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COMMITMENT TO WORK, CARE GIVING AND SENIORITY: THE CASE OF
NURSING

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COMMITMENT TO WORK, CARE GIVING AND SENIORITY: THE CASE OF NURSING

ABSTRACT

The current study examined whether differences in commitment to paid employment or different levels of private sphere responsibility between women and men could explain the gender segmentation of the paid work force. A survey of a composite sample (N=380) of Australian nurses showed that there were no significant differences between women and men in terms of commitment to paid employment although commitment was a predictor of seniority. Primary care-giving status also predicted seniority and women were more likely than men to have care-giving responsibility for dependents. Multiple logistic regression showed that, independent of gender, primary responsibility for care-giving to dependents, rather than commitment to paid employment, explained more of the differing chances for women and men of being in senior positions.

KEYWORDS: Gender segmentation; work-family; commitment; multiple logistic regression

COMMITMENT TO WORK, CARE GIVING AND SENIORITY: THE CASE OF NURSING

INTRODUCTION

Senior positions in the paid work force are generally accepted to be those with higher salaries. Across all occupations men tend to be numerically over represented in senior positions (Hodge, 1997), a phenomenon termed the gender segmentation of the work force. A number of explanations have been posited for the gender segmentation of the paid work force including differences between women and men in commitment to paid employment and different roles in the private sphere. The current study is of interest as it examines only employed women and men in a single occupation (nursing) and uses multiple logistic regression [MLR] to investigate whether commitment to paid employment, relationship status, or responsibility for dependents, or a combination of the three, predict the gender segmentation of the paid work force in Australia.

Literature Review and Hypotheses

The paid working lives of women and men remain fundamentally different, most markedly when it comes to their relative presence in senior positions. Women are not in senior positions in proportions comparable to their overall presence in the paid work force. Although much research has addressed this issue the reasons for men's over representation in senior positions in the paid work force remain elusive.

One proposed explanation for the gender segmentation of the paid work force is the differing roles women and men have in the private sphere. An Australian qualitative

study found that professional and managerial women felt that there is a perception that women are less capable than men at paid employment. They felt that there is a belief amongst employers that as women carry many of the responsibilities of the private sphere this negatively impacts on their capacity to perform in the public sphere (Grant & Porter, 1994). Despite legislation in various jurisdictions forbidding employment discrimination on the basis of marital status, marriage has still been shown to be seen as a disadvantage in women's employment, demonstrating the negative influence of the private sphere on women's achievements in the paid work force. Supporting this theory is evidence that in the United States female graduates of business schools in the 1990s were known to remove their wedding rings before interview to avoid what they perceived as the negative effects of marriage on female graduates' employment chances (Schwartz, 1992 cited in Burke, 1999). A Swedish study found that women in the professions were less likely than their male colleagues to be married (Mueller *et al.*, 1994).

A large scale quantitative study of members of the general work force in Britain showed marriage to be negatively associated with seniority in the paid work force for women but found no effect for men (Melamed, 1995). Other studies, in the civil services of Canada (Tomiak *et al.*, 1997) and the United Kingdom (Roberts *et al.*, 1993), have found married men to be more likely than single men to hold senior positions but found no effect for women. It is interesting that for men a positive association of marriage with seniority in the paid work force was found amongst government employees in two English speaking countries but not in the general work force of Britain. The opposite was true for women where in the general British work force a negative association of marriage with seniority was found but this association was not found amongst

government employees. In Australia a random cross-national sample of employed women and men has found married women earn less than single women with the reverse applying to men (Baxter, 1992).

The inconsistent results of past research suggests that the interactions of marriage, gender, and chances of being in a senior position in the paid work force are worthy of further investigation. The current study does so in an English speaking country in one occupation with both government and non-government employees and career structures. The current study replicated Baxter's (1992) investigation with the difference of collecting information within one occupation, testing the hypothesis that for women being in a relationship is negatively associated with seniority whilst for men being in a relationship is positively associated with seniority (H_1).

