British Journal of Management, Vol. 15, 259–272 (2004)

Women and Part-time Work: The Careers of Part-time NHS Nurses

Nikala Lane
Warwick Business School, University of Warwick, Coventry, CV4 7AL, England
E-mail: nikala.lane@wbs.ac.uk

This paper examines theoretical explanations of the employment disadvantage experienced by many female part-time workers. Data from a survey of 643 qualified National Health Service (NHS) nurses is used to establish employment profiles of respondents. Employment profiles reveal that, contrary to many predictions, part-time female nurses do not 'invest less' in their careers than their full-time counterparts in terms of qualifications and experience. Neither are part-time nurses relatively 'uncommitted' to their careers compared to full-time nurses. It is found that the organizational context affects how opportunities are structured for part-time nurses. The management implications of the findings for the NHS are also considered.

Introduction

There is much evidence that part-time work is primarily performed by women and is also associated with low pay and reduced career opportunities. There is considerable divergence of explanation over the reasons for the employment experiences of part-time workers. Two competing schools of thought are evidenced in the literature on women's employment. Theorists are divided between those who argue that part-time workers' commitment to paid employment is different from that of full-time workers and those who do not. Hakim, in particular, argues that part-timers have only a minimal attachment to paid work as they prioritise domestic commitments over work. Part-timers seek out low-paid part-time work for its compensatory (non-career) advantages. In contrast, other theorists argue that whilst women are disadvantaged *per se*, part-timers experience the greatest degree of discrimination in the labour market. Gender-role stereotyping alongside structural inequalities in organizations results in part-time workers being concentrated into the lowest occupational grades across many professions (Fagan and O'Reilly, 1998). This is not the result of choice but is the result of the constraints experienced by female part-time workers.

In this paper the employment experiences of part-time National Health Service (NHS) nurses are examined. The following discussion on the inequality characteristics of part-time workers provides the background to the study.

The inequality characteristics of part-time work

Part-time work is a major element of employment in the modern U.K. economy. Estimates suggest, for example, the overwhelming majority of new jobs created from the mid-1990s onwards would be part-time (Dickens, 1995; Halford *et al.*, 1997; New Earnings Survey, 1999), and many major organizations have substantially increased their use of part-time employment contracts (Ellison *et al.*, 1995; Smith *et al.*, 1998).

However, it is also apparent that part-time employment is characterised by high proportions of low paid workers (Rubery, 1998, p. 143), and frequently such work offers scarce opportunities for training and promotion (Industrial Relations Services, 1995; Lane, 2000). Juxtaposed with

these unattractive attributes, from an employee perspective, is the fact that part-time work is highly concentrated into a relatively small number of female-dominated industries, such as services (Smith *et al.*, 1998, p. 36).

The issue of concern to us here is not simply the fact that part-time workers tend to be paid less, which might reflect lower skill levels or demand for part-time employment outstripping supply of such jobs, but that female part-timers appear to experience particular disadvantages (Smith *et al.*, 1998, p. 37). For example, while part-time employment has the highest proportion of low paid workers (New Earnings Survey, 1999), by 1992, 80 per cent of female part-time workers fell into the low pay category, compared to 50 per cent of full-time female workers. Similarly, it has been observed that female part-time workers have not achieved comparable increases in pay with full-time female workers (Dex *et al.*, 1994, p. 12).

Furthermore, it has been estimated that the pay differential between men and women increases substantially if female part-time earnings are factored into the calculation (Rubery *et al.*, 1993, p. 78). For example, female full-time hourly earning as a percentage of male full-time rates is approximately 77 per cent, but this falls to less than 70 per cent when part-time working is included in the comparison (Rubery *et al.*, 1993, p. 78).

However, increasingly it seems myopic and potentially misleading to conceptualise divisions in the labour market simply in terms of gender divisions. It may be that the most revealing comparisons are actually those between full-time employment and part-time employment (Rubery *et al.*, 1993, p. 13). However, as suggested in the comments above, there is a strong relationship between female employment and part-time work, which justifies attention to part-time employment as a characteristic of female working. It has been suggested, for example, that the polarisation of the female workforce mandates distinguishing between groups of female workers by employment type as well as occupational group (Procter and Padfield, 1999, p. 153).

The examination of employment experiences by employment type is not a new phenomenon. Hakim, in particular, has moved away from the more traditional male/female comparisons to theories of women's choices and work orientations. Hakim argues that different groups of women have different levels of commitment to paid work, and it is this rather than constraints, which determines women's employment outcomes (Hakim, 1996). Part-time workers, in particular, are regarded as having a lower attachment to work than full-timers. Hakim (1991) argues that part-timers should be excluded from studies on occupational job segregation as they have no commitment to, or investment in, paid work (Hakim, 1991, p. 115). These views contrast sharply with other writers who argue that women's choices need to be understood within the constraints in which they exercise these 'choices' (Dex, 1988; Halford *et al.*, 1997).

The current study examines a number of characteristics of female part-time workers. In particular, the question is raised: do part-timers invest less in their careers? If so, is this a key explanatory variable of their employment experiences? Conversely, it may be that other factors are significant, most notably organizational constraints.

The study is not intended as a direct critique of Hakim's work. Any such critique would require longitudinal data examining women's careers over a considerable period of time. However, examining certain characteristics of female part-time workers provides a starting point within the 'choices' and 'preferences' debate.

There is added value in the study also because the research takes the debate out of the arena of low skilled and low status jobs and applies it to fully qualified professional part-time workers. In doing so, it is unrealistic to argue that the respondents had a 'preference' for low status jobs. If this were true the respondents would not have invested in the number of years training and qualifying to become a nurse.

