

School of Nursing

**Managerial Career Development for
Women in Health Contexts:
Metamorphosis from Quandary to Confidence**

Frances Margaret Ross

**"This thesis is presented as part of the requirements for
the award of the Degree of Doctor of Philosophy
of the
Curtin University of Technology"**

1997

Declaration

This thesis is my own work and no part of it has been submitted for a degree at this, or any other University.

Signed _____

Dated _____

contributions of Rhonda Green and Margaret Brown in transcribing interviews and Ruth Bowie for drafting a final version of my core process and theoretical model from preliminary drawings. In addition, family members especially Matthew, Helen and Allister who provided the positive endorsement required to complete this research study.

To the person who concluded I was obsessed, and so provided the necessary challenges. His perception that the decade of the woman was dead, created a need to write this story, to develop theory from the piles of data, along with the mental preoccupation required to provide a significant, yet poetic statement.

I applauded all the articles and media discussion which continued to support the value of this study as they supplied the confirmation that this was a substantial study needed by individuals, groups, organisations, and communities. Society continues to require all of us to encourage and support each other in our intellectual and creative pursuits.

Finally, I dedicate this work to all the participants who willingly provided information during the interviews. They provided many clear and valuable success stories for future women managers and their life long career journeys. Also, I hope this story encourages any readers that there is joy, passion, and fulfilment in doing research which focuses on discovery and transformation, for our personal, professional and organisational lives. This in turn will promote understanding of alternative perspectives, provide support for the pursuit of career and social equality, and recognition for confident, powerful women leaders.

In striving for satisfying occupational roles, we need to enhance and feel pride in the feminine values, perceptions, and processes, while having the strength and vision to direct our future achievements.

Margaret Ross, May 1997

Abstract

The aim of this study was to construct a theory for women's managerial career development that explained how women in health care services and health science faculties achieved senior management positions and developed their careers. It sought to discover the main barriers to career progress and achievement of senior level positions by women in health related organisations and to identify how women managers dealt with obstacles. In-depth interviews with 35 women managers in senior positions in 19 different organisations from three different cultural regions formed the major data source; observations, field notes, personal and operational journals, documents, and literature supplemented this data.

This research was conducted in two phases. In phase one a descriptive approach was used to develop propositions about women managers and their careers. These propositions formed the guidelines for phase two. The second phase used grounded theory methods, incorporating feminist and interpretative perspectives to identify the previously inarticulated core problem shared by participants. The barriers that women encountered were the contradictory, inconsistent and incompatible assumptions about their potential to have long term careers and ability to move into senior level management positions.

These assumptions had been received during their life and educational experiences, as well as from their organisations. The gendered context of health care organisations and university educational institutions contributed to the limited career aspirations and career progress of women with health professional qualifications. By applying grounded theory strategies for analysis of the data, it was discovered that the women managers dealt with this problem through a core process, labelled metamorphosis, a four stage process for overcoming assumptions. This core variable was the way these women managers moved from managing without confidence to managing with confidence and assurance.

This process occurred over time having four stages, each involving different activities and strategies. The progressive spiral stages were: being in a quandary (struggling with incompatible and contradictory assumptions); observing, examining and reflecting (on the impact of internal and external assumptions on their behaviour in organisational contexts, then realising that opportunities existed); learning and re-framing (the managerial skills in order to re-frame their assumptions about the traditional characteristics of a manager); and finally change and transformation into being confident managers, so developing women's presence in management.

The findings generated a theory which proposed a managerial career development model for enabling women to manage with confidence and assurance. The outcome was a theoretical model which recognised the dynamic interaction between contexts (professional, organisational, political, economic, cultural, and research); a picture of women managers (personal beliefs, skills, characteristics, attributes of life long learning, relationship between life and career roles, and ways of changing contexts); and the inner energy force creating women's presence in health related organisations (core process and power of their metamorphosis).

Contributing to the development of this theory of metamorphosis was the recognition that being and doing research with women involved valuing the personal learning process. This thread has been integrated into the research fabric to strengthen the reflective and personal experiences of research. Using and valuing women's stories enabled their voices and visibility to be taken out of the shadows and demonstrated that they can be pioneers in their own lives. The sense of collaboration in research, education, and community healing will gain from encouraging women to aspire to leadership and management positions.

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PART ONE

Chapter One: Introduction

Chapter One: Introduction

This thesis describes the theoretical and personal outcomes of doing research into the characteristics of women in senior management positions and their career experiences in health related contexts. It includes details of decisions made about research approaches and the impact of the researcher being an active participant in the research process.

This research was undertaken in two phases. The first phase as part of a Masters degree (1990-1992) concentrated on describing the characteristics of women who held senior management positions in the Health Department Services of Western Australia and several health science education faculties. Following data collection and initial analysis the issues of women's career choices, career development, and experiences emerged as perspectives which would benefit from being investigated in greater depth. The study was converted to a doctoral degree (1993) and expanded to cover additional participants from a wider range of health related organisations in the United Kingdom and Scandinavia.

