

SECOND NATHALIE BARR LECTURE



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The Choice Is Yours

My dear friends and colleagues, it has been a great honor to be selected as the second Nathalie Barr Lecturer. Receiving his recognition has prompted me to reflect upon a long career and on the changes and attitudes related to professional women over the years. Women have indeed come a long way in the working world.

Today there are 80,000 occupational and physical therapists working in the healthcare marketplace in the United States. Ninety-five percent of the occupational therapists and 75% of the physical therapists are women. In the 1940s, however, only 7000 women therapists were working. Therefore, this is a 1143% increase in the number of working women in 40 years. How did this incredible jump occur?

In the 1940s, with which decade I identify, most middle- and upper-class women were organized into groups and societies to promote the "well-being of society" in general. Women had won the right to vote many years before, so an equality had permeated people's thinking and had allowed women to enter the marketplace and be heard. In general, educated women felt that they were guardians of the social conscience, and these women, who were also mothers and wives, directed their thoughts to social welfare, children, public health, education, court systems and social services. These "good works" for women were

compatible with society's expectations at that time, and also acceptable to their male counterparts. Women brought their talents and educated viewpoints to their volunteer service on Boards, but they were not reimbursed.

Statistics show that notable American women of those times achieved a higher educational level, but many of them also paid a high personal price. The edition of the *Dictionary of American Biography* that covers women who died between 1950 and 1970 reveals that 40% of nearly 400 women listed had never married, and of those who did, 30% had no children. Moreover, more than 40% of those who married were eventually divorced. Some notable women avoided this dilemma by collaborating with their husbands and made exemplary contributions during this period. A number of the Nobel Prizes were awarded for joint work of both the husband and wife, which was certainly an important step in the recognition of women's careers.¹

During World War II many changes came about for women in the workplace that fostered their career growth. Thousands of physical therapists and occupational therapists had been trained or were in training during those war years. When the Army and the Navy required rehabilitation personnel, they turned to this labor market. Until then, the only women in

the military had been nurses and office personnel. In the mid-1940s, women occupational therapists and physical therapists were recruited and came aboard. The use of both occupational therapists and physical therapists in the military was new, and we constantly had to explain who we were and what rehabilitation was. It was also during these years that the specialty of hand surgery was established by the work of Dr. "Kit" Wynn-Parry and others who refined the management of traumatic hand injuries. Innovative and creative new treatment protocols for hand care were initiated in order to get the desired results. During this era, the surgeon, patient, and therapist defined their working relationships. They became partners in care.

As their rehabilitation units began to expand, the military hospitals and the Veterans Hospitals created a demand for therapists. The educated woman in this field clearly became part of the labor market. This was both an opportunity and a dilemma, because during those years women had few role models. In general, their mothers had not entered the marketplace. This was a unique situation for professional women in relation to the years of marriage and children. However, these women embarked on their dual roles. The majority of them were married and were raising children, and each one had to work out a system by which she could fulfill both roles with satisfaction. This required the cooperation of not only their husbands but also of their male counterparts in the marketplace. This was not an easy time.

However, it was a transitional time in which men began to view educated women as competitors for jobs, while at the time realizing that they had a great contribution to make. Perhaps our parents viewed us in a different light, primarily feeling that a dual role was unattainable. Many professional women decided to take a break in their professional careers or delayed their entry into their profession in order to raise their children until they were of school age or were ready to leave the nest. This brought about yet another group of therapists, who, in the 1950s and 1960s, were re-entering the field after a 10-year hiatus. Both professional organizations, AOTA and APTA, addressed the re-entry of the professional therapist within their own disciplines. Mechanisms were set up for recertification and to upgrade a therapist's technical education to meet the demands of the 1960s and 1970s. Both organizations are to be commended for this.

During this period, also, there were single parents with children who had to be creative in their work schedules in order to manage the dual role of mother and professional woman. This choice was probably the most demanding, because it required not a 40-hour week but a 70-hour week. It also required flexibility at home as well as in the workplace. Day-care centers began to emerge; job-sharing and part-time work needed to be developed so that both the children and the workplace could be accommodated.

These women were the forerunners of the role models that influence the therapists of the 1980s and

certainly of the 1990s. Today, both husband and wife are expected to share the responsibility for the children, the home, and also the workplace. Modern husbands have had modern mothers as mentors and have viewed role-sharing as acceptable, so they, in turn, are experiencing much more expanded roles in their married lives with professional women. Most have been able to find a happy medium. Realistically, though, it is the woman who bears a greater share of the management of the children and the household than does the man. This will be the challenge of the future.

Contrary to the 1940s, today's surveys show that the professional woman who chooses to be in the marketplace does not cause her family life to suffer. In fact, one survey shows that 81% of working women feel that their personal choice has been a source of comfort. The working woman believes that she is more appreciated. These women enjoy their families more despite the demands of their careers. Being happy and comfortable at home seems to insulate them against the stresses of their work. Another study showed that 75% of those full-time working women with children still assume the ultimate responsibility for child-rearing and household chores. Many of them are now purchasing outside help in order to fulfill their dual roles.¹

The question has often been asked, who in the family suffers? Studies show that it is probably not the children. There is evidence that the mother's employment is not critical in the children's school development. Even so, the greatest majority of professional women have decided to take time off after the birth of a child, to devote full time to their children's needs during their pre-school years, and then to re-enter their professional lives.