The problem with part-time workers

Hakim identifies women's polarisation into two broad groups of female workers – the committed: who are committed to their careers and, accordingly, invest in training, qualifications and so on, and reap the rewards of this by obtaining better paid jobs; and the uncommitted who do not invest in 'human capital' and demonstrate a 'preference' to work part-time (Hakim, 1995, p. 434). Hakim argues that only a small minority

of women 'choose' work as a central life activity. In doing so such women achieve higher grade jobs and earnings. In other words, women who have clear employment objectives and acquire the necessary skills for a given occupation are more successful in the labour market. These are to be distinguished from the 'family oriented' where work is of secondary importance. This group have a 'preference' for low status and lower paid work (Hakim, 1991, pp. 101 and 114). Alternatively, a third group 'drifters' fluctuates between the two groups, refusing to close the door on either of the two options (home or family), and are thus, 'chaotically unplanned' (Hakim, 1996, p. 208). Hakim argues that these 'preferences' are becoming more important than they were in the past (Hakim, 1998, p. 140).

Consequently, some suggest it is misleading to persist with the belief that the interests of female workers are simply constrained by structural factors associated with conditions defined by employers, and that women are 'self-determining actors' whose lives are 'self-made' by the choices they make for themselves (Hakim, 1991, p. 114).

Hakim states that many employers share this view, a fact which is widely recognised in other studies (for example see De Vaus and McAllister, 1991; EOC, 1991; Collinson *et al*., 1990; Morgan and Knights, 1991; Collinson and Hearn, 1994; Carrier, 1995; Halford and Savage, 1995; Halford *et al*., 1997; Lane, 1998). Employers regard female employees, especially those working part-time, as being less committed to paid work, with a significantly lower propensity to seek training and promotion. Managers view full-time workers more favourably as they are more 'reliable' and 'harder working'. Hakim argues that such employer prejudices are supported by employers' experiences of part-timers (Hakim, 1995, pp. 442–443).

However, the reasons why these writers and Hakim reach the same conclusion about employers' perceptions of women differ. Unlike Hakim, other theorists identify the employer as a key determinant of the employment experiences of women (for example see Collinson, Knights and Collinson, 1990; Reskin and Roos, 1990; Savage and Witz, 1992; Rubery and Fagan, 1993, 1995; Landau, 1995; Finlayson and Nazroo, 1997; Lane, 1999). It is suggested that assumptions and beliefs held by employers regarding the characteristics of female workers perpetuate inequality in paid employment, fostering discrimination and occupational segregation in the workplace (De Vaus and McAllister, 1991, p. 72).

Also, employers' perceptions of women's role in the family has a detrimental effect on the types of jobs offered to women. Recruiters may use gender stereotypes to inform recruitment decisions. The subjective nature of such criteria allows the exercise of a 'variety of personal prejudices and unchallenged stereotypes' (Curran, 1988, p. 342). Writers suggest that the positions which women achieve in organizations are largely the result of a 'correlate of their marital status, and, more important still, whether they do or do not have children' (Cockburn, 1991, p. 76).

These suggestions represent a major challenge to the view that female employment outcomes result from the choices that women make about work. The belief that those employment outcomes primarily reflect 'choice' is questioned (Ginn *et al*., 1996; Breugel, 1996; Crompton and Harris, 1998a, b). The issue is whether part-time workers are genuinely 'uncommitted' workers who make a conscious and real choice to work part-time, to enact prioritisation of marriage, familial and domestic commitments over career or work interests. For example, it is pointed out that commentators like Hakim have made no effort to determine how women might make such a choice, or whether the 'choice' is real or illusional, i.e. whether real options exist for the individual (Ginn *et al*., 1996, p. 169). Nor do they allow for the possibility that some women may be highly committed to work, yet still place high priority on the needs of the family and the home.

In fact, studies suggest that few women fall unambiguously into career or family orientations (Ginn *et al*., 1996, p. 168). Many want both career and family (Procter and Padfield, 1999, p. 157). Others point out that the assumption that part-time work is 'invariably voluntarily chosen' may be highly suspect, in light of the significant difficulties experienced by working women in obtaining access to facilities like child-care to permit them to enter or continue full-time employment (Halford *et al*., 1997, p. 204; Houston and Marks, 2000).

Dex (1988), for example, examined the reasons why women work part-time. In particular, the extent to which part-time work was linked to women's attitudes, as opposed to the extent to

which part-time work was the product of constraints which women experienced. In other words 'do attitudes cause hours?' (Dex, 1988, p. 142). Traditional attitudes did have an effect on women's hours, although the effect was very small. Also, hours of work increased as traditional attitudes decreased. However, other variables were much more significant determinants of women's hours. Constraints dominated women's hours, with children being the biggest constraint. Dex concludes that attitudes 'appear to have at best a tiny influence on the hours worked by women' (Dex, 1988, p. 142).

These observations lead us to attempt to determine whether the employment outcomes for female part-time NHS nurses are primarily the product of their preferences or the constraints they face.

The employment of female part-time nurses in the NHS

Professional nursing has long been a female-dominated occupation, and even now some 93 per cent of NHS nurse posts are occupied by females (Seccombe and Smith, 1997, p. 21). However, even in this female-dominated occupation, there is substantial evidence that men achieve the higher nurse grades faster than female nurses (Wyatt and Langridge, 1996; Finlayson and Nazroo, 1997). For example, one hospital study in the 1980s notes that the average time for males to achieve their first Nurse Officer post was 8.4 years, compared to 17.9 years for women (Davies and Rosser, 1986, pp. 35 and 58). A decade later another study suggested that the comparable figures had changed only to 6.9 years for men and 11.4 years for women (Wyatt and Langridge, 1996, p. 231).

Clearly, this represents an improvement in the career progression of female nurses. However, other studies show how the higher nurse grades are primarily occupied by full-time nurses (see Winson, 1992; Seccombe *et al.*, 1993; Lane, 2000). It appears, therefore, that full-time female nurses have experienced more gains in career progression than their part-time counterparts.

Furthermore, while men account for less than 10 per cent of the NHS nursing workforce, they are 80 per cent more likely to occupy an H grade post or above, and three times more likely to reach an I grade position.[1] It appears that despite their numerical predominance, female nurse careers tend to demonstrate disadvantage compared to male counterparts.