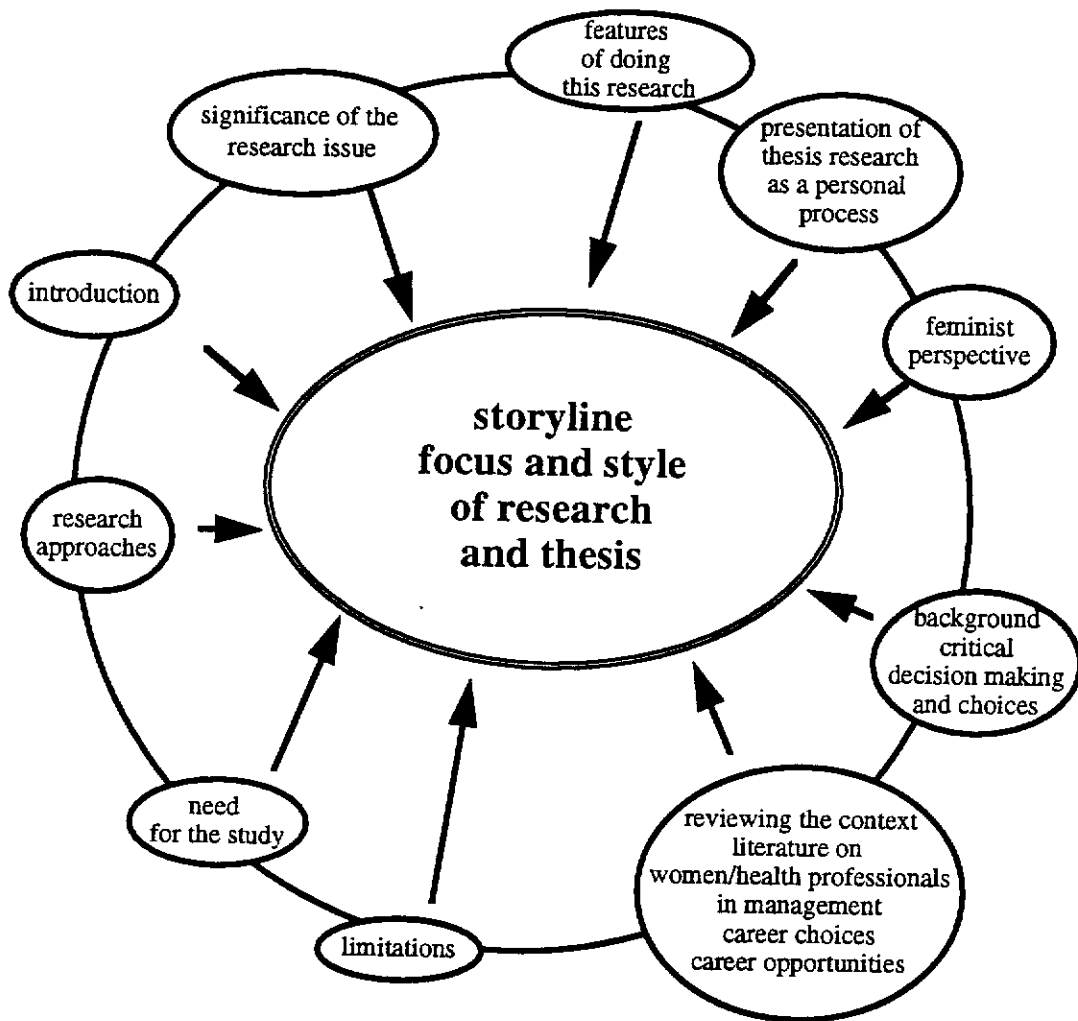
Introducing The Notion of a Thesis Fabric

At the outset, it is important to understand that this research thesis is written to give prominence to several main themes. There is the research topic and findings along with the researcher's experiences. A thesis fabric has been woven with the structures, strategies, approaches, and procedures used to define the research process being the warp upon which the findings have been woven. The interpretation of these women's stories and experiences have spun some of the weft threads. Amongst the weft there are patterns made with threads contributed by the experiences of the researcher. These threads have been included to value the reflective and personal experiences of being and doing research with women. Their inclusion is to recognise personal investment in the research process and benefits accrued for individuals and organisations. Doing qualitative research provides opportunities for discovery of knowledge, change of people and contexts, active personal growth, and experiential learning.

Incorporated into each chapter, frequently located after the summary are segments from a personal journal. They are titled *Research as a Personal Process* and presented in italics. They are used to impart to the reader the impact of this research process, or as reflections on being an active participant influenced by and influencing the research activity. Another feature of this thesis is the use of mindmaps. This technique provided assistance in dealing with complex issues, large amounts of data, and ensuring both the logical and creative aspects of thinking were woven together.

Many chapters contain mindmaps to outline main points as shown in figure 1 which summarises topics covered in this introductory chapter.

Figure 1 Mindmap of thesis storyline



Context of the Problem

Management and the place of women in senior executive positions have featured in the discussions of the professions, business corporations and organisations, and society over the past two decades (Caplan, McGarvey & Olagniczak, 1984; Cooper & Davidson, 1982; Davidson & Cooper, 1992; Davies, 1985; Hennig & Jardin, 1978; McLoughlin, 1992; Marshall, 1984, 1985; Martin, 1994; O'Leary & Ryan, 1994; Place, 1981; Still, 1988a & b, 1993; Tanton, 1994). However, by contrast with the

extensive volumes of management literature, until recently there has been a limited amount of research and published theoretical material which discussed the career experiences and characteristics of women managers. This situation was not surprising as management literature usually has been written by men and based on the characteristics of male managers (Fenn, 1978; Flanders, 1994; Freeman, 1990; Marshall, 1984, 1992; Olsen, 1978; Reinharz, 1981; Ryan, 1993; Still, 1988a, 1990, 1993a).

Over the past twenty years there has been an increasing number of research studies and surveys which have considered women and their access to senior management positions in health and business organisations (Baker & McMahon, 1989; Sablosky, 1979; Still, 1988a). Previous studies have investigated public service organisations and business corporations in the United Kingdom, United States of America, Canada, New Zealand and Australia (Caplan et al., 1984; Cooper & Davidson, 1982; Freeman, 1990; Marshall, 1984; Muller & Cocotas, 1988; Place, 1981; Still, 1988b, 1993a & b).

Studies have reported the numbers of women at various levels of management and discussed their acceptability as leaders and decision makers. Since the inception of equal employment policies in Australia, there has been an active program to identify the representation of women in senior positions and on committees responsible for resource allocation and policy formulation (Bryson, 1987; Curtin EEO Report, 1988, 1989, 1993; Inquiry into Equal Opportunity and Equal Status for Women in Australia, 1992; Victorian Ministerial Women's Health Working Party, 1987).

One study from the health field compared the differences between male and female physical therapists on measures of selected management factors (Baker & McMahon, 1989). The differences investigated included salary, managerial levels, number of management courses undertaken, years of experience and seniority in an organisation. Four hundred questionnaires were sent to physical therapists in Maryland, USA. Data from 244 respondents including 52 males (21.3%) and 192 females (78.7%) were analysed. More males were in management positions; female therapists when employed full time as departmental managers, on average, earned significantly less than males. Women earned 67.5 percent of the male salary at all managerial levels.

This significant difference was considered by Baker and McMahon (1989) to be caused by upper level management's views of women in management positions. These authors suggested that these views may include ideas that women have short term employment prospects with career interruptions, women lack negotiation skills to demand salaries comparable to men, and women encounter prejudice in job evaluation.

A further consideration proposed by Baker and McMahon (1989) was that males in a female dominated profession were more likely to pursue promotion and autonomy to prove their ability and because they had long term career goals.

Although women were granted equal pay over twenty years ago, the average earnings of Australian women managers are less than their male counterparts. The disparity becomes greater as women progress to senior positions (Bryson, 1987; Still, 1988a). Overall, women in professional occupations tend to occupy jobs at lower levels in the classification than men and the levels tend to be lower in occupations with a high proportion of women (Department of Employment, Education and Training, 1988). This was evident also in the United Kingdom where Davidson (1990) confirmed that despite the introduction of equal-pay legislation and sexual discrimination legislation, there was still a gap between women's and men's earnings (25 percent differential). In the areas of pay, status, job conditions and career opportunities, women did not have the same prospects.

