's lives evident in the general literature (Eisler, 1987; Faludi, 1991; Women's Action Coalition, 1993). Sexual violence among some of the women in the present study was the prevailing type of violence. For Jan, sexual abuse as a child by her father was a major theme throughout her life story and has significantly influenced all aspects of her life: "I battled with depression for a long time. I also spent my life trying to please people and do what was right . . . irregardless of what the cost was to me." Jan stated that, because of these experiences, she is very open and supportive and does

not judge her students. She also teaches students not to judge their patients, reminding them that they never know what those patients (and for her a student) have been through that is contributing to their behavior.

For Sukey, sexual violence was rape as a young nurse in the army; she was raped by a military man she was dating: "I never thought it would happen to me who always refused sex 'cause I thought you had to wait until you were married, so I was very ashamed."

Christina described an experience involving an attempted rape as a young "naive" woman who had trusted an adult male who was her chaperon on a posthigh school trip: "I never told a soul because I was so scared. . . . He said, 'I'm going to tell them that you initiated it. . . .' I thought I would never get into nursing school." Christina also reported violence in her first marriage: "He had really physically abused me, which probably had brought on the miscarriage." Her experience with depression following this marriage and the treatment she received have made her more empathetic with patients.

Sarah described a confrontation of violence "as close to a war zone as I personally would like to get" when national guardsmen, during the Vietnam War, blocked her walking on a sidewalk and pointed guns with bayonets: "I was pregnant at the time. . . . I had a big tummy. I was all by myself. How threatening could I have looked?" Mary experienced a different type of violence involving emotional abuse as a Japanese child during World War II that gave her an "inferiority complex. . . . All the White people really got scared . . . came

and searched our house . . . took away our radios . . . cameras. . . . I can remember them doing that to my mom and dad. . . . I will never forget it . . . a very traumatic time in my life.”

Even though each of the women’s experiences with violence was unique to them, similarities were evident. The perpetrators of the violence were all male (except in Mary’s case) and/or figures of authority and trust in society. Also, the women were unable to talk about the violence at the time it occurred because of shame, fear, and lack of a sympathetic audience, and, perhaps, because such issues were not socially acknowledged then as they are today.

### **War**

Even though not a theme in particular and closely related to violence, war, specifically World War II, the Vietnam War, and Desert Storm, was included in 4 of the women’s stories. Ruth, Elizabeth, and Christina did not discuss war, although Christina’s first husband was in the military. Mary’s experiences with World War II were presented in the section on violence, as was Sarah’s experience on the home front with the protests of the Vietnam War. Jan mentioned that her husband was injured in the Vietnam War, and later alternative treatment of this injury had led to her current research interest.

Sukey is the most prominent woman in this group on the issue of war. She lived both of the roles that Eisler (1987) described women historically performing during times of war such as helpers of men who participate in war and actual participation. Her early life as an Army wife was constantly influenced by her

husband's career. She talked of his involvement in the Vietnam War in comparison with her experiences in Desert Storm and how they both came to understand each other when the roles were reversed: "It does get difficult. . . . When you have little children and your husband goes overseas, you feel real put upon. I always felt that I got the worst end of the deal, and it wasn't until I went as a soldier that I realized the worst end of the deal was being pulled away from your home and your country." Also, her husband did not talk much to her about his experiences, but: "I think he has talked more since I came back from Saudi Arabia than he ever talked before." Sukey continues to be affected by her participation in war. She is experiencing health problems that resulted from serving in Desert Storm and that limits her physically: "I am very tired and very fatigued right now."

### **Racism**

Racism was another theme common to some of the women's stories. Again, Mary's story, included in the section under violence, exuded evidence of racism of the era. Another reflection of racism in a different point in history were the stories of Ruth, Christina, and Sukey. Because they entered careers in the late 1950s and early 1960s, their stories reflected discrimination against Blacks. Ruth recalled her first experience with racism when she moved from a Northern rural state to a Southern state: "I was so naive. . . . When I saw a laundromat that said 'White only' on the front of the door, I thought it meant linen."