However, the male/female comparison reveals only part of the potential for gender-based disadvantage in female nursing careers. Importantly, Davies and Rosser (1986) underline the significance of examining differences between groups of female employees. For example, they found that while on average female nurses reaching the Nurse Officer grade took 17.9 years to get there, for females with dependent children it took 22.7 years compared to 14.5 years for females without dependent children.

Davies and Rosser (1986) reported that the main reason for the difference was that the majority of female nurses with dependent children worked part-time. The authors found that the requirements of a nursing career path involved full-time working. Interviews with managers revealed that part-timers were regarded as not being 'serious' about their careers. As a result part-time nurses were overlooked by management in promotion decisions (Davies and Rosser, 1986, p. 42).

Further studies illustrate the interaction of the characteristics of part-time employment with female nurse career patterns to underline the problem. In the early 1990s, it appeared that part-time nurses were experiencing some exclusion from promotion opportunities and that promotion to G grade and above was largely restricted to nurses who had only worked on a full-time basis with no career breaks (Winson, 1992). The concentration of nurses who had taken career breaks into lower nurse grades persisted even though they had the same number of years of nursing experience as those nurses who did not have a career break (Seccombe *et al.*, 1993). The effect is that the proportion of part-time nurses in each grade decreases with progression up the hierarchy (Seccombe and Smith, 1997, p. 39). More recently, it has been noted that approximately one-third of female NHS nurses

[1]The clinical grading structure involves Grades A – I. Grades A – C represent Health Care Assistants. Grades D – I are qualified registered nurses. Within the second grade group Grades D, E and F are nurses whose primary role is to provide direct nursing care to patients. Whereas, Grades G, H and I are primarily managerial levels.

work on part-time contracts, and they remain concentrated in the lower grade clinical posts – for example only 18 per cent of Charge nurses work part-time (Seccombe and Smith, 1997, p. 37).

The effect would seem to be that career advancement in nursing relies on continuous full-time employment, which is not possible for many female nurses (Davies and Conn, 1993; Davies, 1995). Female nurses taking career breaks for domestic reasons are concentrated in the lower professional grades, with their careers in abeyance while they work part-time, and possibly even after returning to full-time work (Davies and Rosser, 1986, p. 42). The reality appears to be the absence of appropriate employment conditions (e.g. flexible working hours, child-care facilities) condemns many women to low status, part-time work (Halford *et al.*, 1997; Finlayson and Nazroo, 1997). Conformity with a male career pattern of no career breaks and conventional working hours appears to be a prerequisite to female nurse progression through the career hierarchy (Goss and Brown, 1991).

In addition, in what may be a 'self-fulfilling prophesy', it also appears that many managers assume that part-time nurses are, by definition, less committed to their careers than full-timers, so it is reasonable to offer them relatively few opportunities for career advancement (Finlayson and Nazroo, 1997, p. 81). It is simple for managers to interpret the adoption of career breaks and other 'family friendly' initiatives, as an indication that women are less serious about their work (Davies and Rosser, 1986, p. 42).

The study

The questionnaire study was completed in 1997. It involved a survey of the careers of qualified nurses in three NHS Wales hospital units. Employment profiles and career histories of respondents were developed from the questionnaire data. In total, 1270 questionnaires were distributed, 643 usable questionnaires were returned, representing a response rate of 51 per cent.

A comparison of the employment experiences of full-time and part-time respondents is provided in the research findings. We examine whether part-timers are 'uncommitted' as might be demonstrated by lower investments in their careers and their 'choice' to work part-time.

The research findings compare full-time and part-time nurses in the following ways: (1) occupational grade (2) career investments (qualifications and nursing experience) (3) career development (training, job satisfaction and so on) (4) commitment to nursing (5) factors affecting decision to work part-time.

Research findings

The employment profiles of part-time and full-time nurse respondents showed that similar to other studies (for example see Davies and Rosser, 1986; Seccombe and Smith, 1997), there was considerable divergence in terms of clinical grade. Respondents working full-time dominated the higher grades. Only 7 per cent in the higher grades had part-time status (Table 1). Hence, there was a highly significant relationship between employment type and clinical grade ($p < .001$).

However, the two groups were comparable in terms of qualifications and nursing experience. For example, there were no significant differences in A levels held between part-time and full-time respondents. In terms of Higher Educational (HED) qualifications there were no significant differences between the proportion of full-time and the proportion of part-time respondents holding HED qualifications (24 and 36 per cent respectively). It is noteworthy that there was a highly significant relationship between the possession of HED and the higher clinical grades ($p < .001$). However, this relationship only applied to full-time respondents. For part-time respondents there was no significant relationship between HED and grade.[2]

If we consider the issue of nursing experience it is shown that several career 'investments' had a positive association with higher grade, but only for full-time respondents. Table 2, for example, analyses the relationship between employment status and nursing experience. Career advancement, experience and employment type are examined for the following measures; nursing, non-NHS nursing, and age.

The part-time nurses in the sample have significantly more experience, as indicated by:

[2]The statistics for qualifications are not presented here but are available from the authors.

Table 1. Distribution of clinical grades by employment type

Grade	Employment Type %	
	Full-time	Part-time
D	62	38
E	65	35
F	82	18
G	93	7
H	100	–
I	100	–
Total	100	100

years in nursing, years in NHS nursing, years in non-NHS nursing, years in present grade and age. Only in terms of the number of hospitals at which they had worked were there no significant differences between the full-time and part-time groups. Therefore, the concentration of part-timers into the lower nurse grades was not explained by this group 'choosing' to invest less in their careers as suggested by Hakim (1995).

