Labour/Le Travailleur

Feminism, Class Consciousness and Household-Work Linkages Among Registered Nurses in Victoria

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Résumé de l'article

Cette étude de 179 infirmières diplômées, dans un grand hôpital de soins intensifs, traite des rapports entre l'expérience des infirmières engagées dans leur situation domestique et dans leur profession, et de la conscience qui découle de cette double expérience et qui aussi l'informe. Une grande majorité des personnes interrogées s'opposait aux prérogatives masculines et approuvait l'égalité domestique et salariale des femmes. Sur les questions plus controversées concernant la politique de sexe et de classe, les réponses étaient plus diversifiées.

Les infirmières plus jeunes, occupant une position subalterne, ainsi que celles dont le conjoint était de la classe ouvrière et qui jouissaient d'une organisation domestique relativement égalitaire, affichaient des attitudes progressives sur les questions de classe et de sexe, mais ces corrélations statistiques sont toutefois faibles. Le manque de correspondance marquée entre la position sociale et la conscience de classe et de sexe reflète peut-être les expériences contradictoires des infirmières dans, par exemple, des mariages inter-classe ou une situation de travail quasi-professionel.

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LIKE MANY OTHER hospital workers, the vast majority of Registered Nurses are simultaneously dependent employees and subordinated women.[1] Hospital work, which has replaced private duty nursing whose practitioners sold their services for a fee, has increasingly involved nurses in capitalist social relations; employment practices and worker-management relations in hospitals are structured along corporate lines.[2] As Campbell's research on information systems in Toronto hospitals demonstrates, cost saving, efficient management and maximum productivity are practised on a wide scale.[3] The use of Licensed Practical Nurses (LPNs) and Nurses' Aides reflects an advancing division of labour in which a minority of the professionally most-qualified nurses become supervisors and the less qualified are technically subordinated.[4] However, while becoming formally subordinated to the power of employers, many nurses have gained authority and power within hospitals which they did not formerly have — as in their supervision of LPNs, aides, and other workers.[5]

From the beginning, the proletarianization of nursing labour has led to strategies of collective resistance.[6] Nurses have engaged successively in a series of struggles for registration, collective bargaining rights, and union recognition. These collective actions have focused both on the traditional feminine service ethic and

[1]K. McPherson, "Nurses and Nursing in Early Twentieth-Century Halifax," M.A. thesis, Dalhousie University, 1982; S. Reverby, "The Nursing Disorder: A Critical History of the Hospital-Nursing Relationship, 1860-1945," Ph.D. thesis, Boston University, 1982.

[2]D. Wagner, "The proletarianization of nursing in the United States, 1932-1946," *International Journal of Health Services*, 10 (1980), 271-90.

[3]M. Campbell, "Information Systems and Management of Hospital Nursing: A Study in the Social Organization of Knowledge," Ph.D. thesis, University of Toronto, 1984.

[4]M.S. Larson, "Proletarianization and Educated Labour," *Theory and Society*, 19 (1980), 164-5.

[5]B. Melosh, *The Physician's Hand: Work, Culture and Conflict in American Nursing* (Philadelphia 1982), 196; P. Armstrong, "Female complaints: Women, health and the state," manuscript, Vanier College, 1986.

[6]See P. Bellaby and P. Oribabor, "The Growth of Trade Union Consciousness Among General Hospital Nurses, Viewed as a Response to 'Proletarianization'," *The Sociological Review*, 25 (1977), 801-22.

on class- and status-related issues. Professional concerns for training and upgrading and for adequate provision of quality service have also arisen; they serve to define nurses as a distinct status group within the working class.[7]

Nursing is also gendered labour. The inculcation during nurses' training of what Garmarnikow terms a naturalistic ideology emphasizing connections between femininity, motherhood, housekeeping, and nursing has been a means of ideological subordination, emphasizing devotion to service, subservience, and obedient acceptance of medical authority. This ideology has been an important means of securing nurses' consent within the hospital labour process.[8]

Nurses' subordination to physicians and hospital administrators has been an important source of working-class feminism.[9] Sex discrimination has been called nursing's "most pervasive problem."[10] Hospitals have become contested terrain where nurses as women struggle for change and sexual equality.[11] Much of this struggle is carried out through union channels, exemplifying the often-inextricable relations between class and gender in the workplace.