Arlene Rossen Cardoza, in her book *Sequencing*, states that the sequencer establishes herself in a career, then leaves to bring up her children and resumes her work in a way that does not conflict with her role as a mother. Justice O'Connor is a notable sequencer who took 5 years off to care for her three children. She then returned full time as Arizona's assistant district attorney prior to her Supreme Court nomination.

All too frequently, young professional women feel that they will be missing something in their career development or in their upward mobility if they take time off to raise children. This is not necessarily true. However, it is a decision they alone can make. Career opportunities always are present; it is the skills and personality that professional women bring to the marketplace, and not so much multiple years of service, that are important.

As Winifred E. Scott stated in her most recent article, "The complexities of women's career decisions will always be with us, primarily due to the decisions one must make during our child-bearing years, and also because of the ideology of the role of women as primarily a caretaker, and the limited access that women have had in their career choices." In her study, designed to investigate the variables that differentiate occupational therapy leaders from non-leaders, she discovered some significant attri-

butes. She noted that most of the leaders in this group had been brought up with good role models within their own families, in the person of either their father or mother or both. Their orientation toward achievement began in childhood, with the expectations and role-modeling of the parents, and then continued in their own choice of professional activities. The survey noted that the husbands of these leaders appeared to strongly support their wives leadership activities. Approximately 75% of the leaders reported that, "their husbands were among the three most important sources of encouragement for professional achievement," Scott noted.²

She continued, "traditional expectations of the roles of men and women are changing, the cost of living is rising steadily, and there is an increasing trend for married women with pre-school children to be employed. These factors heighten expectations that younger therapists will be in the work force most of their lives." Many of today's young men have grown up in households where their mothers have been employed, and the probability that these families will have fewer children has increased. The advantage of a wife's additional income and her career satisfaction are a great incentive. For all these reasons, many young men may soon expect their wives to have serious career ambitions. Nevertheless, since the marriage relationship is an important determinant in the lives of women, the female-dominated occupations have the responsibility to include information on the impact of marriage on a career in their professional curricula.

Scott also affirmed "the importance of early socialization, the parental expectations of achievement, and the young girl's ability to identify with both parents (a mother who is free to pursue her own career and a father who is available to encourage his daughter's career interests)." Therefore, the expectation of a professional woman, trained in the 1950s, was primarily one of marriage and a family. Her professional involvement was an avocation, whereas, in the 1990s, the expectation of educated women is of being needed, directed, and encouraged to succeed in the marketplace. This dual role dictates the involvement of both husband and wife in child-rearing and in the accommodation of both individuals' professional careers.

A recent editorial titled, "Super Mom is Super Tired," contained a plea to our country's corporations and employers to address expanded maternity benefits and child care benefits. It pointed out that six out of ten working women in the United States have no maternity benefits. We are the only industrialized nation that has no mandatory maternity leave; the standard in Western Europe is five months maternity leave. This public policy illustrates that West Germany, England, France, and other countries all understand that working mothers are normal and not

the exception. They view maternity leave for women in the same light as military leave for men, and it is looked at as a necessary investment in the nation's future.³ I can certainly support their stand. Working women should have this benefit as well as expanded day-care centers available to them. Innovative solutions such as job-sharing, flexible work hours, and part-time work schedules should all be developed. Professional women should be confident in their marriages, families, and their careers.

And how does all of this affect us as hand therapists in 1988? A great deal. It has meant that over the years, a core of talented occupational therapists and physical therapists banded together as professional women who cared enough to take another giant step in creating the opportunity for a new treatment discipline: the hand therapist. This daring concept has matured and hand therapy has been recognized as a strong specialized service.

During the past ten years, hand therapists have presented excellent research and technical papers and have developed advanced treatment protocols in combination and coordination with outstanding hand surgeons. Not only is the door now open for much future collaboration, but the hand therapist can stand equally with the physician in her contribution to the field of definitive hand management.

Hand therapists have also extended their knowledge and hands to therapists around the world. Each year our American colleagues go overseas to share expertise and invite our overseas counterparts to come to the United States to exchange ideas. We offer advanced training, fellowship, traineeships and job opportunities to the bright clinicians with inquiring minds.

As we look forward to the 1990s, professional women have unlimited opportunities on an equal basis with their male counterparts and can feel secure in pursuing a family life without sacrificing their career opportunities. We can touch the lives of our patients and colleagues and be an example for the new generations. We can all continue to contribute through clinical practice, administration, education, writing and research, and still be wives and mothers. The therapists in the year 2000 will have the benefit of educated, nurturing fathers and mothers, who have encouraged, mentored, and stimulated their lives. The opportunities are many and the choice is yours.

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