However, this outcome may not solely be determined by career investments. Hakim argues that women who work part-time have a preference for secondary sector type employment as it has 'compensating' advantages, for example, convenient hours (Hakim, 1995, p. 66; also see Hochschild, 1990). In other words, part-time work represents a 'trade-off' for respondents. Do they consciously 'trade-in' career progression for convenient working hours? Therefore, we examine the question of individual preference as a determinant of certain groups (female part-timers) choosing to remain in the lower nurse grades.[3]

The indicators used to show a preference for secondary sector types of employment are: the attraction of the nursing profession (Tables 3 and 4) and belief that the NHS is a good employer (Table 5). If the underlying reason is that certain groups have a preference for the lower grades it is expected that they will have a lower attachment to work in comparison to other groups.

[3]The actual measurement of secondary sector employment is problematic as the study represents qualified nurses, who do not occupy the secondary segment of the nursing profession. Therefore, the approach adopted is to show if certain groups have a preference for the lower qualified nurse grades.

Table 3 examines the reasons why respondents are attracted to the nursing profession using the following reasons: the notion of a caring profession, a family tradition of nursing, the opportunity to help others, involvement of patient care, provides a good career and pay. The first four reasons relate to aspects of the job which are important, but do not relate to the issues of career development, and these are referred to as altruistic reasons. The remaining two issues relate to issues of career and pay. All the reasons for entering nursing ranked by respondents in terms of first, second and third importance. If Hakim is correct, then it is reasonable to expect that female part-time nurses will place less emphasis on career and pay.

Table 3 shows that nurses are attracted to the profession primarily for caring, helping and patient reasons, career and pay considerations are ranked fairly low by all respondents. This suggests that, overall, nurses are more concerned with patient care and actual patient contact, than with career and pay issues. Table 4 provides a breakdown of reasons for joining the profession by grade, and employment type to provide a more detailed account of any possible preferences between full-time and part-time nurses.

There is no significant difference between the groups in terms of main attraction to nursing, in comparing the high and low grade groups. There is no suggestion that part-time nurses emphasise altruistic reasons, while the full-timers emphasise career reasons. Similar findings are apparent throughout with the caring, helping and patient care reasons taking precedence over career and pay issues. The vast majority of respondents cited the altruistic reasons as the main reasons why they were attracted to the nursing profession. These findings may at best partly refute beliefs held by particular theorists who assert that women who work part-time have a lower commitment to their careers. Evidence from the survey suggests no support for the argument of a preference for secondary sector employment for any particular groups.

This leads to the second indicative measurement, perceptions of the NHS as a good employer. In order to establish respondents' perceptions of the NHS as a good employer various issues affecting employment were included in the questionnaire: salary, job security, career development, promotion, equal opportunities, training

Table 2. Career advancement, experience and employment type

Employment Experience (years)	All Nurses	Grade	
		D–F	G–I
Nursing	(N = 593)	(N = 490)	(N = 97)
Full-time	11.5	9.7	18.1
Part-time	14.8	14.5	20.6
t	− 4.99	− 7.92	− .82
Sig	.000	.000	.416
NHS Nursing	(N = 595)	(N = 492)	(N = 97)
Full-time	11.0	9.5	16.8
Part-time	13.7	13.4	20.3
t	− 4.48	− 6.88	− 1.40
Sig	.000	.000	.164
Non-NHS Nursing	(N = 104)	(N = 88)	
Full-time	3.7	3.5	[1]
Part-time	5.3	5.4	[1]
t	− 1.71	− 1.77	
Sig	.091	.081	
Non-nursing	(N = 209)	(N = 169)	
Full-time	3.0	3.1	[1]
Part-time	4.2	4.2	[1]
t	− 2.33	− 2.02	
Sig	.021	.044	
Years in Present Grade	(N = 578)	(N = 477)	
Full-time	4.4	3.8	[1]
Part-time	5.3	5.3	[1]
t	− 1.77	− 2.72	
Sig	.078	.007	
Number NHS Hospitals Worked	(N = 471)	(N = 380)	
Full-time	2.9	2.8	[1]
Part-time	3.1	3.1	[1]
t	− .57	− 1.57	
Sig	.568	.17	
Age of Respondents	(N = 597)	(N = 494)	(N = 97)
Full-time	31.1	29.4	37.7
Part-time	36.4	36.2	40.0
t	− 7.31	− 9.94	− .67
Sig	.000	.000	.587

[1]Too few cases to compute

Table 3. Attractions to the nursing profession

Attraction to Nursing	Ranks					
	1st		2nd		3rd	
	N	%	N	%	N	%
A caring profession	222	33	106	20	96	18
Family tradition	33	5	20	4	66	13
Opportunity to help others	165	25	151	28	92	18
Involves patient care	111	16	117	22	134	26
Provides a good career	126	19	106	20	103	20
Pay	14	2	30	6	27	5

and job satisfaction. These areas cover the key elements of employment experience, ranging from common issues such as pay and job security to issues of a more individual nature, such as, career development and promotion. Respondents were asked to indicate agreement on a 5-point

Table 4. Main attraction of nursing profession by employment type[1]

Main attraction of the nursing profession	Grades			
	D–F %	G–I %	Chi Sq	Sig
All Nurses	(N = 454)	(N = 81)		
Altruistic[2]	74	80		
Career and pay[3]	26	20	1.33	.248
Total	100	100		
	Employment Type			
	Full-time % (N = 389)	Part-time % (N = 152)		
Altruistic[2]	76	74		
Career and pay[3]	24	26	.209	.647
Total	100	100		

[1]This table analyses the attraction of the nursing profession variable ranked first by each respondent
[2]Main attraction is notion of a caring profession, family tradition in nursing, gives the opportunity to help others, or involves actual contact with patients
[3]Main attraction is provides a good career or pay

Table 5. Perceptions of NHS as a good employer by employment type

Rating of as NHS Good Employer[1]	All Nurses	Employment Type		t	Sig
		Full-time	Part-time		
	(N = 588)	(N = 424)	(N = 160)		
Salary	3.13	3.05	3.33	− 2.97	.003
Job security	2.93	2.88	3.06	− 1.97	.049
Career development	2.97	2.95	3.01	− .51	.613
Promotion	2.82	2.82	2.80	.30	.765
Equal opportunities	3.24	3.22	3.28	− .52	.602
Training	3.20	3.22	3.15	.75	.453
Job satisfaction	3.31	3.30	3.33	− .38	.701

[1]Agreement that NHS is a good employer in terms of each variable was evaluated on a 5 point scale anchored from 1 'strongly disagree' to 5 'strongly agree'

scale with positive statements regarding each of these activities (Table 5).