A study of thirty women managers in the United Kingdom (Marshall, 1984) was published as the book "Women Managers, Travellers in a Male World". The research was funded by the Equal Opportunity Commission of London and carried out during 1981/1982 with the objective of deriving a profile of women who succeeded in management jobs. Marshall (1984) used interviews as the basis for her data collection. This author supported the assumptions made by organisations and society about the suitability of women to act as senior managers and further reflected on the impact of socialisation and cultural expectations. The impact of language on the labelling and devaluing of women and their work was also considered. An example of such labelling was provided by Kanter (1977) who used the term "status levelling" to refer to the adjustment of the status to match the gender. Kanter suggested that female managers are frequently mistaken for assistants and secretaries, while male nurses are perceived as doctors.

One of the attempts to make sense of men's dominance of social power was developed by Bakan (1966). Marshall (1984) then used Bakan's model of male - female relationships to explain the roles of male managers as mostly examples of agency strategies, while female managers were more likely to use communal strategies. This theoretical approach proposed two distinguishable strategies with which people respond to core life issues of how to manage threats in the environment, come to terms with death, and reconcile personal and community interests. These two strategies were agency and communion; agency (usually masculine) associated with control and independence, communion, (usually feminine) with union and interdependence. In addition, Gerber (1989) stated that the personality characteristics of agency and

communion were both necessary for integrated and mature functioning of women and men. Agency was required for self-esteem, confidence and control and communion for co-operation, and successful interaction and relationships. This posed the question as to whether it was necessary for female managers to operate as if they were men in order to be viewed as successful and competent managers. Claremont de Castillejo suggested in 1973 that "today women have become so immersed in a masculine world of ideas and principles that they forget their own basic truth" (1973, p. 81). There was a need for women to value their characteristics and culture by moving from the "pervasive swamp of male norms and values" to develop a strong sense of self (Marshall, 1984). This resulted in a re-appraisal of women's characteristics, social roles and culture. Callaway (1981) described this as "re-vision", meaning:

- correcting or completing the record,
- looking again critically at the stereotypes in our society,
- re-vision in the extended sense, using imaginative power to see possibilities for new types of human relations.

Examination of the literature revealed that if women could gain fresh perspectives it would assist them in understanding their relationships and themselves. It was anticipated with reassessment that women would really have choices related to knowing the options and rejecting the limitations entailed in either copying or rejecting stereotyped roles. These differences between fundamental feminine and masculine paradigms of being and doing were useful background theories for examining the characteristics of women managers. This was important when you consider that their employment in organisations, particularly at senior levels, would be dominated by male values and perspectives on the world (Marshall, 1984). In her contributions to the process of re-vision, Marshall (1984, 1985, 1989) provided profiles of female traits, recommending that women draw on both the communal and agentic characteristics.

A study of women managers undertaken in the early eighties in the United Kingdom (Davidson & Cooper, 1982) found that in both their home and work contexts they experienced additional difficulties and obstacles not generally affecting male managers. They suggested that these factors may deter women from entering senior management positions or applying for promotion. Women have an additional layer of cognitive restructuring in their management roles for survival in traditional organisational structures (Horgan, 1989). It appeared that the socialisation of females contributed to the obstacles and barriers within organisations which limit their advancement (Brintnell, 1985; Muller & Cocotas, 1988; Still, 1988a & b, 1993a & b).

Characteristics of Women in Health Care Services

Many different professional groups are involved in the delivery of health care services. Women make up an estimated 75 percent of this workforce with the actual percentage of women depending on the particular health profession (Lupton, 1992). Prevailing attitudes about women's roles as nurturers and servers means that social roles have been converted into public roles, such as health care service provision and educational services, without significantly changing basic roles or suppositions about women's capabilities. As a result, women within health occupations have difficulty with these role expectations from both society and the organisations in which they work to achieve senior management positions (Raphael, 1988a & b). This has been supported by previous documentation which concluded that the public image of the nursing role was closely related to the "mothering" role or women's work (Hughes, 1986; Pittmann, 1985; Reverby, 1987). The resemblance between nursing and mothering reinforced the notion that nurses would do the mundane tasks, just as women (wives, mothers and daughters) were expected to do in the home (O'Brien, 1987; Pittmann, 1985). Sablosky (1979) studied women in eight health professions using unstructured, open ended questions to explore the pressures and barriers to their professional development. In this exploratory study, she identified features of women's tradition roles and characteristics of the professions and schools which acted as barriers to women's career progress. They were:

- limited professional aspirations as women were not encouraged to commit the time, energy, and money to career development;
- conflict between family and professional obligations;
- women's careers were frequently a second priority to their male partner;
- stereotypes of wife/mother roles which conflict with professional characteristics;
- professional networks and role models where there was lack of access and participation in the formal and informal groups which control and protect practice and educational requirements, and that women do not often see academic careers as options, therefore there are few role models (Sablosky, 1979).

For health professionals, this meant changing the expectations of undergraduate students and graduate practitioners. Until the early eighties most students aimed to be competent clinical practitioners not involved in the "boring details" of administration and management (Perinchief, 1993). The subordinate role of the female was typical of the hospital hierarchy where the overflow of values from society to hospital and health services fostered and perpetuated this role for health professionals. The female socialising processes in society were a disadvantage if the female aimed to be a successful professional (Devere & Verbitsky, 1995; Mathewson, 1975; Miller, 1992; Spender, 1996; Yerxa, 1975). Women are said to be taught from babyhood to be

pretty, helpful, and dependent. Being assertive and dominant were traits which were considered unfeminine, with stress and anxiety being the price many women had to pay if they chose a career because they have been taught to equate achievement with loss of femininity. Gardner and McCoppin (1989), in a discussion of the health professions, stated that most health professionals had not marketed their skills, but tended to go about their work quietly, seeing their duty as being to their patients, rather than in the advancement of their profession. This limited public image had left them with little leverage or influence in health care organisations or policy development. However, as Schell (1989) explained, there are emerging advanced career roles for health professional managers in the changing structures of health related organisations. In addition, Perinchief (1993) stated "future growth of health professions require qualified effective managers" (p. 386).

Around the world, the provision of health care services has been undergoing administrative and management change. The economic challenges of health care have required individuals to acquire business and management skills. As an example of a health profession, Brintnell (1985) suggested that the majority of occupational therapists had looked for career advancement within hospitals and institutions. This environment included well established hierarchies and was typical of an industry which has a history of keeping females on the lowest levels. It certainly does not encourage those wishing to play roles which differ from the stereotypes. As the author indicated:

It is not our services that require recognition, it is our position as autonomous professionals and as contributors to major health care decision-making that requires recognition. To accomplish this, the profession must increase its representation among management policy makers. (Brintnell, 1985, p. 227)

It appears that to focus solely on organising and providing client services had a detrimental impact on the status and power of health professionals. However, the alternative focus of health practitioners on managerial tasks has often been perceived to be in conflict with values relating to the client and quality of care (Madill, Brintnell, Stewin, Fitzsimmons & McNab, 1985).