Although relationship status may be a predictor of seniority it is unlikely to fully explain the gender segmentation of the paid work force. Rather, it is the perceptions of women's roles within relationships, in particular the care giving for dependents, that may be driving gender segmentation. This idea is supported by a London School of Economics discussion paper which stated that despite the closure of gaps between women and men in terms of human capital, women who have children may be expected by employers to be less productive in the work force than those without children (Joshi *et al.*, 1996). In a study of the general workforce of the United Kingdom it was found that having children acted as a brake on women's seniority in the paid work force (Sprague, 1994). Similarly, in questionnaire comparisons of women and men in the workforces of the Netherlands (Schuld *et al.*, 1994) and Britain (Melamed, 1995) it was found that for men, having children either did not affect or increased seniority in the paid work force,

whereas for women children appeared to act as a hindrance on the achievement of senior positions. In the United States a questionnaire based study also found that for professional and managerial women having children negatively impacted on their career (Burke, 1999).

It is possible that for women care giving for children has a negative impact on their input to paid employment and thus impedes their career progression. In contrast a man's care giving for dependents is often translated into provision of financial support and so the presence of dependents in their lives may act as an incentive to seek more senior, better paying positions, and not provide a distraction from concentration on paid employment. This proposal is consistent with the finding from a randomly selected sample of employed women and men in the United States that married women were more likely than married men to report that family demands negatively affected their paid work commitments (Keene & Reynolds, 2005). The women in the Keene and Reynolds study reported using work rescheduling to more effectively meet demands from home and the work place. As nurses are often seen as professional care givers it is particularly interesting to examine the impact of private sector care giving on the seniority of female and male nurses, particularly as the more senior positions in nursing involve less direct patient involvement and more fixed hours of attendance at the work place. The current study tests, in a single occupation, the hypothesis that being a primary care giver for dependents is negatively associated with seniority for women and positively associated with seniority for men (H_2).

A further reason put forward to explain the gender segmentation of the paid work force is that men have higher commitment to paid employment than women (Falkenberg,

2003; Hakim, 1995; Ngo & Tsang, 1998). It is argued that due to their commitment to work men are promoted into senior, better paying positions (Hakim, 1995).

Whilst researching the effect of commitment differentials on the gender segmentation of the paid work force, some projects have defined commitment in terms of commitment to a particular organization (e.g. Koh & Boo, 2004; Rannona & Buitendach, 2004). However gender differences in organizational commitment have shown inconsistent findings. One study amongst senior business executives in Hong Kong found that men had higher organizational commitment than women (Ngo & Tsang, 1998), yet another study amongst employed parents in human services in Hong Kong found the opposite with women having higher organizational commitment than men (Aryee *et al.*, 1998). Similar studies in the United States found no difference in organizational commitment between women and men (Kacmar *et al.*, 1999; Moncrief *et al.*, 2000). It is known that organizational culture affects employees' organizational commitment (Aryee *et al.*, 1998; Rashid *et al.*, 2003) and this may explain the inconsistent findings regarding gender differences in organizational commitment and somewhat limits the value of organizational commitment as a predictor of seniority in the general paid work force. Commitment to paid work per se may be a more appropriate measure of commitment when studying factors affecting seniority.

This more generic commitment to paid work is envisaged as the more "global" concept of valuing engaging in paid employment (Crompton & Lyonette, 2005; Hakim, 1995, 1996; McRae, 2003a, 2003b). In essence what is meant by global commitment to paid employment is the concept of being committed to having a paid job rather than the idea of being loyal to a particular employer. A national survey in Britain in 1991 found

67% of 33 year old women felt life could be satisfying without paid employment whereas only half of 33 year old men felt similarly (Wiggins & Byner, 1993 cited in Hakim, 1995). This result is presented as evidence of higher global commitment to paid employment amongst men than women (Hakim, 1995). However, it must be noted that the question was asked of a sample including those in the work force and those without paid employment. At the time of the British study 38% of women in Britain aged 25-34 were not in paid employment (1991 Census cited in Hakim, 1995) whereas of men aged 30-34 only approximately 16% were unemployed (Pensola & Martikainen, 2004), potentially skewing the results on the perception of life being satisfying without paid employment. It is suggested that studies on commitment to paid employment should realistically only be carried out amongst those in paid employment.