Christina recalled her experience with segregated care in hospitals as a student:

We had . . . Black buildings, and nursing students were not allowed to work there. . . . [Her class] got aggravated . . . [and] made enough noise. . . . We were the first class to go work on the colored unit. The trays for the breakfast and lunch and dinner to the White floors had white paper doilies on them and nothing to the Black families. One of the most interesting things was the Black mothers on the OB unit . . . was in the attic . . . was in a great big huge single room that held about 12 to 15 mothers' beds. . . . They just threw the bassinets in the room next to the moms. . . . It was rooming in, but nobody knew what it was. . . . The older women teaching the young Black women. . . . [The intention was that] the Blacks deserved to be all together up there in the big hole of an attic; [however,] all the education went on right there at the bedside. . . . They did real well.

Sukey also had a similar experience during her first job in the same state in which Christina was a student. She and other new graduates were assigned to the "segregated floor and I had not seen that" in the Northern state in which she was a student: "That was sort of traumatic. . . . If the care was different, it was because we were not as good at it as somebody who had been working for a while." She also described the segregation of the blood supply. Sukey again experienced racism later in life. She was a friend to a Black couple who could not find housing because of their race. She also recalled seeing the Ku Klux Klan burning and having "our car . . . rocked back and forth" at a local drive-in she attended with her Black friend. She later performed "a lot of work in schools and . . . in the army . . . talks on racism."

### Summary

In summary, the results presented in Chapters IV and V described the life experiences and life paths of 7 women nurse educators, thus answering the main research question and subquestions. In Chapter IV, each life story was presented, illustrating the uniqueness of each woman's experience and facilitating an understanding by the reader of each woman's life path. In Chapter V, emergent themes common to most or all of the women were described and discussed, including how they related to themes found in the limited literature on women's lives.

The second subquestion asked if the life experiences of this group of women reflected the influence of gender of the dominant culture and the nature of the influence. The results in Chapters IV and V indicated that some of the themes that emerged from the women's life stories were related to issues that the literature identified as significant in other women's lives and were considered to be gender issues. However, gender was not an emergent theme nor was it identified by the women as the underlying cause of, or even related to, the themes (with the exception of a few examples). Possible reasons for this may be that the participants have always worked with mostly women in a traditionally female profession, their age cohort, their lack of education or belief in feminist views, or the research design itself.

For example, the women in this study did not have difficulty finding mentors, networking, and receiving administrative and collegial support. They

also did not report sexual harassment or gender-based communication problems that women educators in other fields reported, perhaps, because they work with a majority of women compared to women in other fields in which they are the minority. However, 2 of the women gave examples of being treated differently by men from within the greater university setting because they were women. In addition, 1 woman told of two incidents involving a female administrator. She was not supportive when the participant needed to be in a caretaking role and another time chose to do what is considered traditionally female work (housekeeping chores). This example was the only one provided by the women that mirrors equal opportunity feminism within nursing education. Unlike the women in the literature, this group did not report that role strain from multiple responsibilities was a current issue, which may be due to the fact that all were 40+ years old, relationships had evolved to a comfortable level, and they no longer had small children to care for.

Another possible reason for dissimilarities between the nurse educators and the women in the literature is the lack of education or belief in feminist views, which may have influenced the way in which the women told their stories. However, it also is possible that the women are aware of gender issues, but they simply are not a major issue or part of their past, present, or future. Further, they were pioneers; that is, not many women from their age cohort obtained advanced education. Perhaps their efforts and energies were focused on these accomplishments but not on analyzing the events surrounding them such as gender

issues. Also, as Christina mentioned, most of these women were postdepression babies. Their lives reflected the work and education ethics from this era, which emphasized the expectation of hard work such as multiple roles, the importance of having a job and appreciating it, and associated stoicism.

Finally, another reason may be related to the research design itself. Specific questions related to gender were not asked in order to avoid influencing the participants. However, if specific questions had been asked regarding gender issues, as some researchers have done, the women may have acknowledged the importance or nonimportance of gender issues in their life experiences (Clark & Corcoran, 1986; Sandler & Hall, 1986). In addition, if more than one interview was conducted over time, perhaps the women would have recalled more examples of the influence of gender because, as some participants stated, the way they told their story was influenced by the timing of the interview. Furthermore, after reading their life stories, they acknowledged that they had omitted some important parts of their lives in the first interview, later adding information through correspondence.

Chapter VI includes a discussion on the implications of this research for nursing, particularly nursing education and nursing education administration, and suggestions for future research.