Within households, hospital nurses are engaged in consumption and social reproduction in class circumstances which may differ from those at the hospital. Luxton's research provides evidence that the household, too, is becoming an increasingly contested terrain as more women become aware of the constraints on their circumstances and act to change them.[12] Partly due to these struggles, the family wage system, which traditionally reinforced women's subordination by upholding an ideology of "familialism" and by conferring "breadwinner power" on husbands, has given way to a multiplicity of household forms.[13]

The research reported here deals with connections between the practices in

[7]M.S. Larson, *The Rise of Professionalism* (Berkeley 1977); J.M. Barbalet, "Limitations of Class Theory and the Disappearance of Status: the Problem of the New Middle Class," *Sociology*, 20 (1986), 557-76.

[8]E. Garmarnikow, "Sexual Division of Labour: the Case of Nursing," in A. Kuhn and A.M. Wolpe, eds., *Feminism and Materialism: Women and Modes of Production* (London 1978). See also C. Derber, ed., *Professionals as Workers: Mental Labour in Advanced Capitalism* (Boston 1982) and C. Derber, "Managing Professionals: Ideological Proletarianization and Post-Industrial Labour," *Theory and Society*, 12 (1983), 309-41.

[9]H.J. Maroney, "Feminism at Work," *New Left Review*, 141 (1983), 51-71.

[10]V. Cleland, "Sex Discrimination: Nursing's Most Pervasive Problem," *American Journal of Nursing*, 71 (1971), 1542-7; see also E. Day, "A Twentieth Century Witch Hunt: a Feminist Critique of the Grange Royal Commission into Deaths at the Hospital for Sick Children," *Studies in Political Economy*, 24 (1987), 13-40.

[11]M.L. Fitzpatrick, "Nursing," *Signs: Journal of Women in Culture and Society*, 2 (1977), 818-34; A. Game and R. Pringle, "Sex and Power in Hospitals: the Division of Labour in the 'Health' Industry," in A. Game and R. Pringle, eds., *Gender at Work* (Sydney 1983); T. Diamond, "Elements of a Sociology for Nursing: Considerations of Caregiving and Capitalism," *Mid-American Review of Sociology*, 9 (1984), 3-21.

[12]M. Luxton, *More than a Labour of Love: Three Generations of Women's Work in the Home* (Toronto 1980); "The Home: A Contested Terrain," in M. Fitzgerald *et al.*, eds., *Still Ain't Satisfied!* (Toronto 1982); "Two Hands for the Clock: Changing Patterns in the Gendered Division of Labour," *Studies in Political Economy*, 12 (1983), 27-44.

[13]M. Barrett, *Women's Oppression Today* (London 1980); V. Burstyn, "Masculine Dominance and the State," in V. Burstyn and D. Smith, *Women, Class, Family and the State* (Toronto 1985).

which nurses are engaged in households and workplaces, and the consciousness which both informs and arises from those practices. The consciousness of workers in various contexts has been found to be contradictory and ambivalent.[14] As nurses grapple with conflicting pressures, contradictions within the hospital setting and the household can be expected to make for ambiguous and inconsistent types of consciousness. For example, performance of supervisory duties can undermine solidarity with other nurses as workers. Acceptance of management's policies of increasing control over nurses' labour can conflict with their commitment as individuals to provide dedicated patient care. An interest in women's issues may be thwarted by involvement in a dependent household relationship which demands the traditional performance of female domestic labour. In our survey of a sample of Registered Nurses in the specific political context of contemporary British Columbia, we tried to study the effects of these processes.

The Survey

THE DATA were gathered in the summer and fall of 1985.[15] A stratified sample of 254 Registered Nurses employed at an acute-care hospital in Victoria was systematically drawn from the 880 Registered Nurses in the hospital's personnel listings. Interviews were completed with 179 respondents, for a response rate of 70.5 per cent.[16] The following description of nurses' political consciousness, work situation, and domestic arrangements is based on the full weighted sample, adjusted for differences in sampling ratios between strata.