Much work suggesting that lower commitment to paid employment is negatively associated with seniority in the paid work force makes the connection between the two somewhat anecdotally by demonstrating women's lower commitment and women's lower representation in senior positions from different data sources and assuming a link between the two (e.g. Hakim, 1995). The current study collects data on seniority and commitment to paid employment from the same sample, enabling a direct test of whether or not commitment to paid employment is associated with seniority in the paid work force. As it is widely assumed to be the case, it is predicted that the current study will demonstrate that global commitment to paid employment is positively associated with seniority in the paid work force (H_3).

What is not clear from past research is the way in which responsibilities and relationships in the private sphere and levels of commitment to paid employment together

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6 conflicting results concerning women and men and levels of commitment to work may be
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10 somewhat inconsistent findings, the current project tests the competing explanations for
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12 the gender segmentation of the paid work force to see whether commitment to paid
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14 employment or private sphere responsibilities provides the better explanation for gender
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16 segmentation.
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21 Nursing is a gender segmented occupation (Hodge, 1997) which allowed the
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23 current study to be conducted amongst women and men employed within one occupation
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25 with both government and non-government sectors. Within a single occupation it is
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27 suggested that private sphere relationships and primary care giving responsibilities for
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31 accounting for men's greater chances than women of being in a senior position in the
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33 paid work force (H₄). The strength of this study is that the hypotheses can be tested
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35 examining only those in paid employment and by comparing women and men in similar
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37 work settings to facilitate a consistent means of defining seniority.
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43 A cross-sectional survey of nurses within the most populous State of Australia,
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45 New South Wales [NSW] was therefore conducted to enable comparison of women and
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47 men within the same occupation regarding seniority, relationship status, primary
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51 tested the competing explanations that the gender segmentation of the paid work force is
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53 due to women's lower commitment to paid employment (Hakim, 1995) or due to
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different private sphere relationships and responsibilities (e.g. Melamed, 1995; Sprague, 1994).

The current study tested four hypotheses:

H₁: For women being in a relationship is negatively associated with seniority whilst for men being in a relationship is positively associated with seniority.

H₂: Being a primary caregiver for dependents is negatively associated with seniority for women and positively associated with seniority for men.

H₃: Global commitment to paid employment is positively associated with seniority in the paid work force.

H₄: Private sphere relationships and primary care giving responsibilities for dependents are more powerful predictors than commitment to paid employment in accounting for men's greater chances than women of being in a senior position in the paid work force.

METHOD

Participants

To ensure an adequate response from men for the analyses to be conducted, a questionnaire was sent to two random samples of NSW registered nurses [RNs]. As nursing Registers are generally not publicly available, access was negotiated with the NSW Nurses Registration Board to the NSW Register. A total of 1500 pre-packaged envelopes were delivered to the Board who sent out the packages to the two samples, composed of 750 women and 750 men randomly selected from the NSW Register. This process ensured the privacy of the Register and ensured that the research team at no time

had knowledge of the names of the RNs who received questionnaires from the Board. In addition, thirty six questionnaires were sent directly, by the research team, to senior RNs (27 women and 9 men), to ensure sufficient numbers of senior nurses for analysis.

Four hundred and eighty three questionnaires were returned from the composite sample (249 from 777 women and 234 from 759 men). After accounting for questionnaires returned to sender, blank or too late, a response rate of 32% was obtained. Excluding respondents who were not currently working in the hospital system a total of 380 cases (199 women and 181 men) were included in the analysis for this study.

The reason for a lack of response may be that nurses are highly surveyed and hence are often reluctant to return questionnaires. A further reason may be that the sampling frame was the NSW Register and 18.5% of those on the Register are not currently working (Workforce Planning Unit, 1996) so they may have chosen not to return the questionnaire. A comparison of the proportions in the sample with known State statistics of each sex in senior positions, funding basis of hospital of employment, and employment status (full- or part-time, permanent or contract) was carried out. This confirmed that, despite the response rate of 32%, those who chose to return their questionnaires were representative of NSW RNs.