Overall, there is a belief that the NHS is a good employer (i.e. the average score for the sample was above 3 on a 5-point scale) in terms of the following areas: salary, equal opportunities, training and job satisfaction. However, there are some significant differences in the views of respondents by employment type. Differences based on employment type find part-timers giving a significantly higher ranking to salary and job security. It is possible that the higher rankings given by women with dependents, who represent the majority of part-timers, to salary and job security are a reflection of the poor and highly insecure part-time jobs available outside of the NHS. In this sense part-time jobs in the NHS compare favourably to other part-time jobs in the Welsh labour market. Table 6 examines achievement in nursing by respondents.

Part-time respondents report a greater sense of underachievement than full-timers in critical areas relating to their jobs, namely, career development, training and promotion (Table 6). During the pilot study part-time respondents reported that although training classes were available they were run at times which were inaccessible to part-timers. This contradicts Hakim's 'investment' argument that training is a matter of individual volition. In the study, the opportunity for training was not 'freely' available to all respondents.

Far from supporting the notion that those women who work part-time lack interest in their careers, these observations indicate a sense of under-achievement. This questions the belief that part-time workers demonstrate a 'preference' for

Table 6. Achievement in the nursing profession by employment type

Achievement Rated In	All	Employment Type		t	Sig
		Full-time	Part-time		
	(N = 566)	(N = 429)	(N = 162)		
Nursing[1]	3.51	3.51	3.52	− .15	.883
Personal development[2]	3.77	3.80	3.69	1.32	.176
Career development[2]	3.43	3.49	3.23	2.92	.004
Training[2]	3.34	3.44	3.06	3.96	.000
Promotion[2]	3.20	3.26	3.05	1.98	.048

[1]Scale measures extent to which respondents feel they have achieved what they wanted to in nursing by 1 'not very well' and 5 'very well'
[2]Scales measure argument that respondent has achieved what they wanted in personal development, career development, training and promotion anchored by 1 'strongly disagree' to 5 'strongly agree'

Table 7. Social and work priorities

Importance of[1]	All Nurses	Grade		t	Sig
		D–F	G–I		
	(N = 575)	(N = 476)	(N = 93)		
Social factors[2]	4.34	4.33	4.37	− .77	.446
Career Factors[3]	3.84	3.82	3.93	− 1.58	.114
		Employment Type			
		Full-time	Part-time		
	(N = 434)	(N = 421)	(N = 154)		
Social factors[2]	4.34	4.35	4.30	1.21	.226
Career factors[3]	3.84	3.89	3.67	3.83	.000

[1]Importance rated on a 5 point scale by 1 'strongly disagree' and 5 'strongly agree'
[2]Index compiled on mean of scores for factors; family commitment and social life
[3]Index compiled as mean of scores for factors; work commitment; work related; career profession

the lower grades. If this were the case they would surely not report such high levels of underachievement.

It is also argued by Hakim that women who work part-time have a preference for a domestic role and a relatively weak labour force attachment. It is suggested that paid work is not a central life interest for women, for whom family concerns take precedence (Hakim, 1996, p. 100; also see Becker, 1975; Polachek, 1979; Fogharty, 1985, and Hakim, 1991). An initial evaluation of the standing of this theory is made in analysing the data in Table 7, which outlines the work and non-work interests of respondents.

In examining the relative importance of work and social factors, the latter are rated higher in importance than work factors by all nurses responding (Table 7). However, career factors are more important to full-timers as opposed to part-timers ($p < .001$). Human capital theorists would suggest that this reflects a lower attachment to work, by choice, for those working part-time. However, bearing in mind earlier findings on achievement, it may be suggested that these theorists have possibly underestimated the fact that those in a 'career blind-alley' are quite reasonably likely to place a somewhat lower priority on career issues.

What theorists have mistaken for a lack of commitment may actually reflect people channeling efforts into social and family issues, because their career opportunities working part-time are significantly limited. Previous studies on women and work commitment have not examined levels of underachievement and the relationship this may have with job commitment. Part of the added-value of this study is that this issue is included in the analysis rather than simply making assumptions about different groups of workers.

The final indicative measurement examines the reasons for working part-time. The data are examined in Table 8. It is crucial to determine

whether women choose part-time work as a result of personal preference, and yet the data suggest that personal preference is the least important reason for working part-time, of all those evaluated. In fact, the data on Table 8 suggest that the main reason why respondents returned to work with part-time status after maternity leave, is that it is the best way of combining domestic commitments with paid employment.

It seems that the issue of part-time work is not a result of personal preference, or choice, as Hakim suggests, as this is the lowest ranked variable. The finding is in line with that of Dex (1988) where 'constraints' as opposed to 'choices' dominated hours of work. In fact, the other two main reasons for working part-time support this argument, with respondents citing insufficient childcare and inflexible working hours as the reasons why they returned to work on a part-time basis. Where nurses return to work after maternity leave, to part-time status, because of the pressure of domestic commitments, the lack of childcare provision in the light of school hours and working hours, or simply because part-time work is all that management offers, it is difficult to construe that as personal preference for secondary sector employment. Personal preference would be an idiosyncratic description of lack of choice.

To finish, Table 9 outlines the extent to which part-time employment status after maternity leave is distributed across high and low grades and how employment status changed. In the higher grades, 30 per cent of respondents returned to work after maternity leave on a full-time basis, compared to 17 per cent of those in the lower grades. The difference is not significant due to the very low number of female returners in the higher grades. For employment type the vast majority of part-timers returned also as part-timers. Also, the majority of respondents working full-time returned to work part-time.