[14]See, for example, M. Mann, "The Social Cohesion of Liberal Democracy," *American Sociological Review*, 35 (1970), 423-39; M. Mann, *Consciousness and Action Among the Western Working Class* (London 1973); N. Abercrombie *et al.*, *The Dominant Ideology Thesis* (London 1980); G. Marshall, "Some Remarks on the Study of Working-Class Consciousness," *Politics and Society*, 12 (1983), 263-301; M. Emmison, "Class Images of the Economy: An Empirical Examination of Opposition and Incorporation within Working Class Consciousness," *Sociology*, 19 (1985), 19-38; W. Johnston and M. Ornstein, "Social Class and Political Ideology in Canada," *Canadian Review of Sociology and Anthropology*, 22 (1985), 369-93.

[15]In July 1983, two years before the research reported below was conducted, British Columbia's Social Credit government introduced its neoconservative austerity program. See W. Magnusson *et al.*, eds., *The New Reality* (Vancouver 1984). The B.C. Nurses' Union, whose members are exclusively Registered Nurses, became an active member of the Operation Solidarity movement which arose to protest the "restraint" package of legislation. See B. Palmer, *Solidarity: The Rise and Fall of an Opposition in British Columbia* (Vancouver 1987). The movement was class-conscious and gender-conscious on a scale never before achieved in the province's history.

[16]To maximize the accuracy of our statistics the sample was stratified by gender, rank within the hospital hierarchy, and union/professional activism. Nurses from the smaller strata were disproportionately selected into the sample. The order of sampling was Supervisors (N=22), male nurses (N=21) and nurses identified by knowledgeable informants as active in the BCNU (N=19) or RNABC (N=8) — all of whom we censused; Head Nurses (N=45), half of whom were randomly sampled; and General Duty nurses not included in the previous strata (N=765), of whom we systematically sampled one in five. The last stratum was further stratified by nursing service to obtain equal representation across the hospital division of labour.

TABLE 1
Percentages by Progressive Responses to Political-Attitudinal
Questions* Respondents Endorsing.

Item	
Gender Consciousness	*Per cent*
1. There should be equal pay for work of equal value for men and women.	98.0
2. In times of high employment, men should have priority for jobs (-).	95.6
3. The father rather than the mother should have final authority over their children (-).	94.9
4. If both husband and wife work, they should share all housework and childcare equally.	93.0
5. Paid maternity leave or paternity leave should be available for any employee who wants to care for a new baby.	75.6
6. Homemakers should be entitled to pensions similar to those of paid workers.	65.0
7. The proportion of women in traditionally male occupations should be increased through special training and hiring initiatives.	56.5
8. Daycare centres should be made available for the children of all parents who want to use them.	51.3

Trade Union Consciousness

9. Trade unions are absolutely (or usually) necessary to defend workers' interests.	58.5
10. The BC Nurses Union is absolutely (or usually) necessary to defend nurses' interests.	58.3
11. Management should be prohibited by law from hiring workers to take the place of strikers.	47.4
12. Teachers should have the legal right to strike.	46.6

B.C. Politics

13. Cutbacks of public expenditure on health care and welfare in the last few years have hurt people and should be reversed.	87.4
14. Support for further protests against the policies of the provincial government.	66.5
15. Support for continued BCNU membership in Operation Solidarity.	63.8

Capitalism and Socialism

16. Private corporations should be able to invest their Canadians earnings wherever they can make the greatest profit for their shareholders, whether in Canada or in foreign countries (-).	
17. Big business is the major influence on government in this country and government policy is usually made to favour big business interests.	38.9
18. In order for the Canadian economy to grow strongly, workers must reduce their wage demands (-).	32.0
19. It is *possible and desirable* for a modern economy to run effectively, without the profit motive, with production cooperatively managed to meet people's needs.	26,4

*Total weighted sample (n = 179).