Measures

Dependent variable

The main focus of the current study was investigating the effect of gender, relationship status, care giving for dependents and commitment to work on the gender

segmentation of the paid work force. In other words how do these independent variables interact in order to lead to a situation where men are numerically over-represented in senior positions in the paid work force. In order to do this it was necessary to gather information from respondents on their current level of seniority. Seniority was defined as the current position in the nursing hierarchy as reported by the respondents (Table I). This project was restricted to one state in Australia to avoid problems in defining "senior" across a number of differing career structures (Melamed, 1995). Although some projects have defined "senior" in terms of a certain level of income, this was not appropriate in the current study as salary scales differed in rural and urban and private and state hospitals, whereas the career structure for nurses remained constant across the various jurisdictions within NSW.

Table I shows the current level of seniority of respondents. These responses were dichotomised (Table II) into senior (the top two grades with a higher administrative focus, N=59) and junior (the remaining three grades with a higher bedside focus, N=321). Although collapsing categories often results in a reduction in variation (DeMaris, 1992), the numbers of nurses in the two "administrative" grades was too low to allow inferential analysis using a chi square due to some cells having expected frequencies of less than five.

Independent variables

Relationship status

In Australia there is increasing acceptance of cohabitation as a viable and continuing alternative to legal marriage (Khoo & McDonald, 1988). Accordingly in much Australian

social research cohabitation is considered as equivalent to legal marriage, (e.g. Butterworth & Rodgers, 2006) an approach consistent with a recent multi-national study on marriage and earnings (Stickney & Konrad, 2007). Participants were therefore asked “what is your current relationship status?” with the answers being coded as either “in a relationship” or “single”. Although this meant participants in a non-cohabiting relationship may have been included together with those in marital or de facto relationships, it is argued that those in non-cohabiting relationships are relatively small in number and the advantages of maintaining an easy to answer questionnaire that allowed the recognition of same sex cohabitation, and produced results amenable to analysis outweighed any possible disadvantages of relationship mis-definition.

Primary care-giver status

Participants were asked “are you the primary caregiver for any dependents (defined as children, disabled relatives, aged relatives or other)?” with possible answers being “yes” or “no”. The question was deliberately broad to allow those providing any kind of care to any dependents to define themselves as a primary care-giver.

Commitment

It is acknowledged that “commitment” to paid employment is notoriously difficult to define (see Singh & Vinnicombe, 2000). Commitment to paid employment, for the purposes of this study, was measured by asking respondents to answer two questions evaluating their relative commitment to paid employment. Respondents were asked to indicate on five point Likert scales, from “not at all” to “definitely”, whether “Having a

successful primary relationship is more important to me than success in my career” as a measure of overall commitment to success in paid employment. They were also asked, using the same Likert scale, to comment on how closely they felt the following statement reflected their position: “I would turn down a promotion if the responsibilities of the new position would affect my commitments and relationships outside work” as a measure of their current balance between paid work and private sphere commitments. Both questions asked respondents to assess whether they place importance the private sphere above the public sphere, an indicator of global commitment to paid employment (following the reasoning of Hakim, 1995) although each question was analysed separately.

The frequency distribution for the question asking “Having a successful primary relationship is more important to me than success in my career” indicated that of the 317 respondents who answered this question, 59% of respondents had answered “definitely”. Consequently a dichotomous variable was created comparing those for whom a successful relationship was definitely more important than a successful career (N=186) to those who answered anything less than “definite” about perceiving a relationship as more important than their career (N=131).

Similarly for the question asking whether “I would turn down a promotion if the responsibilities of the new position would affect my commitments and relationships outside work”, 44% of the 368 respondents who answered this question had answered “definitely”. A dichotomous variable was created which compared those who would definitely turn down a promotion if it would interfere with outside commitments and relationships (N=162) to those who were less definite (N=206).

Procedure

To improve the response rate, the front page of the questionnaire was printed on yellow paper, a reply paid envelope was included for return of the questionnaire, a letter explaining that the research was to find out why men were numerically over-represented in senior positions in nursing was included and a reminder letter was sent (all adapted from (Foddy, 1993).