The changes in the organisation of health care services in Australia in the 1980's and 1990's have provided the opportunity for health professionals to manage services and to be involved in senior level policy development and program management. Health professionals who achieve a management position need a broad array of new skills, strategies, and attitudes. Management and leadership processes, such as decision-making, problem-solving, communicating, negotiating, and exerting influence, become vital to operating in the organisational system (Bell, 1985; Hosking, 1988;

Hosking & Morley, 1987; Morley & Hosking, 1984; Schell, 1989; Still, 1988b). In the social psychological approach to management outlined by Hosking (1988, 1990) it was emphasised that management was a social process and the outcomes depended on the skills of managers. Furthermore, she commented that managers were involved in a series of role relationships, performing and organising in a political environment where management was synonymous with change. Some managers were able to become skilful participants able to lead and influence the complex decision-making processes of organisations.

In response to these changing roles there was a need to identify the characteristics of senior level women managers, to create a profile of successful women managers working in health care services, and to develop educational programs to prepare health professionals for these positions. It would also be necessary to identify obstacles and barriers within health care organisations which limit the access of women to senior executive positions. The findings of Scott (1985) speak of "the importance of experiences that develop managerial and leadership skills which change, in a positive direction, the beliefs of women about themselves as leaders" (p. 384).

For over twenty years health professionals have suggested that health practitioners require management training (Campbell, 1978; Etheridge, 1976; Gill, 1984) while Ross and Barker (1988) concluded that involvement in management courses provide health practitioners with confidence and skills for coping with their new roles and the psychosocial and organisational barriers in their workplace. The lack of health practitioners with supervision skills was identified by Man and Fagan (1984). Their analysis suggested that there was limited emphasis in both undergraduate and continuing education courses on management subjects.

Punwar (1988, 1994), in considering future directions, concluded that health professionals have not provided adequate nurturing or recognition for their members who work as administrators, researchers, or curriculum directors. The emphasis has been on clinical practice rather than on encouraging some health professionals to pursue and validate the effectiveness of their management skills. In addition, a review of the nursing literature on management and leadership also revealed a lack of preparation for leadership and management behaviours along with the limited influence nurses have on the provision of health services (Biscoe, 1989; Henry, 1989a & b; Irurita, 1990, 1992, 1994, 1996). This limited participation in planning, policy decision-making skills, and continued development of leaders was seen as a major issue, especially as they are the largest occupational group of health care professionals. A large percentage (92 percent) of the nursing workforce was female (Australian Institute of Health, 1988) and therefore depicted as holding cultural female stereotypes

which precluded them from being suitable for managerial roles (Biscoe, 1989; Henry, Lorensen & Hirschfeld, 1992).

Management and Health Care

From the 1970's the health care industry and government raised the need for improved management. This was related to increasing demands and rising costs causing pressure for efficient and effective management procedures (Biscoe, 1989; Gardner & McCoppin, 1989; Sax, 1989). In a study of 470 senior health service managers in Australia to determine their educational needs, Rawson (1986) found that 75 percent of the respondents were men and 25 percent women. However, of the women, 83 percent were Directors of Nursing and only 8 percent of Chief Executive Officers were women. Initially Rawson had decided to use a salary earning capacity level commensurate with senior level positions, but found this would have excluded virtually all these Directors of Nursing. The paucity of women in senior levels was confirmed by Biscoe (1989) who stated that less than one percent of Australian chief executive positions of major health agencies were held by women.

One of the few studies of health professional managers operating at senior executive levels described the context and conditions faced by a predominantly female workforce in Western Australian health institutions. In this research by Irurita (1990, p. 80) she stated:

Socialisation and gender presented as a complex issue which inevitably influenced the nurse leaders in this study. Various aspects of gender were discussed by the informants and when the data were analysed several properties became apparent... these properties were identified as: sex-role stereotyping; the media and the image of the nurse; perceptions of nursing - societal expectations of the nurse; marriage and nursing; feminism and nursing.

In addition, only two of the 32 informants in that doctoral research study did not mention the influence of gender in relation to the difficulties of influencing health care policy and overcoming the barriers to senior leadership positions in health related organisations. Sex-role stereotyping and expectations had had major effects on the professional careers of the majority of those nurse leaders. Not only had career opportunities been limited, but their confidence and self-esteem were reduced by the limitations imposed by organisations and society.

Women's Career Opportunities in Health

By choosing qualifications in the health services women have selected the traditional female dominated service sectors of the workforce (Australian Institute of Health, 1988; Lupton, 1992). Their working life was considered to be short term (Brintnell, 1985; Fenn, 1978) and their potential for career development limited by not having

long-term career plans as it was not anticipated that this would be a feature of their working patterns. It was presumed that they would have a "job" rather than a "career" (White, Cox & Cooper, 1992; Driver, 1979; Still, 1993). "Many women have interesting and satisfying jobs, believing that these constitute a career. They fail to understand that the concept of careers implies movement across levels, functions and areas of responsibility" (Still, 1993, p. 85). Even in the health sectors where women were well represented they would be under-represented in management (Nicholson & West, 1988). In nursing, where 90 percent were women in the United Kingdom, (Hutt, 1985) and 92 percent in Australia (Australian Institute of Health, 1988), a surprising number of men hold the senior positions (Rawson, 1986).

As with management literature, career theory and career development literature has been slow incorporating women's experiences and work patterns into the development of occupational behaviour models (Diamond, 1987; Marshall, 1989; Perun & Beilby, 1981; Tinsley & Heesacker, 1984). Traditionally, the career development theorists (Ginsberg Atelrad & Herma, 1951; Hall, 1976; Schein, 1979; Super, 1957, 1984) based their models on the studies of men. As a result much of what we know about careers and career development came from middle class white males. As yet a useful model for the career development process of women has not emerged as it was only recently that women had remained in the workforce for an extended period (Guteck & Larwood, 1987; Roe & Lunneborg, 1984; Tinsley & Heesacker, 1984).

Often comparisons have been used to study the careers of women matching them against the standard careers of men. It was suggested that researchers should not compare women's career development with men (Guteck & Larwood, 1987). In this research Guteck and Larwood focused on the internal dynamics to women's careers suggesting that they are different to men's but that the most likely pathway to career success depended on activities and timing which resembled similarities to the male career track. Although they shifted away from gender stereotypes in their consideration of career development, they only started to raise concepts for an alternative theory which explained the differences for women's career development. Therefore, research was still needed to identify women's developmental and career patterns (Diamond, 1987; Larwood & Gattiker, 1987; Marshall, 1989), and models which relate specifically to the issues of career development need to be explored in relation to the careers of successful women (White, Cox & Cooper, 1992).