It would appear that for the majority of nurses returning to work after maternity leave, there is relatively little chance of avoiding the career limitations of part-time status. Almost two-thirds of those who were previously full-time, return as part-timers, and virtually no part-timers return as

Table 8. Reasons for part-time work after maternity leave

Reasons for Returning Part-time	Importance[1]
Personal preference	2.26 (N = 137)
Best way of combining domestic commitments with paid employment	4.15 (N = 179)
School hour limitations	3.23 (N = 154)
Insufficient childcare provision	3.67 (N = 168)
Inflexible working hours	3.28 (N = 151)
Only hours available/offered by management	3.62 (N = 169)

[1]Importance rated on a 5-point scale, anchored by 1 'Not at all important' to 5 'Extremely important'

Table 9. Employment type after maternity leave

Employment Type After Maternity	Grade			
	D–F	G–I	Chi Sq	Sig
	(N = 166)	(N = 27)		
Full-time	17	30		
Part-time	83	70	2.49	.114
Total	100	100		
	Employment Type			
	Full-time %	Part-time %		
	(N = 70)	(N = 125)		
Full-time	40	8		
Part-time	60	92	29.3	.000
Total	100	100		

anything other than part-time. Maternity leave would appear to lead to a serious stoppage in career progression, for those who subsequently return to work. However, the evidence suggests that contrary to the assumptions of Hakim, this employment status trap does not reflect personal preference, but lack of choice for part-time respondents.

Conclusions

The career progression of part-time nurses continues to lag behind that of their full-time counterparts. The findings from the study show how qualifications and nursing experience benefit full-time, but not part-time nurses. Irrespective of qualifications and experience part-time nurse respondents do not progress beyond the lowest qualified nurse grade. A key reason for this concerns the low status of part-time work. In the study, part-time work was concentrated in the lower nurse grades.

However, contrary to the belief that part-time workers are uncommitted to their careers prioritising family responsibilities over work, the respondents in this study reported a high degree of under-achievement with their lack of career progression. Had these workers been uncommitted to their careers then they would not have reported high levels of under-achievement. Even where part-timers may have demonstrated a greater commitment to the domestic sphere it is difficult to disentangle the effects of the visibly limited career opportunities for this group from the choices and decisions which they make.

Women's careers do not simply reflect the relationship between 'work and non-work trajectories of the self', but are also inextricably linked with 'the organizational context; the structures of opportunity and constraint within which they carved out their nursing careers' (Halford *et al.*, 1997, p. 170). This explanation is far removed from the 'one-sidedly voluntaristic explanations of women's (and men's) economic behaviour' provided by Hakim.

Hakim's work fails to consider the 'organizational context'. In this study we see how 'choosing' to work part-time does not equate with a lack of commitment to a career. Part-time respondents did not consciously 'choose' to occupy a 'career blind-alley'. Part-time work was available in the lower nurse grades only. The low status of such work is not a result of the low commitment of these workers but is a product of how organizations construe and locate part-timers within the organizational career structure.

During the pilot study managers reported that there was no formal policy preventing part-timers from working in the higher grades. However, informally it was general practice not to employ part-time nurses in the higher grades. Usually the higher grades were advertised as full-time only, excluding part-timers from applying.

Also, Hakim does not consider how the work priorities of women may change over time. For example, the number and age of dependent children may affect the ways in which women engage in paid employment. Studies show that the cost of childcare is a significant constraint on a woman's ability to return to employment after the birth of a second child (Martin and Roberts, 1984; Dex, 1988; Houston and Marks, 2000).

Clearly, women's careers are much more complex than suggested by Hakim, and in the work presented in the current study. The authors have attempted to provide a starting point within this debate. We highlight some of the complexities of women's working lives and suggest that women are not victims of their own individual choice strategies.

The current study also casts doubt on the validity of using employment status as a proxy for work commitment. In the study we used this approach to examine some of the characteristics of part-time workers. However, the debate needs to move away from comparisons of full-time and part-time workers to examining the actual working lives of women. Longitudinal study would be revealing. As Dex concludes 'the test of whether attitudes cause behaviour strictly speaking requires genuinely longitudinal data' (Dex, 1988, p. 136).

In the current study it could be the case that when respondents started their careers, all were equally committed. However, when respondents had children their commitment to paid employment may have changed. If this is the case it may explain why part-time respondents occupied the lower nurse grades. However, the high levels of under-achievement reported by part-time respondents contradicts the belief that they had a preference for the lower grades. Or, that women's

commitment to paid work significantly changed over time.

Without longitudinal data we can only provide an inferred direction in the causal relationship between attitudes and work. This does not fully refute Hakim's thesis. However, it does provide a starting point in the debate on the characteristics of female part-time nurses.

A further limitation of the study concerns the definition of a nursing career. The researchers defined nursing careers in terms of progression through the clinical grading structure. Whilst this definition was pertinent to the research objective – unequal outcomes for part-time nurses – it does not fully encapsulate what a nursing career involves. Some nurses may regard a career in nursing as centered on providing high quality patient care. Rather than, 'jumping through hoops' to gain promotion to a higher nurse grade. In the current study, three-quarters of all nurses stated that providing patient care was the main attraction to the nursing profession. Thus, future researchers should consider the definitions of a nursing career, as well as progression through the clinical grades.

Management implications

At the time writing, as a result of chronic staff shortages impacting on levels of patient care, the NHS faces stringent targets for increasing the number of nurses employed, as defined by the Government's NHS Plan, published in July 2000. Research by the National Audit Office and the Audit Commission warns that staff retention and enhanced training opportunities are key to meeting these numeric targets, as well as maintaining and extending the level of care provided to NHS patients. This is the context in which our findings should be examined for management implications.