All analysis was carried out using SPSS version 15.0. Chi-square analysis was used to examine hypotheses one to three: whether being in a relationship was associated with seniority, whether primary caregiver status was associated with seniority and whether commitment to work was associated with seniority. However, multivariate analysis was needed to test hypothesis four: whether private sphere relationships and primary care giving responsibilities for dependents are more powerful predictors than commitment to paid employment in accounting for men's greater chances than women of being in a senior position in the paid work force.

Logistic regression allows investigation of the effects of independent variables on the chances of falling into categories of a dependent variable. Multiple logistic regression [MLR] allows an estimation of the differing effects of independent variables in predicting membership of categories of the dependent variable. In a bivariate logistic regression, with sex as the independent variable we could calculate the effect of being female on the chances of being in a senior position. If any of the other independent variables (measuring relationship status, primary care giving responsibilities or commitment to paid employment) were then entered into an equation with sex and were significant, as indicated by a significant change in the model χ^2 , and altered the magnitude or sign of the coefficient for sex, it indicated that the new variable was an intervening variable

(DeMaris, 1992). The strength of the intervening variable was measured by the size of the reduction in the coefficient for sex (DeMaris, 1992), the variable which brought about the greatest reduction in the magnitude of the coefficient for sex being regarded as the strongest intervening variable.

RESULTS

Descriptives

The responses to the questionnaire demonstrated a gender segmentation of nursing in NSW. Chi square analysis showed sex was significantly ($\chi^2=7.88$, $df=1$, $p=0.005$) associated with seniority (Table II). Calculation of the odds ratio showed that women had 0.44 the chances of men of being in senior positions. In other words, being male increased the chances of being in a senior position by 2.25.

The majority of the respondents (86% of the 353 respondents who answered this question) perceived themselves to be in a relationship, with no significant difference between women and men in terms of relationship status (Table III). For neither the female nor male sample was calculation of the chi square for relationship status with seniority possible due to one cell having an expected frequency less than five in each sample. A Fisher's Exact Test, a less powerful analysis than a chi square which does not require a minimum of five expected observations in each cell, showed no significant association between relationship status and seniority for either women or men. The

results did not then support hypothesis one as there was no association found between seniority and relationship status for either the female or male samples.

Of the 366 respondents who answered the question regarding care-giver status 37% indicated they were the primary care-giver for one or more dependents. Of the 190 women who responded to this question, 103 (54%) were the primary caregivers for one or more dependents, which was a significantly ($\chi^2=50.95$, $df=1$, $p<0.001$) higher proportion than the 18% of male respondents who identified as a primary care-giver (Table III). Amongst those in senior positions twenty per cent of women identified as primary care-givers whereas 11% of men identified as primary care-givers, a statistically significant difference ($\chi^2=50.95$, $df=1$, $p<0.001$) (Table III). For women, the association between primary care-giver status and seniority was significant ($\chi^2=10.54$, $df=1$, $p=0.001$). Women who were not primary care-givers had almost six times the likelihood of being in a senior position compared to women who were primary care-givers. For men the association between primary care-giver status and seniority was not significant. There was some support for the second hypothesis. For women being a primary care-giver was negatively associated with seniority but no support for the second part of the hypothesis, that for men being a primary care-giver was positively associated with seniority, was found.

Two questions evaluated the respondents' commitment to paid employment. Of the 368 responses to the question on the possibility of turning down a promotion if the responsibilities of the new position would affect commitments and relationships outside work, 162 (44%) answered that this was definitely the case (Table III). There were 317 respondents to the other commitment question, whether having a successful primary

relationship is more important than career success, of which 186 (59%) were strongly affirmative (Table III). There was no significant difference between women and men in terms of their responses to either question (Table III).