Career Orientation

The word career was usually associated with a conventional focus on working for a substantial number of years and moving up predictable promotional pathways. To accommodate the diverse experiences and women's differing work patterns the term

career needed a comprehensive definition. In response to this White et al., (1992) defined career development as "a successful and systematic sequence of attitudes and behaviour associated with work-related experiences, which acknowledges the individual's personal life, over the entire span of the life cycle" (p. 13). In this operational research definition they ensured that work and non-work factors plus the variations due to developmental life stage adjustments were taken into consideration. The above definition confirmed the added significance of the individual's activities which was also identified by the career definition provided by Storey (1979). He described a career as the sequence of a person's work, their related activities, values, and aspirations over their life span. However, most health professionals graduated determined only to obtain immediate employment (until travel or marriage intervened) without considering their long term career development prospects (Brintnell, 1985, 1990; Brooks, 1984; Nordholm & Westbrook, 1980, 1981, 1986, 1987). Furthermore, organisational socialisation added to retarding potential career opportunities by limiting health practitioner's diversity of role expectations, due to the paucity of appropriate female role models in senior management positions (Hinshaw, 1986; Still, 1993) and continuing to foster the submissive, dependent, low risk-taking behaviour associated with predominantly female professions (Dachelet, 1986; Gardner & McCoppin, 1989; Irurita, 1990; Still, 1993a & b). The advantages of career counselling and support to assist women achieve a career orientation were not usually available. As well as the societal stereotypes of women health professionals, the male-dominated organisational culture, and traditions created barriers for women's careers (Flanders, 1994; Marshall, 1989, 1993; Rosin & Korabik, 1992). A significant researcher and prolific writer on women's place in management stated:

The career context for managerial women, then, is one of flux and fluidity especially in ideological and cultural terms. Managerial women face dilemmas and cultural awareness of a type that never confronts their male counterparts who accept the organisation, with its male-dominated cultural context and norms, as given. Because of their paucity in numbers, women are left to resolve these dilemmas alone. (Still, 1993b, p. 77)

Relatively little research was found on the management experiences of women from the health professions, their career decisions, and the complex health-related organisational contexts in which they worked and would have to negotiate if they pursued senior level positions involved with leadership and general managerial roles. Researchers were asking, in other professional and business arenas, about the gender differences, theories and models based on male samples, and why there was a lack of investigation into women's career experiences in organisations (Calas & Smircich, 1988; Diamond, 1987; Inquiry into Equal Opportunity and Equal Status for Women in Australia, 1992; Irurita, 1990; Marshall, 1984, 1989; Muller & Cocotas, 1988; White, Cox & Cooper, 1992).

These issues of women in employment and particularly their participation in health care management and decision making had been identified by government and community groups as being of importance (Commonwealth Department of Community Services and Health, 1989; National Agenda for Women, 1991). During the last two decades of the twentieth century the limited number of women in administrative and senior executive positions and inadequate representation of female health professionals at decision-making levels rose to prominence. Constitutional enquiries and discussion by groups in society contributed to the issues of equal opportunity, affirmative action, gender stereotyping in education, and careers becoming significant issues on the national and international agenda.

Existing managerial and career theories do not adequately describe or explain the experiences of women within the health services. Therefore, to increase our knowledge and understanding of the personal and professional development of women it was necessary to examine the career paths and opportunities for senior managerial positions in health related organisations.

Need For The Study

In the local and national workforces, along with workforces in developed, overseas countries, health services and health faculties employ and educate a high percentage of female workers and students. In health services 75 percent of the workforce are women and within health science schools it is estimated that the percentage of female students range from 70 percent to 90 percent of these student populations (Commonwealth Department of Community Services and Health, 1988; Hadenius & Lindgren, 1990; Lupton, 1992; Sax, 1989). This is also reflected in health science education faculty and particularly at the lower levels of the university structure (Association of University Teachers, 1990; Baker & Fogarty, 1993; Curtin Equal Opportunity Report, 1992; Moses, 1989). Although the women in these health professional groups constitute a significant proportion of the student, faculty, and workforce of health institutions, they are not well represented in the senior executive levels, top management positions, and among the important decision makers of health services and education (Baker & Fogarty, 1993; Biscoe, 1989; Commonwealth Department of Community Services and Health, 1988; Rawson, 1986).

The Australian Government has continued to support increased participation of women health care workers in the decision-making process and a greater representation of women health professionals and community members of key health Boards (National Women's Health Policy 1989; National Agenda for Women, 1991). The recent House of Representatives Inquiry Report, Half Way to Equal Report in the section on

education and training recommended that attention needs to be given to career development which leads to career progression of women workers (Inquiry into Equal Opportunity and Equal Status for Women in Australia, 1992). Similar recommendations have existed in the United Kingdom and Scandinavia over the past decade (Hansard Society Report, 1990; Royal Norwegian Ministry of Foreign Affairs, 1984; The Commission for Research on Equal Opportunity between Men and Women, 1983; The Equal Status Council, 1989; The Norwegian Equal Status Act, 1989; The OECD, 1985; The Swedish Institute, 1989).

Summary of the Problem

The focus of this study was on identifying the characteristics of women managers and their career experiences and perspectives on the organisational contexts in which they worked. It sought to discover their perceptions and to understand the career and managerial experiences of women who occupied senior level positions in health related organisations. By using qualitative research approaches, the study endeavoured to identify barriers to women's career advancement to top executive positions and to explain how some women managers had achieved managerial positions in health related organisations. There was a particular interest in the potential of women with health professional qualifications to develop their careers and advance to senior positions in management. The research was designed to generate alternative theories for managerial career development and new insights into women's contributions to health care management within the changing demands of contemporary society in several different international regions.

Research Questions

The study was conducted in two phases. However, all the data collected were used in the second stage of analysis, discussion, and generation of theory.

Phase One:

Phase One involved addressing the following questions:

What are the common experiences, achievements, and characteristics of women in senior management positions in health care organisations? Are there any obstacles which impede women's access to senior positions and what strategies have these women used to achieve senior level positions? How do they operate as managers and what are their perceptions of their organisational culture? How did they make their initial career choice?

Phase Two:

Building on the early findings from phase one, the questions asked at the beginning of this phase were:

How do women in senior management positions develop their careers and make the change from being a health professional to a senior manager? How do health professionals discover new and original ways of making sense of their career decisions, the influences on these decisions, and see a picture of the characteristics of women managers who succeeded in attaining senior positions? How important were the perceptions gained during school, from their family, or from the profession, organisation and society to their career choices and decisions? How can female health professionals contribute to changing the interactions of managers in health care services and health science education workplaces?

Purpose of Study

This review of the problem and context as presented by the literature provided the basis for selecting the research approaches, discovering the concepts to be aware of in the interviews, and the significant deficiencies in the knowledge about women's experiences as managers and in their career progress in health related organisations.