Urgent attention is required to address a number of issues raised in the current study. In particular, the inherent waste in allowing the initial commitment and enthusiasm for nursing, evidenced by entrants to the profession, to dissipate as they experience and observe their career prospects being curtailed by entrenched organizational assumptions about their work/home priorities. Many women in this situation find themselves guided into a career blind-alley.

Management attention should focus on two critical issues. First, attention should be given to the ways in which post-maternity returners can be re-integrated into the mainstream of the profession, rather than be directed into low-grade part-time nursing duties. The costs of such efforts should be considered in light of the costs of alternative routes to meeting nurse targets – such as, overseas recruitment, and competition in the private sector. Second, attention is long overdue to identifying and implementing ways of enhancing the part-time career route itself, so that career progression and skills enhancement are available to those whose domestic circumstances dictate the need to work part-time for at least part of their nursing careers. This is likely to involve significant structural and organizational change, and may be resisted by traditional management assumptions that part-time workers will never display the commitment and dedication of their full-time equivalents. However, again the costs of enhancing career prospects for permanent or temporary part-time nurses have to be placed in the context of the alternative, and often extremely expensive, routes to achieving targets in nurse numbers and quality of patient care.

More broadly, our findings may have interesting implications for other employers of professional workers, where female returners tend to be side-lined into lower grade part-time work. In an era of widespread skills shortages in many sectors and professions, the prospect that attention to improving the working conditions of female part-time employees may unleash outstanding levels of commitment and enthusiasm – currently suppressed by the assumptions regarding the nature of those who seek part-time employment – is an exciting one.

References

Becker, G. (1975). *Human Capital*. (2nd edn). New York, Columbia University Press.

Bevan, S., J. Buchan and S. Hayday (1989). *Women in Hospital Pharmacy*. Institute of Manpower Studies, Brighton, Report No. 182.

Breugel, I. (1996). 'Whose Myths are they Anyway: A Comment?', *British Journal of Sociology*, **47**(1), pp. 175–178.

Carrier, S. (1995). 'Family Status and Career Situation for Professional Women', *Work, Employment and Society*, **9**(2), pp. 343–358.

Cockburn, C. (1991). *In the Way of Women, Men's Resistance to Sex Equality in Organisations*. London, Macmillan.

Collinson, D., D. Knights and M. Collinson (1990). *Managing to Discriminate*. London, Routledge.

Collinson, D. and J. Hearn (1994). 'Naming Men as Men: Implications for Work, Organization and Management', *Gender, Work and Organization*, **1**(1), pp. 2–22.

Corby, S. (1991). 'When Two Halves Make Total Sense', *Health Service Journal*, pp. 9–11, July.

Crompton, R. and F. Harris (1998a). 'A Reply to Hakim', *British Journal of Sociology*, **49**(1), pp. 144–147.

Crompton, R. and F. Harris (1998b). 'Explaining Women's Employment Patterns: Orientations to Work Revisited', *British Journal of Sociology*, **49**(1), pp. 118–136.

Crompton, R. and K. Sanderson (1990). *Gendered Jobs and Social Change*. London, Unwin Hyman.

Curran, M. (1988). 'Gender and Recruitment: People and Places in the Labour Market', *Work, Employment and Society*, **2**(3), pp. 335–351.

Davies, C. (1995). *Gender and the Professional Predicament in Nursing*. Buckingham, Open University Press.

Davies, C. and J. Rosser (1986). *Processes of Discrimination: A Study of Women Working in the NHS*. Department of Health and Social Security, London.

Davies, C. and L. Conn (1993). *Creating Compatible Careers*. London, Department of Health.

De Vaus, D. and I. McAllister (1991). 'Gender and Work Orientation: Values and Satisfaction in Western Europe', *Work and Occupations*, **18**(2), pp. 72–93.

Dex, S. (1988). *Women's Attitudes Towards Work*. London, MacMillan.

Dex, S., S. Lissenburgh and M. Taylor (1994). *Women and Low Pay: Identifying the Issues*. Research Discussion Series, No. 9, EOC, Manchester.

Dickens, L. (1995). 'UK Part-time Employees and the Law-Recent and Potential Developments', *Gender, Work and Organization*, **2**(4), pp. 207–215.

Ellison, R., S. Butcher and D. Melville (1995). 'British Labour Force Projections: 1995–2000', *Employment Gazette*, **102**(4), pp. 153–159.

Equal Opportunities Commission (1991). *Equality Management: Women's Employment in the NHS*. Equal Opportunities Commission, Manchester.

Fagan, C. and J. O'Reilly (1998). 'Conceptualising Part-time Work: The Value of an Integrated Comparative Perspective'. In: J. O'Reilly and C. Fagan (eds), *Part-time Prospects: An International Comparison of Part-time Work in Europe, North America and the Pacific Rim*, pp. 1–32. London, Routledge.

Finlayson, L. R. and J. Y. Nazroo (1998). *Gender Inequalities in Nursing Careers'*. London, PSI.

Fogharty, M. (1985). 'British Attitudes to Work'. In: M. Abrams, D. Gerard and N. Timms (eds), *Values and Social Change in Britain*. pp. 173–200. London, Macmillan.

Ginn, J., S. Arber, J. Brannen, A. Dale, S. Dex, P. Elias, P. Moss, J. Phal, C. Roberts and J. Rubery (1996). 'Feminist Fallacies: a Reply to Hakim on Women's Employment', *British Journal of Sociology*, **47**(1), pp. 167–174.

Goss, S. and H. Brown (1991). *Equal Opportunities for Women in the NHS*. Report Produced by the Office of Public Management, London/NHSME.

Hakim, C. (1991). 'Grateful Slaves and Self-made Women: Fact and Fantasy in Women's Work Orientations', *European Sociological Review*, **7**(3), pp. 101–121.

Hakim, C. (1995). 'Five Feminist Myths About Women's Employment', *British Journal of Sociology*, **46**(3), pp. 428–455.