Being definite regarding intention to turn down a promotion if it would interfere with commitments and/or relationships outside work was significantly associated with seniority ($\chi^2=21.82$, $df=1$, $p<0.001$). However, valuing a relationship over a career was not significantly associated with seniority. Separate analyses were then conducted for women and men. Both valuing a relationship over a career ($\chi^2=8.15$, $df=1$, $p=0.004$) and intending to turn down a promotion if it might interfere with relationships and commitments outside work ($\chi^2=12.86$, $df=1$, $p<0.001$) were significantly associated with seniority for women. For men only one of the commitment questions, whether the respondent would definitely turn down a promotion if it might interfere with commitments and responsibilities outside work, was significantly associated ($\chi^2=8.51$, $df=1$, $p=0.004$) with seniority (all commitment and seniority figures are displayed in Table III). Despite there being no significant differences between women and men in terms of commitment, there was some positive association between commitment to paid employment and seniority. Thus, there was some support for hypothesis three, which predicted that commitment to paid employment would be positively associated with seniority in the paid work force

To determine the extent to which either private sphere responsibilities or commitment to paid employment accounted for men's greater chances than women's of being in a senior position (H_4), primary care giver status and being definite regarding intention to turn down a promotion if it would interfere with commitments and/or

relationships outside work were entered into MLR equations with sex as an independent variable and seniority as the dependent variable (Table IV). Neither the other commitment to paid employment variable, that is definitely valuing a relationship over a career nor relationship status were significant in the bivariate analysis for the whole sample so these variables were not included in the multivariate analysis. A number of logistic regression equations were run. Model 1 in Table IV gives the baseline measure of the effect of being female on the chances of being in a senior position in the absence of any other independent variables. Examining models one (sex alone as independent variable) and four (commitment and sex as independent variables) and models one (sex alone as an independent variable) and five (sex and primary care giver status as independent variables) the change in model chi square in both cases was significant. These results indicate that both primary care-giver status and global commitment to paid employment added information to sex regarding chances of being in a senior position and, therefore, both primary care-giver status and global commitment to paid employment were intervening variables mediating the predictive power of sex's association with seniority.

The change in the model chi square between models two (commitment alone as an independent variable) and four (commitment and sex as independent variables) was also significant, suggesting that sex adds information regarding chances of being in a senior position to commitment to paid employment and therefore acts as an intervening variable. However, the change in model chi square between model three (primary care giver status alone as an independent variable) and model five (sex and primary care giver status as independent variables) was not significant, indicating that sex added no

information not already accounted for by primary care-giver status in terms of predicting the chances of being in a senior position.

For model 1, sex alone ($\beta = -0.81$) and model 4 sex ($\beta = -0.76$) and commitment sex is significant ($p \leq 0.01$) but there is a reduction of 6% in the strength of the β coefficient for sex in model 4. For model 5 sex ($\beta = -0.42$) and primary caregiver status sex is no longer a significant predictor of seniority and there is a reduction of 48% in the β coefficient for sex from model 1. It appears, therefore, that primary care giver status is a stronger intervening variable than commitment in explaining the gender segmentation of nursing in NSW, partially confirming hypothesis four.

DISCUSSION

The present study examined the factors that might explain the numerical overrepresentation of men in senior positions. It was not unexpected that women in the present study had a far lower chance than men of being in a senior position in nursing administration as it confirms previous research (Hodge, 1997). The present study tested the role of commitment to work, being in a relationship and being a primary carer for dependents in explaining this overrepresentation. We found some support for three of our four tested hypotheses. There was no support for hypothesis one as there no association between seniority and relationship status for either women or men. Being a primary caregiver was negatively associated with seniority for women, although, contrary to our hypothesis, there was no relationship between being a primary caregiver for dependents and seniority for men. Commitment to paid employment was positively associated with seniority, particularly for women (H_3). Finally, commitment to work was associated with

seniority but had little impact on gender, whereas being a primary caregiver for dependents fully mediated the relationship between gender and seniority (H_4).

The work-family conflict literature has long demonstrated that family responsibilities can affect work outcomes. Previous research has found contradictory findings about the effects of being in a relationship on seniority (Roberts *et al.*, 1993; Tomiak *et al.*, 1997). The present study found no association between relationship status and seniority in an Australian context (H_1). This may reflect the definition within this study of “relationship” to include all varieties of relationship. Alternately, it may be that overall men are increasing their involvement in domestic responsibilities, thus reducing the negative impact for women of being in a relationship on seniority and the positive impact for men. Future research should examine whether the extent to which partners share domestic responsibilities moderates the relationship between being in a relationship and seniority.