The purpose of the study was to increase understanding of the experiences and career paths of women managers working in the contexts of health and health science organisations and to develop substantive theory which explains the interactions and processes involved in these contexts. The aims were:

1. To explore the diverse perspectives on career development of women who occupy senior management positions in selected health related organisations in Western Australia, the United Kingdom, and Scandinavia.
2. To gain insight into women's perceptions of their actions and feelings related to being managers in health organisations.
3. To describe the perceived influence of gender issues on being a female manager in a health related organisation.
4. To discover from within the data, managerial career theory based on women's perspective obtained within the contexts of health and health science education organisation cultures.

5. To present a process for managerial career development generated by the findings of this study and to compare this process with existing processes and theories.
6. To provide profiles of senior executive women and map their progress towards senior managerial positions.

Limitations of the Study

This study may be limited by the following:

1. Placing emphasis on the perceptions of women managers who achieved senior positions and not interviewing women who had not moved from their clinical roles.
2. Although the women managers came from a variety of organisational and cultural contexts the methodology used acknowledges that the findings and theoretical model are closely linked with the contexts of participants.

However, these limitations may be seen also as strengths for the generation of a substantive theory which takes the core concepts to a level of abstraction capable of being assessed in future studies in different settings. Such applications might lead to the development of a formal theory.

Identifying the Researcher's Philosophical Stance

Time present and time past

Are both perhaps present in time future,

And time future contained in time past. (Eliot, *Four Quartets*, 1903)

At the commencement of this research process in 1990, a search of the literature revealed a limited number of studies on women managers. However, the articles and books available had been mainly on women managing in business and retail contexts. These studies had used surveys and interviews to collect their data. Up to this time it appeared an in-depth study on women managers in health care services and health science education in Australia had not been reported. Data collection by means of interview was indicated to be the method to explore and discover the perspectives of women managers and details of their work experiences. The use of qualitative research methods was a recent trend in management research and these data collection and analysis strategies seemed justified for this complex person-centred voyage of discovery. It was believed that useful findings should emerge from the study of the special characteristics, experiences, patterns, and conditions of a particular situation.

As Patton stated, qualitative research enabled unique features of the situation to reveal the "mixture of people, politics, history, context, resources, constraints, values, needs, interest, and chance" (1987, p. 19).

In selecting qualitative research approaches, there was the potential to solicit new knowledge, gain fresh perspectives about traditional roles, and develop theories on women managers in health related organisations. These methods of inquiry enable the researcher to be "actively involved in the description, clarification, and analysis of their patterns of behaviour" (Leininger, 1985, p. 22). They provide the essential means to know and understand experiences which are closely linked to the culture and social environment, so providing opportunities for action and social change.

When the study was extended beyond description and identification of patterns and themes, it was crucial to add the development of theory. With this additional perspective of women's career development there was the opportunity of using grounded theory methods. During the first phase of the study there was the gradual realisation that research with women required recognising them as active contributors and that the research approaches needed to be congruent with feminist and participative perspectives.

Feminist philosophy placed value on women's experiences, ideas, and needs. These experiences were seen as showing a different view of reality and way of making sense of the world. Generally, the researcher became more involved in the topic. This involvement did not change the need for the researcher to be expert in the selection of data collection strategies and the analysis of findings. Some of the implications of this perspective were that the researcher became a change agent, recognising the political and personal process of research activity and outcomes. The focus emphasised generating new concepts, meanings, and information rather than testing and proving existing theories (Marshall, 1981, 1984, 1985, 1992; Roberts, 1981; Van Den Bergh & Cooper, 1986). The researcher, the inevitable biases and interpretations, along with the insights, personal growth, and process of learning, all contributed to the research process and findings.

The selection of these qualitative research perspectives became a crucial issue during the lengthy period of time and activities required to move from studying at Masters level to Doctoral level. The experience of this conversion process and confirmation of my commitment to participative research has been explained in an educational research journey (Appendix A).

Personal discovery and challenge has been a feature of the research process during this study. The personal process is described by including pieces of reflective writing. They are presented in italics, usually at the conclusion of sections or chapters. As my research unfolded, I realised some important aspects and influences on my personal journey. These were that I was a strong advocate for women's access to choices, seeking opportunities for career development which have different patterns, and that taking risks to achieve change meant working in a co-operative group. This meant that I embraced a qualitative research philosophy and continued my commitment to being a feminist.

As Marshall (1981, 1986, 1992) and (Reason and Marshall 1987) confirmed, research was a political and a personal process and it was possible to research issues which have personal significance. Marshall stated: "this involvement provides the energy for research, heightens my potential as a sense maker and means that research has relevance to my life as a whole, not just my conceptual knowing" (Marshall, 1986, p. 194).

Writing this thesis has meant an extended period spent in reflection on the data, engaged in asking questions of the data so that I could be more aware of my values and motivations and their impact on this research. This process, although long, feels as if it has been paced to move with my development and in conjunction with the continuing discussions in the literature and media on women's place in decision-making at senior levels. It appears the time has also been there to "challenge my habitual perceptual filters and current life pattern" (Marshall, 1992, p. 281) so that there is deep understanding and commitment to change. I am reassured that desire to facilitate the learning of health professionals to become competent managers and capable leaders is an authentic personal and professional desire. Once again from Judi Marshall, "this personal involvement is not a burden, a source of unwanted bias, rather it provides the energy for research" (1992, p. 281).

I value enormously the contact, articles, self-reflection and revelation provided by many of the people I have come to meet in this research journey. There is a sense of unity in linking the themes of women in management, women's career choices, attitudes and assumptions and the need for learning, growth, and change. There is a feeling of knowing that the personal record of the process of undertaking research provides encouragement to other women to participate in research which will not only add to knowledge, but also contribute to their personal development. This sense of rightness and knowing confirms that discovery and exploration as emphasised in the philosophy of co-operative research means more for people, their development and social change (Reason, 1988, 1994).

Thesis Framework and Storyline

The research described in this thesis contains the two main threads associated with weaving a fabric or rug loom tapestry. The warp and the weft symbolise the threads used to create this story. The structures provided by the warping threads were:

- the qualitative research approaches using grounded theory method and incorporating feminist perspectives
- the previous literature on managers, careers, and health professions in their organisational contexts
- the data collected in phase one (characteristics of women managers) and phase two (career and managerial experiences and perspectives) of the research.

The fabric or tapestry has been formed, shaped, and decorated by threading through the weft. The weft consists of the:

- analysis and interpretation of the data and findings
- categories of context and career
- core problem
- core process
- substantive theory and theoretical model
- career narratives and career pathways
- personal process and reflections.

Together these threads provide the characteristics, textural diversity, and value to the thesis fabric. These are the:

- discovery of theory grounded in context
- women's voices - vocal and visible
- active engagement in the research process
- focus on change through growth and learning
- subtle interplay of inner and outer worlds
- personal process and reflections.