## **CHAPTER VI**

### **IMPLICATIONS FOR NURSING AND SUGGESTIONS FOR FUTURE RESEARCH**

Chapter VI addresses the implications that this research has for nursing, specifically the nursing education administration and nurse educators. In conclusion, suggestions for future research are presented.

#### **Implications for Nursing**

##### **Nursing Education Administration**

The paths that the women took were not the traditional linear model, that is, selecting a career and proceeding with that career trajectory as the main goal. These women had multiple life responsibilities, and they made choices that involved not only themselves and their commitments but also choices that were influenced by their relationships. Administration needs to recognize individual variations and to be flexible in providing opportunities for faculty to achieve professional goals, including advanced degrees and promotions, as well as understanding that there may be starts and stops, zigs and zags, in meeting the traditional criteria for advancement in academe. This recognition can be accomplished in ways such as supporting flexible teaching and office hours, adjusting teaching and committee roles, acknowledging personal caretaking

responsibilities, and offering emotional support. University standards for the time allowed for completion of the doctorate, promotions, and tenure could be extended in order to accommodate women's life responsibilities, as well as men who may be assuming more androgenous personal roles. This flexibility will result in the productivity and creativity that Bateson (1989) suggested come from women's "multiple commitments and multiple beginnings" (p. 17). Furthermore, as suggested by the women in this study and those in the literature, administration support is important for faculty regarding retention, reducing role strain, and maintaining an overall sense of well-being.

Similar to nurse educators in the literature, the women of this study earned their doctorates at an age greater than other disciplines, thus adding another role to their already multidimensional lives (Ryan & Irvine, 1994). As mentioned, ideally the administration should alter faculty members' responsibilities; then they could pursue a degree, as was done for 1 of the women in the present study. However, with the tightening of nursing schools' budgets, the flexibility of workload required for faculty members pursuing an advanced degree may not be possible. Then it would be beneficial for the administration to hire faculty who have doctorates and to encourage nurses to pursue their advanced degrees before taking faculty positions. This process would minimize the problem of role strain from multiple responsibilities and would decrease the need for administrative concessions.

The issues of aging shared by the women in this study have implications for the administration and are reflective of the trend in higher education in which a

significant number of faculty is nearing retirement age (Brooks & Shepherd, 1989). First, faculty responsibility for projects such as the National League for Nursing reviews, committees, or curriculum changes should be shared among new and seasoned faculty to prevent overloading and repetition of assignments to the more experienced faculty. Experienced faculty should be encouraged to seek, and be offered, new and varied opportunities. Second, some aging faculty may be physically limited and need to have flexibility in clinical assignments. However, despite limitations from aging and health problems, seasoned faculty have the potential and desire for making creative contributions to nursing education (Brooks & Shepherd, 1989). They have years of experience, and, even if retired, they can serve as mentors or consultants (Copp, 1993) or assist with teaching to offset the anticipated future shortage of doctoral-prepared faculty (Ryan & Irvine, 1994). These suggestions are not meant to be used universally without recognition for individual variances but to bring an awareness of the possibilities of these issues for all aging women nurse educators.

### **Nurse Educators**

Implications of this research, specifically for nurse educators, are as follows. The seven unique life experiences and the commonalities among them can serve as models for other nurse educators who are looking for guidance and validation. In addition, nurse educators have the responsibility to share their stories with others, including students, thus making models available. Nurses interested in pursuing a career in education should read this research and talk with

nurse educators, thus enabling them to be more informed about the expectations of the faculty role. These nurses may want to complete their advanced education before accepting a faculty position. Finally, an additional way to add to the knowledge of nurses' lives, including nurse educators and at the same time introducing students to nursing research and history, would be to have them conduct life-history interviews as assignments.

This research provided numerous examples of faculty supporting faculty in professional and personal endeavors. However, a few examples of nonsupport were found. All nursing faculty need to be aware what is transpiring in the lives of their colleagues, as well as their students, and offer them support in times of need. In addition, examples were provided in which the participants described how they took care of themselves, thus avoiding caring for others and meeting the demands of others personally and professionally at the detriment of their own health and well-being. Scheduling meetings and courses should be done to encourage faculty and students to live a healthy lifestyle. Faculty support groups limited to nursing and perhaps interdisciplinary in nature would be a forum for women to vent and discuss life issues. Furthermore, if, as Jan speculated, nursing tends to have people who grew up as caretakers and may have a tendency to care for others at their own expense, then nurse educators need to include this topic in basic nursing education courses. In addition, faculty discussions are needed in this area, not only discussions on the day-to-day changes that could be made within nursing but more encompassing issues such as the multiple demands of the faculty

role, gender discrimination, and the need for system changes within the university, higher education, and nursing education as a whole.