Political Consciousness

IN OUR INTERVIEWS, we explored gender consciousness, trade union consciousness, and conceptions of B.C. politics, capitalism and socialism (Table 1). In response to a series of questions which assessed their endorsement of the objective interests of women, at least 93 per cent agreed that the most blatant male prerogatives in the workplace and household should be eliminated. These include pay inequities, priority for jobs in periods of high unemployment, final authority over children, and unequal division of domestic labour. On other aspects of gender consciousness, respondents were more divided. Three-quarters endorsed workers' right to paid maternity/paternity leave, and nearly two-thirds endorsed homemakers' rights to pensions. In contrast, however, little more than half endorsed universal daycare and affirmative action programs. The items receiving nearly unanimous endorsement involved (1) changes in gender arrangements which can be effected purely within the household, or (2) the removal of obstacles to fair competition in the labour market. The four items which received more mixed endorsements would entail major concessions from employers or policy interventions by the state: i.e., a restructuring of gender relations that reaches beyond private households and the labour market per se. It is on these more controversial feminist claims that our analysis of gender consciousness will focus.[17]

Respondents were divided with regard to trade unionism, political protest in British Columbia, and capitalism/socialism. Little more than half viewed unions - or the British Columbia Nurses' Union (BCNU) - as being absolutely or usually necessary to defend workers' (or nurses') interests. Slightly less than half agreed that management should be prohibited from hiring strikebreakers and that teachers should have the right to strike. On the other hand, a majority expressed criticism of cutbacks, support for the BCNU's continued membership in Operation solidarity, and for further anti-restraint protests. On the rights and power of capital and the prospects and desirability of socialism, nearly half disagreed that Canadian capital should have unlimited freedom of international movement, while smaller proportions viewed big business as the major political influence in Canada (38.9 per cent), disagreed that economic vitality requires reduced wage demands (32.0 per cent), and endorsed the possibility and desirability of a modern socialist economy (26.4 per cent).

In summary, although a large majority supported abolition of certain blatant gender inequalities, respondents were markedly divided in their orientations toward more controversial feminist claims and toward issues of class politics.

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[17] All of these claims fall within the discourse of liberal feminism but they transcend the limited notions of gender justice which have entered into popular consciousness since the rise of the contemporary women's movement.

Employment and Household Relations

A COMPLEX CONFIGURATION of social practices both at work and at home may help account for these differences in consciousness. Some of these practices were observable from our survey data. In the following account we provide (1) an overview of the various employment and household relations in which respondents participate, and (2) an analysis of the statistical relationships between these indicators of practice and our measures of class and gender consciousness.

Although most nurses are employed as general duty nurses, they appear to fit Wright's concept of the "semi-autonomous worker."[18] Of the 166 non-Supervisors in the sample, only two described their position at work as one in which they were "generally required to follow established work procedures with constant or frequent supervision" (see Table 2). The others indicated some autonomy in the labour process, or described their work as focused around supervision of other employees. Supervisory work, moreover, was not restricted to head nurses: fully 91.5 per cent of non-Supervisors indicated that in the normal course of their work they supervised the work of other employees or told other employees what to do. Of these, 84 per cent said that the employees they supervised included other nurses. Most nurses, then, experience a certain autonomy in a labour process which characteristically involves them in varying kinds of supervision. Typically, nurses supervise other nurses as well as non-nursing staff such as cleaners and orderlies — thereby implicating themselves in a complex and contradictory network of collegial and authority relations within the hospital hierarchy, a condition that could itself be expected to produce ambiguities of consciousness.

TABLE 2
Job Responsibilities Chosen as Most Descriptive
of Respondents' Positions at Work*

Description	Percentage
Generally required to follow established work procedures with constant or frequent supervision.	1.6
Generally required to follow established work procedures with little supervision.	38.2
Allowed some say in how your own work is carried out.	29.5
Required to design *major* aspects of work.	14.2
Supervision of the work of other employees within a work unit.	16.5
	100.0

* Nonsupervisors only

The class positions of married female nurses' husbands are varied, indicating a large number of cross-class marriages (see Table 3). Approximately two-thirds

[18] E.O. Wright, *Class, Crisis and the State* (London 1978).

of the husbands supervise or manage other workers or own their own businesses. The latter are generally confined to small-scale, petit-bourgeois operations: only four respondents reported having spouses who employ more than three workers. Half of all nursing supervisors were married to business owners, but there is no parallel tendency for nurses positioned low in the nursing hierarchy to be married to non-supervisory employees. Indeed, only 5 per cent of the married women in our sample had nonsupervisory spouses and did not themselves supervise other nurses. The marriage of many nurses to businessmen and managers/supervisors introduces another element of ambiguity into their class experience.