The exploration and use of qualitative, grounded theory, feminist, and interpretative research methods, along with the personal and political process coming from these research experiences, form significant strands. I wish to confirm and agree with Marshall that "all writing is autobiographical in some sense, and here especially I want to acknowledge this, and draw on my personal understanding, and its recent developments, as a powerful sense making process" (1984, p. 5).

The search for information and understanding of women's experiences in achieving senior positions in management, using methods of qualitative inquiry, has influenced my own perceptions and experiences of work and life. In turn, personal learning, growth and change has contributed to the research process and increased my willingness to include the two threads as features of this thesis. These perspectives place emphasis on the importance of valuing women's experience. This means embracing the feminist approach in which women are socially valued and freed from gender role constraints. "Most see (feminist literature) the first major step as being women's own valuing of themselves and each other. Some feel that women must also separate themselves off from men's female-destructive influence, if not only temporarily, to achieve their own development unhindered" (Marshall, 1984, p. 44-45).

This consciousness enabled me to believe that not only the data gathered during the formal inquiry process was valuable and needed to be recorded, but also the other threads of the research process and personal journey should be recorded and incorporated into the data. I decided to focus on women's experiences and my experiences as a woman in the research process. It is the belief that women's experiences have been mainly interpreted through men's perspectives; and that the subjective aspects of research should be invisible that convinced me to challenge what is "correct" thesis writing patterns and styles. If I was asking women as health professionals and managers to change and confront the limitations placed on their choices, I must also review the traditional model for thesis writing. This was the reality which Peile (1994) described as unfolding:

Knowledge is not just about reality, it is of reality and it plays a direct role in the creative unfolding of reality. For the researcher, this means they are creating the very reality they are seeking to understand and the particular nature of their understandings will affect the direction of this creativity. (p. 142)

These ideas first surfaced in a presentation on thesis writing in which I was involved with Curtin Postgraduate students (Ross, 1993). It was further developed in a presentation (Appendix B) to fellow research students in the School of Nursing (Ross, 1994a).

Another feature has been the way the media, newspapers, literature, articles, and books have supported my findings, writing, and re-thinking. It is as if there was no chance in their arrival, that they had been timed, or possibly that I was prepared and sensitive to the connections.

Summary

Having set some of the background and reasons for this research thesis, making clear the choice of a personal and reflective narrative style of writing, my philosophical perspective which guided the selection of research methods, feminist values, and desire to challenge established conventional forms of academic work and writing, it is hoped that this will be a creative approach. It is to tell an enjoyable research story which weaves together the generation of theory and personal learning, which will move reader and writer, thinker and doer towards new forms of inquiry and meaning for lives. What I would like to provide is a journey that both reveals the development of theory and the personal process of problem solving that I encountered when interpreting and writing my thesis.

The weaving of the thesis storyline covers the data collection and analysis strategies, identification of the categories influencing the core problem and the emergence of the basic social psychological process used by participants. There is a section in chapter three containing many figure displays and mindmaps aimed at demonstrating the process of theory development so often mysterious and invisible in research writing. Career narratives and pathways (Appendix C) have been included as appendices to provide practical examples of how several of these women achieved their senior management positions and proceeded through the stages of the core process. These narratives and section on building theory provide additional support for the proposed theory and theoretical model interpreted from the findings.

Interwoven into these research findings and interpretation, are pauses for personal pictures and reflections from my journal. These insights assist in demonstrating the personal learning that accompanied the research and further demonstrate the need to overcome fears, hesitations, and procrastination that continued to influence my research activity. This displays the continual re-thinking, re-visiting, re-visioning required in this approach to inquiry. It is the constant action inquiry model of Torbert (1991). Torbert talked about "breaking the rules and trying different ways, always testing the validity of our assumptions and the efficacy of our actions" (p. 1) and the holding lightly and openly the guiding questions and interactions. "It is holding the focus and centredness, while being aware of flows, influences and change happening around" (p. 1). It is the tapping into the soft strength and having the mood to change threats and barriers into opportunities for learning and transformation. Finally we have the implications, recommendations, and conclusion for this stage of the journey of creating a research thesis fabric.

Research as a Personal Process

Reflections at the start 1989 - 1990

The more I became immersed in this topic; it became surprising to me that I did not commence this search earlier. There are many practical reasons I can give, also perhaps the surrounding climate of today's attitudes or perhaps the rapid change which is taking place in health care and education has caught me up in its ever increasing stream. For many years - 12, at least, I can clearly identify my interest in management and leadership processes for women and particularly occupational therapists who seemed to lack a strong commitment and involvement in these processes.

My first formal course on management skills for women was in 1978 run by Caulfield Institute of Technology with Eve Mahlab and Associates. Of course, I had years of informal education in management - home management for ten years. In fact, I feel considerable influence from the trends within society and the moves made by women over the past thirty years. Having entered the workforce and moved into education, I felt gaining management skills was an important step.

Reflections during the research

1. May, 1994

In 1989, I started out on this pathway. A walk at many different paces, speeds and some long resting steps. The journey has taken many turns, but always had the purpose of exploring and discovering the experiences and characteristics of women managers and their careers. I will provide you with reports and many revealing statements from the women who participated in this research study. Join us in these stories, incidents, theory development and recommendations for change which came out of the data. By understanding and listening to and reflecting on the research participants' explanations of their perceptions we may know more about ourselves as health professionals, managers and educators, more about ourselves as women and more about the organisational and social environments which we inhabit and interact. On reflection, this journey of discovery started many years prior to my official enrolment in a research degree. It is the quest to answer personal and professional questions (Research discussion in School of Occupational Therapy 15.5.1994)

2. March 1995

Who would have imagined when this research was started, that the subject of women managers and women's issues in general would have become a significant issue of discussion for the community. All sections of the media have promoted this topic for discussion and the TV frames of Carmen Lawrence, Minister of Health in the Federal Labour Government, wielding a sledge hammer to break or at least fracture the glass ceiling was a vivid image (International Women's Day 20th anniversary 8th March, 1995). Add to this the start of a children's TV show to provide images of girls competent in technology and science (17.3.1995).

3. August 1996

I have just returned from a walk by the river with the dog. I have a positive feeling and sense that this doctoral thesis has two stories and they are becoming of more even strength. I feel convinced that there is value and importance to the story of being in the research process. That the personal story needs to be shared almost as much as the findings of the research. For they mirror each other in many ways. The experiences of mature students in taking higher degrees are an important addition to our knowledge of the experiences of graduate studies (28.8.1995).