Hakim, C. (1996). *Key Issues in Women's Work. Female Heterogeneity and the Polarisation of Women's Employment*. London, Athlone.

Hakim, C. (1998). 'Developing a Sociology for the Twenty-First Century: Preference Theory', *British Journal of Sociology*, **49**(1), pp. 137–143.

Halford, S. and M. Savage (1995). 'Restructuring Organisations. Changing People: Gender and Restructuring in Banking and Local Government', *Work, Employment and Society*, **9**(1), pp. 97–122.

Halford, S., M. Savage and A. Witz (1997). *Gender, Careers and Organisations*. London, Macmillan.

Houston, D. M. and A. Marks (2000). *Employment Choices for Mothers of Pre-School Children*. Invited paper presented at the Family Policy Studies Centre. London, November.

Humphries, J. and J. Rubery (1992). 'The Legacy of Women's Employment: Integration, Differentiation and Polarisation'. In: J. Mitchie (ed.), *The Economic Legacy of Thatcherism*, pp. 236–255. London, Academic Press.

Industrial Relations Service (1995). 'Employment Review', *Employment 2001, Limited Growth in a Changed Climate*, **576**, pp. 3–15.

Industrial Relations Service (1996). 'Employment Review', *Flexibility in Practice: The Gender Impact*, **606**, pp. 11–16.

Jackson, C. and L. Barber (1993). *Women in the NHS: Experiences in South East Thames*. Institute of Manpower Studies, Brighton, Report 249.

Labour Market Trends (1996). *Labour Force Survey*, **10**(3), pp. 73–75.

Landau, J. (1995). 'The Relationship of Race and Gender to Managers Ratings of Promotion Potential', *Journal of Organizational Behavior*, **16**(2), pp. 391–400.

Lane, N. (1998). 'Barriers to Women's Progression in Nurse Management in the National Health Service', *Women in Management Review*, **13**(5), pp. 184–191.

Lane, N. (1999). 'Inequality in the Careers of NHS Nurses: A Regional Case Study of Qualified Nurses in NHS Wales', *Personnel Review*, **28**(4), pp. 319–335.

Lane, N. (2000). 'The Management Implications of Women's Employment Disadvantage in a Female-Dominated Profession: A Study of NHS Nursing', *Journal of Management Studies*, **37**(5), pp. 705–731.

Mackay, L. (1989). *Nursing a Problem*. Milton Keynes, Open University Press.

Martin, J. and C. Roberts (1984). *Women and Employment A Lifetime Perspective*. DE/OPCS, HMSO.

Morgan, G. and D. Knights (1991). 'Gendering Jobs: Corporate Strategy, Managerial Control and the Dynamics of Job Segregation', *Work, Employment and Society*, **5**(2), pp. 181–200.

Naylor, K. (1994). 'Part-time Working in Great Britain–an Historical Analysis', *Employment Gazette*, **108**(3), pp. 473–484.

New Earnings Survey (1998). Central Statistical Office, London: HMSO.

Polachek, S. (1979). 'Occupational Segregation Among Women: Theory, Evidence and a Prognosis'. In: C. Lloyd, E. Andrews and C. Gilroy (eds), *Women in the Labour Market*. pp. 137–170. New York, Columbia University Press.

Procter, I. and M. Padfield (1999). 'Work Orientations and Women's Work: A Critique of Hakim's Theory of the Heterogeneity of Women', *Gender, Work and Organization*, **6**(3), pp. 152–162.

Reskin, B. and P. Roos (1990). *Job Queues and Gender Queues: Explaining Women's Inroads into Male Occupations*. Philadelphia, Temple University Press.

Reskin, B. and I. Padavic (1994). *Women and Men at Work*. Thousand Oaks, CA, Pine Forge.

Rubery, J. (1998). 'Part-time Work: A Threat to Labour Standards?'. In: J. O'Reilly and C. Fagan (eds), *Part-time Prospects: An International Comparison of Part-time Work in Europe, North America and the Pacific Rim*. pp. 137–155. London, Routledge.

Rubery, J., C. Fagan and J. Humphries (1992). *Occupational Segregation in the UK*. Report for the European Commission, Network on the Situation of Women in the Labour Market.

Rubery, J. and C. Fagan (1993). *Occupational Segregation of Women and Men in the European Community*. Social Europe Supplement 3/93 Luxembourg, CEG.

Savage, M. and A. Witz (1992). *Gender and Bureaucracy*. Oxford, Blackwell.

Seccombe, I. and G. Smith (1997). *Taking Part: Registered Nurses and the Labour Market in 1997*. Institute of Employment Studies, Brighton, Report No. 338.

Seccombe, I., J. Ball and A. Patch (1993). *The Price of Commitment: Nurses Pay, Careers and Prospects*. Institute of Manpower Studies, Brighton, Report No. 251.

Smith, M., C. Fagan and J. Rubery (1998). 'Where and Why is Part-time Work Growing in Europe?'. In: J. O'Reilly and C. Fagan (eds), *Part-time Prospects: An International Comparison of Part-time Work in Europe, North America and the Pacific Rim*. pp. 35–56. London, Routledge.

Walby, S. (1986). *Patriarchy at Work: Patriarchal and Capitalist Relations in Employment*. London, Polity Press.

Walby, S. (1990). *Theorising Patriarchy*. Oxford, Basil Blackwell.

West, J. (1990). 'Gender and the Labour Process: A Reassessment'. In: D. Knights and H. Willmott (eds), *Labour Process Theory*. pp. 244–273. Hampshire, Macmillan.

Winson, G. (1992). 'Career Patterns for Male and Female Nurses', *Nursing Times*, **3**(2), pp. 12–17.

Wyatt, S. and C. Langridge (1996). 'Getting to the Top in the National Health Service'. In: S. Ledwith and F. Colgan (eds), *Women in Organisations: Challenging Gender Politics*. pp. 212–245. London, Macmillan.