TABLE 3
Position in Nursing Hierarchy by Spouse's Class, Married Women.

	Position in Nursing Hierarchy				
Spouse's class	No Supervision of other Nurses	General Supervision of other Nurses	Duty Head Nurse	Supervisor	Total
Nonsupervisory employee	26.7	36.6	37.0	12.5	33.9
Supervisor or manager	33.3	37.2	33.1	37.5	36.1
Business owner	40.0	26.3	29.9	50.0	30.0
Total	100.0	100.0	100.0	100.0	100.0
Marginals	21.0	70.2	6.3	2.5	100.0

$X^2 = 3.7$, n.s.

The sample contained a wide array of household types, situating nurses in quite diverse relations of reproduction. While 65.8 per cent were married (residing with state-sanctioned (60.7 per cent) or common-law (5.1 per cent) spouses), 23.6 per cent were single and never married, 5.4 per cent were separated, 2.7 per cent were widowed and 2.5 per cent were divorced. Half of all respondents (52.7 per cent) had no children living at home; 11.7 per cent had one child; 26.5 per cent had two children; and 9.1 per cent had three children. Most respondents (57.0 per cent) were in two-income households, although 35.2 per cent were the sole income earners, and 7.8 per cent reported more than two income earners.

Several interrelated characteristics may be used in describing the domestic situations of female nurses. In Table 4, we can observe a clear (and unsurprising) tendency for economic dependence to be associated with child rearing. More than

a third of female nurses were married and described their husbands as the "prime income earner." Most of these women had two or more children at home. In contrast, the 27.9 per cent of female nurses who were married and were *not* secondary income earners tended *not* to have children at home. Among unmarried nurses, those who had never married were childless, but a substantial proportion of separated, divorced and widowed nurses had two or more children at home.

TABLE 4
Marital Status, Economic Dependence, and Child Rearing.*

	Marital Status and Economic Dependence				
Number of Married Children at Home	Prime Income Earner is: Self, both Husband	Separated, Divorced or or neither	Single, Never Widowed	Married	Total
None	28.8	48.0	36.6	100.0	52.7
One	12.1	22.7	8.7	—	11.7
Two	42.6	22.4	42.2	—	26.5
Three	16.4	6.0	12.5	—	9.1
Total	100.0	100.0	100.0	100.0	100.0
Marginals	36.6	27.9	11.1	24.5	100.0

*Female nurses only.
$X^2 = 55.2$, p< .001

Among married female nurses, there was considerable variation in domestic labour responsibilities. Three in ten were responsible for feminized housework more than 90 per cent of the time, but nearly a fifth reported that they did such tasks no more than 67 per cent of the time. Most nurses in the latter, relatively egalitarian category (76.0 per cent) had only one or no children at home. In contrast, most married nurses with a highly traditional domestic division of labour tended to have two or three children at home (54.7 per cent). Over all, the Pearson correlation between the percentage of time married nurses do feminized housework and the number of children they care for at home is .267 (p<.01). There is also a relationship between child care and working part time: most married women with two or more children were employed on a part-time basis (70.0 per cent), while married women with one (46.2 per cent) or no children (66.9 per cent) tended to work full time (R= -.309, p<.001).

These patterns indicate a diversity of domestic arrangements, but also suggest that marriage, economic dependence, child rearing, the gendered division of domestic labour, and part-time labour-force participation tend to reinforce each other as enduring aspects of the family wage system.[19] Most respondents show varying degrees of independence from this household form, but it seems to prevail for a quarter of the sample. In conjunction with the class relations that nurses experience directly at the hospital and (among married RNs) indirectly at home, these domestic practices may be expected to shape political consciousness.

Employment, Household and Consciousness

TO EXPLORE RELATIONSHIPS between home, work, and political consciousness we constructed two composite indexes having acceptable levels of internal consistency. An index of feminism combined three interrelated items on maternity and paternity leave, homemakers' pension rights, and affirmative action into a four-point scale indicating the number of claims each respondent endorsed (coefficient alpha=.517). An index of class consciousness combined eight interrelated items (rows 9-15 and 18 in Table 1) into a nine-point scale (coefficient alpha=.728). We then carried out a series of analyses using variables describing nurses' employment and household practices as "predictors" of feminist and class consciousness. We also assessed the effects of age and education — variables which previous research had identified as relevant to political consciousness.[20] In view of the marginal reliability of the former index, we also examined each of its items separately, along with the item on universal daycare which was excluded from the scale.