Finally, one of the significant contributions to nursing that this study intended to make was to provide information on the effects of gender on the life experiences of women nurse educators. This contribution was believed to be an issue based on a review of the literature about women in general and women in higher education, as well as nursing's inherent relationship to the female gender in contrast to the androcentric environment of higher education. However, as discussed in Chapter V, the influence of gender was not a significant theme in the life experiences of this group of women. However, based on nursing's history and the remainder of the literature, it is recommended that nurse educators be aware of the issues of gender as it affects their lives and include gender as an issue in the education of future nurses. Similarly, based on the incidence of violence described by the women, issues of violence also need to be included in nursing curriculum.

### **Suggestions for Future Research**

This research was meant to be a beginning in the quest for more knowledge about women's lives, in general, and women nurse educators, in particular. The results of the interviews with the 7 women offer a glimpse into the lives of women as a whole, and the life stories will support other women in the process of composing a life. However, significantly more research is needed so that the diversity of women is represented, as suggested in the guidelines for successful feminist research. Efforts to research as many women with as many different lives

as possible will enrich the knowledge base of women's life experiences with diversity yet, at the same time, strengthen it with common threads.

In order to realize this guideline for diversity in feminist research, it is recommended that participant selection for future research be focused to include the following. Because the entire population of nurse educators includes approximately 0.3% Native American, 1.6% Asian American, 5.9% African American, and 0.9% Hispanic American, efforts to recruit women for life-history research from these ethnic groups is essential (National League for Nursing, 1993). Women nurse educators from urban and rural areas in various regions of the United States and internationally should be invited for life-history research.

Various age cohorts also should be included in future research. Younger nurse educators with life responsibilities, social influences, and trends in nursing such as funding for education that are different from the age group of this research may offer varied insights and have further implications for academe. However, more similarities than dissimilarities may be found among different age groups, as was the case in Elgqvist-Saltzman's (1988) study. Additional life histories of the same age cohort as this study would support this research, as well as women such as Sarah who indicated in her life story that there is little information in the literature that addresses the issues she and the other women were facing such as the retirement of married, professional women. In addition, it would be interesting to focus on women 50+ years old to gain an understanding as to what was involved with motivating this group of women to begin and to continue their

education and careers, even though this was not the social expectation for women of this age cohort.

All of the women in this study were in heterosexual marriages or committed to a religious order. However, nurse educators have many different lifestyle choices. Therefore, it is essential that future researchers specifically invite women who are in homosexual, nontraditional heterosexual, and religious relationships in order to provide pictures of the diversity that exists among women nurse educators. Also, such research will provide models for other women who are living similar lifestyles.

The women in this study seemed to have accepted and incorporated the enormous work requirements of being a nurse educator and woman into their lives. None of them was adamant about criticizing the system within which they worked. An interesting comparison would be to interview doctoral-prepared nurses who had taught in academe but had left. Such research might enlighten the administration, facilitating changes that would promote recruitment and retention of nurse educators.

In order to add to the diversity of what is known about nurse educators, future research could include men. As with women nurse educators, there is a void in the nursing literature about the life experiences of men nurse educators.

Different research designs could be used to elicit assorted information. For example, specific interviews addressing only the effects of gender in women's life experiences, rather than complete oral histories, might bring to light more specific

information about gender such as why the women nurse educators in the present study differed from women nurse educators in other fields. Such research may reveal that the women had more similarities than discovered in this study. Another idea would be to establish focus groups that included nursing and nonnursing women educators in order to understand better the differences, if they exist, between nurses' and nonnurse educators' life experiences.

Another example of the potential of using a different research design would be to continue to use the oral history approach but to conduct more than one interview over time. This process would further support the reliability of the data because, as 1 participant stated, after reviewing the results 4 months later, one issue of prime importance at the time of the interview was no longer as encompassing as it had been. However, it may be inevitable that the effect of time in determining the essence of each woman's life story and the themes that emerge will be as changing as the dynamics of her life.