Rather than relationship status alone we also investigated status as a primary caregiver for dependents, an aspect of people’s roles within relationships, to see if it was associated with seniority. The current study shows that for women being primary caregivers for a dependant was negatively associated with seniority (H_2) supporting past research (Melamed, 1995; Schuld *et al.*, 1994; Sprague, 1994). However, the relationship was not significant for men. Such a finding emphasises the potential importance for women of family friendly work practices that may ameliorate the impact of care-giving responsibilities. Future research should test whether such practices do reduce the negative association between being a primary caregiver and seniority for women. What is less clear is the reason why the same association was not found for men,

particularly given their reported increased involvement in child care. It may be that men's increased involvement in care for dependents is in activities that don't interfere with work. For example, it has been reported that women in Britain and France continue to undertake a greater proportion of childcare tasks, particularly those tasks that directly interfere with work, such taking time off work to care for a sick child (Windebank, 2001). The presence of children also increases both the gender segregation of housework and the relative amount of housework performed by women (e.g. Ishii-Kuntz & Coltrane, 1992). Future research is needed to test whether the type of dependent care activities that men undertake and the domestic division of labour could be explanations for the lack of association between being a primary caregiver and seniority found for men in this study.

The third hypothesis tested the widely accepted, but not tested, idea that commitment to work is associated positively with seniority and found some support . While commitment was associated with seniority in this study, there was no difference between men and women in their commitment to work. Our results thus support previous research which found no difference in organisational commitment between women and men (Kacmar *et al.*, 1999; Martin & Hafer, 1995; Moncrief *et al.*, 2000; Schul & Wren, 1992; Siguaw & Honeycutt, 1995; van der Velde *et al.*, 2003).

The results regarding association between commitment and seniority did, however, differ for women and men. A strong commitment to paid employment, as measured by being less than definite that a position would be turned down if it interfered with relationships and commitments outside work, was associated with seniority for both men and women. However, valuing a successful relationship over a successful career was associated with seniority only for women. This suggests that rather than lacking

commitment to paid employment, women may feel they have to choose between a relationship and a career, whereas men perceive they can have both.

There was some support for the hypothesis (H₄) as private sphere caring responsibilities are a more powerful intervening variable than commitment to paid employment in accounting for men's greater chances than women of being in a senior position in the paid work force. Being less than definite that promotion would be turned down if it would interfere with outside responsibilities and relationships did not remove sex as a significant predictor of seniority and only reduced sex's predictive power by 6%. In contrast, when primary care-giving responsibilities was added to the MLR it removed sex as a significant predictor of seniority, indicating strongly that women's greater chances of having primary care giving responsibilities for a dependent is a major reason for women's lower representation than men's in senior positions. The importance of our earlier discussion about the importance of examining whether family friendly work practices can ameliorate this effect is confirmed.

The study was not strongly affected by the disappointing response rate (32%) as comparison with known State statistics showed the sample was representative and it was of an adequate size for the analyses. The methodology of the current study is, however, limited by being cross-sectional and it cannot tackle the interplay between agency and structure (e.g. Healy, 1999; Proctor & Padfield, 1999). Moreover further research is necessary to investigate how primary care-giver status is contributing strongly to gender segmentation of the paid work force, given there was no difference between women and men in their commitment to paid employment. Future research needs to examine whether this finding is replicated in other occupations. Future research should also consider the

effects of caring for dependents as a non primary caregiver.

In conclusion, this study has demonstrated that it is not a lack of commitment to work so much as greater primary care giving responsibilities that explains women's under-representation in senior positions. This supports previous research which argues that women make their career decisions as a compromise between their opportunities in the public sphere and the demands upon them from the private sphere (Hakim, 1995). If women and men do not differ in their commitment to paid employment yet there are differences in the way commitment associates with seniority for the two groups, this has implications for those managing the work force. For women planning careers, it is important that they are aware of the possible hindrance of dependents on their careers so that informed choices can be made and ameliorating steps put in place. Without a change to the culture and practices of organizations, it seems likely that as long as women continue to have greater responsibility for the care of dependents they will continue to be underrepresented in senior positions in organizations.