In Table 5 we see that with regard both to class and gender consciousness, nursing supervisors and head nurses are more conservative than general duty nurses. Moreover, nurses whose husbands are business owners, managers or supervisors are more conservative regarding class consciousness than nurses with working-class husbands. However, there is no relationship between husband's class and gender consciousness.

A further exploration of gender consciousness, (Table 6), indicates that the gender issues most immediately connected to class are responsible for the differences in Table 5 between general duty and higher echelon nurses. In contrast to general duty nurses, most supervisors and many head nurses oppose paid maternity/paternity leave and affirmative action to bring women into nontraditional work roles. These issues are aspects of what Livingstone and Mangan have called

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[19] For a theoretical discussion see Burstyn, "Masculine Dominance and the State," 60-3; and in the same volume, D.E. Smith, "Women, Class and Family," 30-6.

[20] For instance, in "Class Structure, Gender Divisions, and Class Consciousness in Steeltown," manuscript, Ontario Institute for Studies in Education, 1986, D. Livingstone and J.M. Mangan report that younger women and men tend to have more progressive gender consciousness than older respondents. Johnston and Ornstein, in "Social Class and Political Ideology in Canada," report that higher levels of education are associated with political conservatism.

TABLE 5

Mean Scores on Feminism and Class Consciousness Indexes
by Position in Nursing Hierarchy

Position in Nursing Hierarchy	Feminism	Class Consciousness
Supervisor	1.15	3.23
Head nurse	1.59	3.63
General duty, supervises other nurses	1.96	4.76
General duty, does not supervise other nurses	1.90	4.37
All Female Nurses	1.92	4.38
F	3.00	3.06
p	0.05	0.05
Eta	0.054	0.055

TABLE 6

Percentage of Female Respondents Endorsing Feminist Claims by Position in Nursing Hierarchy

Position in Nursing Hierarchy	Maternity/ Paternity leave	Affirmative action	Homemakers' pension	Universal daycare
Supervisor	46.2	23.1	46.2	53.8
Head nurse	57.1	31.3	56.9	52.9
General duty, supervises other nurses	81.3	53.4	61.5	49.7
General duty, doesn't supervise other nurses	67.1	63.6	64.7	53.5
X^2	11.90*	6.73	1.68	0.29
Tau B	− .095	− .181*	− .067	.025

*$p < .01$

gender-specific class consciousness. In addressing the specific needs of working women, these issues challenge certain management prerogatives within the labour process or with respect to the wage bill. It appears that among respondents, managerial responsibilities tend to foster a conservative gender consciousness in this respect. As regards pensions for homemakers and universal daycare, however, the differences between the groups are relatively small.

A similar point holds on the relationship between age and gender consciousness. Over all, there is a weak inverse relationship between age and our index ($r = -.141$, p<.05), but age differences in gender consciousness are stronger for maternity/paternity leave ($r = -.190$, p<.01), only marginal for affirmative action ($r = -.117$, p<.06), and insignificant for homemakers pensions ($r = -.003$) and universal daycare ($r = .045$). Thus, younger nurses tend to be especially supportive of the same claims that nurses in managerial/supervisory positions tend to oppose: those that directly pertain to women in the workforce.

To throw light on the relationship between household arrangements and gender consciousness, we constructed a composite typology of households by dividing the married female nurses into three groups: (1) a category (25.8 per cent) resembling the traditional patriarchal nuclear family in which the respondent reported doing more than 75 per cent of feminized housework, described herself as a secondary income earner, and listed two or three children in her household, (2) a category (16.4 per cent) representing more egalitarian arrangements in which the respondent reported doing no more than 75 per cent of feminized housework, did not describe herself as a secondary income earner, and listed no more than one child in her household, and (3) a large, mixed category made up of other respondents (57.9 per cent). As Table 7 points out, despite their heavy burden of housework and childcare, nurses in "traditional" households are *far less likely* to favour universal daycare than are nurses in "egalitarian" households. However, neither this household typology nor any of our separate household indicators serve to differentiate the sample with regard to the other aspects of gender and class consciousness. It is only on daycare — an issue with direct implications for the household - that gendered practices within the household seem to coincide with gender consciousness.