### **Conclusion**

The research presented in this dissertation successfully explored, described, and interpreted the meaning of life experiences of 7 doctoral-prepared women nurse faculty in baccalaureate programs in institutions of higher education. Seven women generously donated their time and trust to share their lives. These gifts, filled with honesty and emotion, are deeply appreciated for the insights provided. Perhaps such openness will encourage other women and researchers to tell the

stories, formally or informally, of a group in society that has been silent for too long.

## **APPENDIX A**

### **LETTER OF INVITATION**

Dear \_\_\_\_\_:

You are invited to participate in a research study that will add to the limited literature on women and their life experiences.

I am a doctoral student in nursing at the University of Utah. I am conducting a qualitative study for the purpose of exploring, describing, and interpreting the life experiences of women nurse faculty in higher education.

Participation will involve completion of a life-path diagram and a face-to-face interview. You will be asked to draw a diagram that will outline the chronological order of your life. You will mail this diagram to me prior to the actual interview. The interview is a nonstructured life-history interview, during which you will narrate your life, beginning from approximately the age of 18 to the present. Anticipated time for the face-to-face interview is approximately 2 to 3 hours, although no time limit will be set. Finally, I will conduct a short follow-up interview, either face-to-face or by telephone, for the purpose of clarifying and validating the analysis of the data.

The results of the study will be published in a dissertation and will be used for presentations and future professional journal publications. Confidentiality and anonymity will be maintained. You have the right to withdraw from the study at any time without consequence.

Please complete the enclosed life-path diagram and return it in the self-addressed, stamped envelope. Upon receipt of the diagram, I will phone you to arrange an interview date. If you have any questions, please call me at (801)355-2755.

I look forward to meeting you. Thank you!

Sincerely,

Kathleen M. O'Dell, RN, MSN

## **APPENDIX B**

### **LIFE-PATH DESCRIPTION**

On a piece of paper please describe your life path. Start with approximately the age of 18, continue to the present time, and then to the future, if you so choose.

Please include all events in your life that you deem as influencing your life path and the dates of these events. Include feelings you experienced, factors that influenced the path, and any other comments.

You may draw a diagram, write a narrative, or be as creative as you want.

The purpose of the life-path description is twofold. First, it will help prepare you and me for the interview, and it will be used to guide the life-history interview. Second, it will provide data about the developmental sequencing of women's lives and factors that influence them.

## **APPENDIX C**

### **CONSENT FORM**

The purpose of this qualitative study is to explore, describe, and interpret the life experiences of women nurse faculty in higher education. Agreement to participate will involve completing a written description of your life path and a face-to-face interview. The audiotaped interview will last for approximately 2 to 3 hours. A 10- to 20-minute follow-up interview, face-to-face or by telephone, will be conducted. New information will be provided to you by telephone or through the mail.

If you agree, you will be 1 of 8 to 10 women included in this study. Participation is voluntary, and you have the right to withdraw from the study at any time or refuse to answer certain questions without repercussions. The researcher reserves the right to withdraw subjects from the study. Confidentiality and anonymity will be maintained by using pseudonyms; thus, only the researcher will know your identity and will have access to the audiotapes, which will be destroyed after transcription. Results will be published as a dissertation, as well as later in professional journals. There are no costs to you, and you will not be reimbursed for participation in this study.

Risks include the potential for identification of physical and emotional needs of the participant. The researcher will assist you from the orientation of both another woman and as a nurse within her scope of expertise. If more extensive care is needed, you will be referred to your health care provider. Possible benefits include personal rewards from reflecting on and discussing your life such as enhanced self-esteem. Benefits to society, in general, include contributing to the literature on women's lives, which currently is insufficient, and providing support, validation, and life models for women in general.

You can contact the researcher, Kathleen M. O'Dell, at (801)355-2755, 24 hours a day for any questions regarding the research. If you have questions regarding your rights as a research subject, or if problems arise that you do not believe you can discuss with the investigator, please contact the Institutional Review Board Office at (801)581-3655.

My signature below indicates that I have received a copy of this form and acknowledges my informed consent to participate in this study.

