Recently, mothers who are health care professionals have been asking employers for more flexibility in their full-time positions. These women want part-time jobs and jobs with flexible hours, and they want their employers to understand that they must take time off when their children are sick or when emergencies arise. But these women should heed what has happened to their counterparts in academia who have received what they asked for.

Universities have traditionally employed more women than men in part-time non-tenured positions and tend to be increasing the number of these positions rather than creating more full-time tenured positions (Aisenberg & Harrington, 1988). Women in academia, particularly those who work part-time, do not play the academic game in the way that men do, nor are they involved in the "old boy" academic network (Aisenberg & Harrington, 1988). Women who work part-time are now realizing that what they thought was a satisfactory situation has in fact eliminated them from opportunities for advancement and that they earn disproportionately less money and have less security than do persons in full-time tenured positions. Indeed, these women's salaries are inappropriately low and they cannot advance on the pay scale. They are not accepted into tenured positions if their goals change and are not given credit for their years of part-time work. Perhaps just as important, many of these women receive little respect or acceptance from their co-workers. Their suggestions go unheeded, they feel unwelcome in the academic community, and they are not part of the "in" group.

Although the work settings of universities and health care facilities differ, health professionals can learn from the experience of women in academia. In both settings, women generally lack power. Women in the female-dominated allied health fields rarely rise above midlevel management. Therefore, they are not involved in higher level decision making and program planning and have little influence over budget allocation. Health care facilities traditionally have hired full-time staff, mostly women, for entry-level clinical positions. The few men hired for these positions are promoted disproportionately. The women typically stay for up to 5 years and then leave to bear and raise children (Bailey, 1990).

The important point to notice in both the academic and health care fields is that women are not consciously choosing their career patterns. In both settings, women are forced to operate within the constraints of old social rules that have been institutionalized by both men and women. These rules imply that men hold power and run public affairs and that women provide support services and are primarily responsible for the family (Aisenberg & Harrington, 1988). Power structures exploit these rules, and women's bargaining positions are weakened by them. This limits women's professional growth.

Women in health care facilities are now asking for flexible hours and part-time positions so they can both work outside the home and raise their children (Bailey, 1990). Are they headed for the same trap as the women in academia? Will they lose what professional voice they have in decision making and program planning, be pushed off the track for promotion, stall their salary increases, and lose other benefits available only to full-time employees?

Perhaps the changes that these mothers are advocating will result in a step backward for women in the workplace. Female health professionals typically make it only to midlevel positions; however, they are pushing on for top-level positions. Will these new demands stall their progress?

References


THE ISSUE IS a forum for debate and discussion of occupational therapy issues and related topics. The Contributing Editor of this section, Julia Van Deusen, strives to have both sides of an issue addressed. Readers are encouraged to submit manuscripts discussing opposite points of view or new topics. All manuscripts are subject to peer review. Submit three copies to Elaine Viseltear, Editor.

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