Finally, to assess the "net effect" of each predictor on class and gender consciousness, we carried out a multiple correlation analysis. A baseline model was computed, including as predictors age, education level, sex, position in nursing hierarchy, spouse's class, and household type (with the last three coded as dummy variables). The reduction in R2 when each of these variables is eliminated from the model indicates this variable's predictive power net of the others. Three models were found to have significant coefficients of determination (see Table 8). For our class-consciousness index, spouse's class and own position in the nursing hierarchy had significant net effects; for the parental leave aspect of feminist consciousness, position in the nursing hierarchy contributed most; for attitude toward daycare, key predictors were spouse's class, the household type and education level. These results emphasize the rather immediate relation between class position (conceptu-

TABLE 7
Per cent of Married Female Nurses Endorsing
Universal Day Care, by Household Characteristics

N of Children at Home	Per cent	$X^{2(p)}$	Tau $\beta(p)$
None	67.0		
One	64.8	8.70(.05)	− .249(.01)
Two	39.0		
Three	32.5		
Work Status			
Part-time	44.7	1.92(ns)	.156(.10)
Full-time	63.2		
Income Status			
Secondary earner	64.0		
Prime/Co-Equal	63.2	1.67(ns)	.148(.10)
Household Typology			
Traditional	25.3		
Mixed	58.4	11.26(.01)	.307(.001)
egalitarian	79.4		

TABLE 8
Multiple Correlation Analysis of Determinants of Class and Gender Consciousness

| Independent Variable | Change in R^2 when Predictor Omitted | | |
	Class Consciousness Index	Attitude to Parental Leave	Attitude to Daycare
Age	.004	.013	.000
Education	.013	.011	.017*
Sex	.010	.000	.000
Position in Nursing Hierarchy	.046**	.036*	.020
Household Typology	.020	.003	.054**
Spouse's Class	.086***	.009	.077***
All Predictors (R^2)	.174***	.132**	.164***

* p < .10
** p < .05
*** p < .01

alized at the level of the household) and class consciousness, and the more nuanced connections between social practices and specific aspects of gender consciousness.

Summary of Major Findings

WE HAVE OBTAINED several major findings about types of consciousness and their relationship to respondents' class, gender and household situations. A large majority of respondents was opposed to male prerogatives and in favour of more domestic equality and removal of pay inequities for women. On more controversial gender issues and with respect to class politics, we found diverse opinions.

Nursing supervisors were more conservative than their subordinate counterparts on both gender and class issues. Younger nurses showed more-progressive gender consciousness regarding workplace issues. Better-educated nurses and nurses with working-class spouses and relatively egalitarian household arrangements tended to support universal daycare. Respondents with working-class spouses also showed clear signs of class consciousness compared to those married to business owners. Multivariate analysis revealed a rather clear-cut relationship between class position and class consciousness, but more complex relationships involving household, class, and gender consciousness.

The finding that stands out, however, is the very modest strength of the associations between indicators of consciousness and practice and among indicators of consciousness. Although these relationships are no weaker than findings from similar studies of political consciousness in Canada, they do not indicate that class and gender consciousness readily "correspond" to definite positions in the division of labour.

Discussion

WE BELIEVE that the general absence of strong statistical associations points up a need to theorize the connection between social conditions and social consciousness as a historical relation. Evolving over time under particular conditions, consciousness emerges in nuanced and contingent ways from specific, historical, contextually dependent practices. For example, in the case of nurses, it emerges from their domestic and marital circumstances and their occupational activities.

In contrast to the "public" and "universalizing" relation of labour to capital, which carries within itself the basis for working-class solidarity through collective resistance, women's oppression is primarily rooted in patriarchal relations of reproduction, which under capitalism have been privatized and particularized within the family-wage household form. For this reason, the practices that occur in the home do not necessarily translate themselves into political positions. The one correlation that we have found between household and gender consciousness makes this point very clear. Among married nurses, those in "traditional" house-

holds with several children and a heavy domestic burden are *least* likely to favour universal daycare. It is married nurses who have gained some distance from the family-wage household and greater parity with their husbands who favour universal daycare. On this issue at least, it seems that traditional, patriarchal practices reproduce traditional gender consciousness among a substantial minority of nurses.