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Participant

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Date

---

Witness

---

Date

## **APPENDIX D**

### **INTERVIEW GUIDE**

The participant will be asked at the beginning of the interview to start by briefly describing her family life and any events that significantly influenced her life before the age of 18. Then she will be encouraged to narrate her life events, referring to the life-path diagram, as needed, and elaborating on these events and others that have come to mind since making the diagram. There will be a nominal interruption by the interviewer.

The following questions will be used as probes or to guide the interview if the woman has difficulty narrating her life. However, these questions will be used minimally in order not to influence what the woman talks about. Certain questions may be used at the end of the interview at the discretion of the interviewer. The questions were derived from the pilot interview and the literature.

What do you see as major/important accomplishments?

Have you had any major turning points/awakenings in life that drastically changed or made a major impact on your life?

Describe your health. What affects it? What would you like to change?

Who have been the role models in your life? Who are you a role model for?

Describe yourself.

What recreation do you enjoy?

How do you create time/space to meet your needs?

Who nurtures you?

Describe the role spirituality plays in your life?

What changes have you noticed in yourself as you age?

Who do you turn to when you have a problem?

What traditions are important in your life? How do you maintain them? Who in your family is responsible for maintaining traditions?

How are decisions made at home? How do you settle disagreements at home, and what are they usually about?

How would you describe your relationship with other women?

If you had a choice of all the jobs in the world and you could go back and receive the training, what type of work would you choose/have chosen to do?

What would you do differently in your life if you could go back and make changes?

What have been the happiest/most rewarding times of your life? What have been the least rewarding times of your life?

What future plans do you have for yourself? Children?

What changes have you seen in your lifetime regarding women's status, nursing, and nursing education?

What world events have influenced your life?

Have you ever been refused a job, special project, or promotion because you were not friendly enough to a man or woman boss who was personally interested in you?

What was the best job you ever had and why? What was the worst job you ever had and why?

What role has/have your significant other(s) had in your career?

Do you remember reading anything, seeing a movie, or meeting someone special that influenced your life dramatically?

How would you describe your socioeconomic status? Race? Culture? Religion? How would you like me to describe your age?

What do you believe is the most joyous part of being a woman?

What do you believe is the most difficult part of being a woman?

What does success mean for you?

Problems with communication (significant other/colleagues)?

Is there a "mainstream" career role/progression where you work?

Has being a woman ever interfered with your work?

Can you give me an example of a time in your career in which a boss or coworkers covertly/overtly made you feel like your personal life choices interfered or would interfere with your career?

Tell me your feelings regarding the financial rewards of your job.

Who acknowledges your accomplishments?

## **APPENDIX E**

### **FOLLOW-UP LETTER I**

September 28, 1995

Dear \_\_\_\_\_:

Hello! Enclosed is a copy of the first draft of your life story. I am sending it to you for your input. I am particularly interested that, first, it represents the story you told in the interview, and, second, that it maintains anonymity to your satisfaction. Please feel free to add or delete any information that you believe is necessary to provide an accurate, yet anonymous, picture. Finally, I would like you to indicate, on the top of the first page, the name you would prefer used in the story; this can be your real name or a pseudonym. Please return it as soon as possible. I am currently working on writing the results of the qualitative analysis. I will edit this section when I receive your comments on the life story and then return both for your feedback.

I found your life story, as well as others, fascinating and am enjoying the process. I sincerely appreciate the time you took last summer for the interview, as well as your time now for this important feedback. I look forward to hearing from you. If you have any questions, please call me at (801)355-2755. Thank you!

Sincerely,

Kathleen M. O'Dell, RN, MSN

**APPENDIX F**

**FOLLOW-UP LETTER II**

November 8, 1995

Dear \_\_\_\_\_:

Please find enclosed a draft of the results section of my study. I am sending it to you for the purpose of obtaining feedback regarding your response to my interpretation of the data from the interviews. That is, do the categories or themes fit or reflect what you have told me about your life? I realize this is time consuming, but your input would greatly support the validity of the study. Also, if you have any other feedback such as how participation in the study has affected your life or any other comments, I would like to receive this information.

You do not have to return the copy. I have enclosed blank paper for your comments and a return envelope. I plan to defend the second week of December, so, if possible, I would like to receive your response by December 1st.

Again, I am enjoying this research project and sincerely appreciate your willingness to participate.

Thank you.

Sincerely,

Kathleen M. O'Dell, RN, MSN

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