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Table I Numbers of respondents in each section of the nursing hierarchy

Position	Total	Women	Men
	number of		
	respondents		
DON or above	27 (7.1%)	9 (4.5%)	18 (9.9%)
ADON/DDON	32 (8.4%)	12 (6.0%)	20 (11.0%)
NUM	49 (12.9%)	22 (11.1%)	27 (14.9%)
CNS/CNC	80 (21.1%)	31 (15.6%)	49 (27.1%)
RN	192 (50.5%)	125 (62.8%)	67 (37.0%)
Total	380	199	181

DON: Director of Nursing, ADON: Assistant Director of Nursing, DDON:

Deputy Director of Nursing, NUM: Nurse Unit Managers, CNS: Clinical Nurse

Specialist, CNC: Clinical Nurse Consultant, RN: Registered Nurse

Table II Numbers of women and men designated as in senior or junior positions
NB: all cells have an expected frequency of at least 5

	Senior	Junior	Total
Women	21 (10.6% of women)	178 (89.4% of women)	199
Men	38 (21.0% of men)	143 (79.0% of men)	181
Total	59 (15.5% of positions)	321 (84.5% of positions)	380

Table III Descriptive statistics for sample

NB: (except where indicated *) all cells have an expected frequency of at least 5

Women				
	Senior		Definitely	Junior Other
	Definitely	Other		
No to job interfering with private life	2 (10%)	18 (90%)	90 (52%)	82 (48%)
Relationship over career	Definitely	Other	Definitely	Other
	3 (20%)	12 (80%)	86 (59%)	61 (41%)
Primary care giver for dependent(s)	Yes	No	Yes	No
	4 (20%)	16 (80%)	99 (58%)	71 (42%)
Relationship*	Yes	No	Yes	No
	14 (70%)	6 (30%)	144 (86%)	24 (14%)
Men				
	Senior		Definitely	Junior Other
	Definitely	Other		
No to job interfering with private life	7 (19%)	30 (81%)	63 (45%)	76 (55%)
Relationship over career	Definitely	Other	Definitely	Other
	20 (61%)	13 (39%)	78 (63%)	45 (37%)
Primary care giver for dependent(s)	Yes	No	Yes	No
	4 (11%)	32 (89%)	28 (20%)	112 (80%)
Relationship*	Yes	No	Yes	No
	30 (91%)	3 (9%)	115 (87%)	17 (13%)
All respondents				
	Senior		Definitely	Junior Other
	Definitely	Other		
No to job interfering with private life	9 (16%)	48 (84%)	153 (48%)	158 (51%)
Relationship over career	Definitely	Other	Definitely	Other
	22 (48%)	25 (52%)	164 (61%)	106 (39%)

Primary care giver for dependent(s)	Yes	No	Yes	No
	8 (14%)	48 (86%)	127 (41%)	183 (59%)
Relationship	Yes	No	Yes	No
	44 (83%)	9 (17%)	259 (86%)	41 (14%)

Table IV MLR Equations

	Model 1	Model 2	Model 3	Model 4	Model 5
Constant	-1.33***	-2.83***	-1.34***	-2.46***	-1.19***
Sex (effect of being female)	-0.81**			-0.76**	-0.42
Less than definite intention to turn down a promotion if it would interfere with outside commitments/relationships		1.64***		1.60***	
Primary care-giver for at least one dependant (effect of yes)			-1.34***		-1.27**
Model χ^2	7.94	24.10	16.39	30.44	18.11
df	1	1	1	2	2
Model χ^2 significance	0.01	<0.001	<0.001	<0.001	<0.001
N in equation	380	368	366	368	366

Coefficients (β) for each variable are given.

Level of significance of Wald statistic is given by * $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$

Issue numbers have been removed for Burke (1999) and van de Velde et al (2003). According to our records Gender Work and Organization, Journal of Australian Population Association and International Journal of Psychology all restart pagination in each issue so issue numbers have been left in these references. Journal has been spelt correctly in Keene.