For some nurses, a contradictory political consciousness may stem in part from the contradictory experiences which arise within cross-class marriages. We have found that nonsupervisory, general-duty nurses married to nonsupervisory employees tend to have a left-wing political consciousness, while nursing supervisors married to business owners or managers tend to be conservative on class issues. Most married nurses, however, fit neither of these "consistent" class locations, and show less-consistent political outlooks.[21]

The contradictions that are central to the particular work experience of Registered Nurses must also be noted as a source of contradictory consciousness. Their self-conception as professionals with a sense of autonomy and control over the nursing task is offset by (1) their domination by physicians who give them orders and (2) the tasks which increasingly cost-conscious hospital administrators require of them, such as clerical work and housekeeping.

Registered Nurses are the highest-qualified and highest-paid nurses. Many of them are committed to careerist progression up a ladder of achievement, prestige and authority. They therefore are obliged to identify with the hospital administration and the medical profession. Many are torn between allegiances to management and commitment to their nursing sisters and other workers. Moreover, the newness of the union in British Columbia (1981) and the anti-unionism found in the surrounding political culture probably deter many nurses, and particularly those strongly committed to "professional" service, from seeing themselves as typical unionized workers. The presence of what is often seen as a more militant union, the Hospital Employees Union, which includes the less-qualified nurses (LPNs) and hospital auxiliary staff, might also make for a weakly-developed class consciousness among Registered Nurses who consider their own union to be more responsible and "professional."

There are at least two other ways in which our findings must be seen in terms of the contextual nature of the practice/consciousness relation. In post-World War II capitalist democracies, class politics have been framed in narrow electoralist and economistic terms, while progressive gender politics have been articulated for the most part within a liberal-feminist discourse of single issues and individual rights. Socialist-feminist politics have had a marginal status within Canadian political culture.[22] In the absence of coherent political leadership and opportunities for mass participation, we suggest that nurses (and presumably many other working women)

[21]For similar findings from a study of British women in non-manual occupations see P. Abbott, "Women's Social Class Identification: Does Husband's Occupation Make a Difference?" *Sociology*, 21 (1987), 91-103.

[22]Maroney, "Feminism at Work;" N. Adamson *et al.*, *Feminist Organizing for Change* (Toronto 1988).

understand their class and gender interests in particularistic terms, at what Gramsci called the economic-corporative level.[23] It is therefore not surprising that very few nurses manifest a consistent and broad socialist-feminist consciousness. Particularly in the field of gender politics, the relation between practice and consciousness often is quite issue-specific: nurses in more working-class locations tend to favour reforms such as parental leave which might improve their own material circumstances; nurses in relatively egalitarian marriages tend to support universal access to day care, and so on.

Finally, the struggle over the provincial restraint budget that preceded our research was itself a specific historical circumstance. It galvanized into action many public sector workers without previous political involvements beyond voting, including many of our respondents. Exposure to new, and sometimes issue-specific, forms of practice, such as women's movements and white-collar unionism, is one of the key mediating processes that augment oppositional political consciousness, at least over the short term. The combination of feminism and unionism in the Solidarity Coalition movement was an important case in point. But the long-term development of gender and class consciousness is a contradictory rather than linear process. On the one hand, it is conceivable that, as catalytic political events, such as the struggle over B.C. provincial restraint, fade from workers' immediate experience, and as younger workers enter statuses such as marriage, parenthood, home-ownership, and pre-retirement, they will become less-progressive in their political attitudes. On the other hand, the continuing political activities of women's movements and the struggles of workers in British Columbia against repressive labour legislation, privatization, contracting-out, and the use of non-union labour can be expected to reinforce oppositional consciousness. Amid these personal and political cross-pressures, it is likely that contradictory types of consciousness will continue to predominate among nurses and other semi-professional workers.

[23] A. Gramsci, *Selections from the Prison Notebooks* (New York 1971).

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