PART TWO
METHODOLOGY

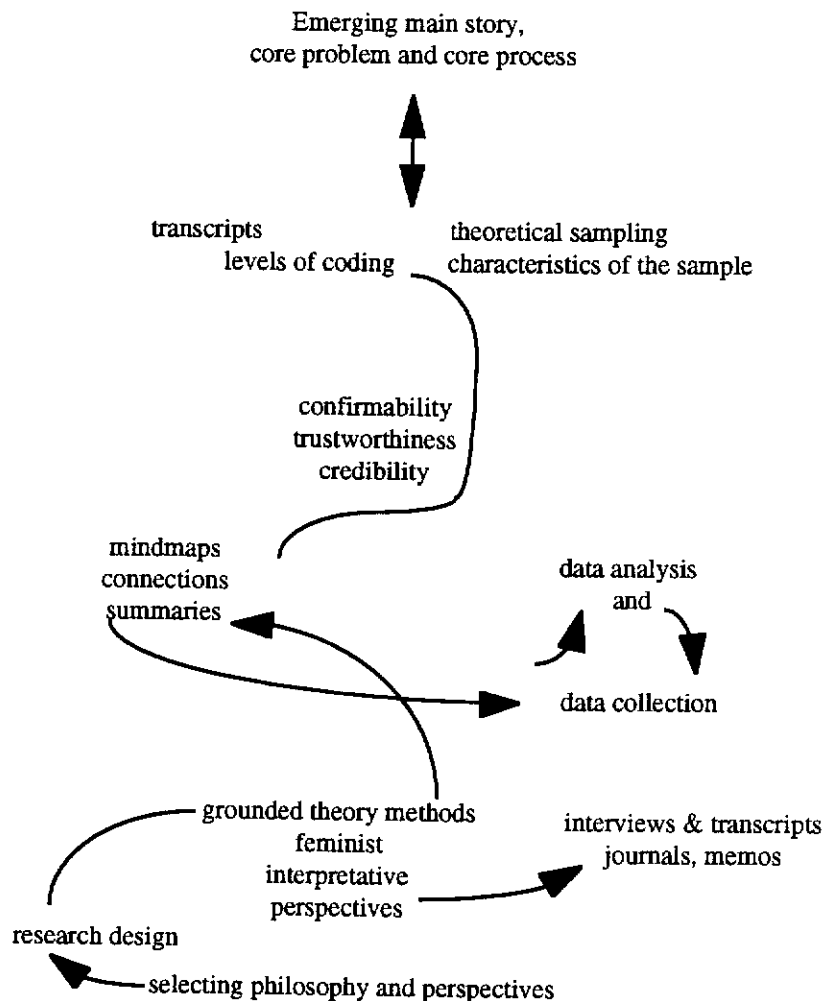
Chapter Two: Research Design Framework
Chapter Three: Data Analysis and Findings

Chapter Two: Research Design

The goal of this research was to explain and interpret the complex interactions rather than to impose pre-conceived ideas in the form of questionnaires or surveys. In this way "the researcher becomes an interpreter rather than a manipulator, concerned with capturing other people's meanings rather than testing hypotheses" (Marshall, 1984, p. 166). This meant using qualitative research methods to guide the exploration and grounded theory to lead to the revelation of a theoretical model. This substantive theory should extend our knowledge and understanding of women managers by being grounded in their perspectives and experiences of having achieved senior management positions in health related organisations. This part provides details on how this research was conducted. It outlines the use of qualitative and grounded theory methods, the human inquiry perspectives that contributed to the framework, and the strategies for data collection and analysis. The mindmap in Figure 2 provides an indication of the components and flow using the qualitative research approach of grounded theory.

Figure 2

Research design



As the research was carried out in two phases, it is important to gain an appreciation of the methodological development. The first phase used qualitative methods and collaborative approaches to guide the inquiry and in the second phase there were strong influences from participative, humanistic, social, and feminist perspectives on the chosen method of grounded theory. The research design was an evolving and emerging process which used perspectives and techniques that value working with participants as active contributors, and has involved interpreting and capturing their meanings rather than confirming or disconfirming hypotheses. The motivation was to discover inherent patterns and generate theory grounded in the data by using the constant comparative methods of analysis (Anells, 1996; Denzin & Lincoln, 1994; Glaser, 1978, 1992; Glaser & Strauss, 1967; Morse, 1994; Strauss, 1987).

The enjoyment of discovery, working with participants, theory building, and analysis provided great satisfaction as the data opened up to reveal "what is going on here and why it is", as well as initiating valuable insights, understandings and alternative ways to generate personal and professional knowledge. The description of research methods and decisions made for building theory provide signposts and steps used to arrive at the core problem, core process, and substantive theory.

The Qualitative Research Approach

The main approach guiding this study was the grounded theory method described by Glaser & Strauss (1967) and developed further by Glaser (1978, 1992) and Strauss (1987), Strauss & Corbin (1990, 1994). Continuing debate and discussion (Anells, 1996; Melia, 1996) has added to the evolution of this approach to theory construction derived from the data. It is a useful approach when there is limited information on a topic, or there is a paucity of theories to accurately explain or predict outcomes.

With limited information on the characteristics and experiences of women managers in health care and health science education, this method was identified to be appropriate for discovery and theory development from their work interactions, career patterns, and managerial career experiences. This enabled the study of complex person-centred environments in which the comparative analysis of rich, detailed descriptions provided interpretations of these women's view of their experiences, the possibility of making sense of unexpected issues, and gaining fresh theoretical perspectives about their managerial success and behaviours (Bungay & Keddy, 1996).

Grounded Theory Method

Grounded theory method provided this interpretive approach within the selected philosophical framework for qualitative inquiry. Grounded theory method valued

using everyday behaviours to generate theory so that it was inherently relevant to the world from which it emerged (Morse, 1994) as well as outlining general strategies for designing, conducting, analysing, and theorising (Atkinson, 1995). The approach developed explanations for social processes which are derived from the data on the assumption that a group share a social psychological problem that has not been articulated. The method was developed by Glaser and Strauss in 1967 and has been extensively used by the disciplines of sociology, anthropology, and nursing. There has been considerable debate and discussion about the methods (Glaser, 1992; Melia, 1996; Morse, 1994; Strauss & Corbin, 1990;) and about the potential triangulation of qualitative methods. This has involved grounded theory and Heideggerian hermeneutics (Wilson & Hutchinson, 1991), grounded theory and feminist theory (Wuest, 1995), along with needing to take care by carefully documenting the data collection and analysis procedures (Becker, 1993; Carpenter, 1995; Morse, 1994; Robrecht, 1995).

The grounded theory method was based on symbolic interactionism. This focused on the inner experiential aspects of human behaviour and the way people construct, judge, and modify their social world. The symbolic interactionist approach was based on three premises stated by these theorists (Glaser, 1978, 1992; Glaser & Strauss, 1967; Mead, 1934, 1964; Strauss, as cited in Robrecht, 1995; Strauss, 1987). These were that people act toward things based on:

- the meanings that things have for them;
- the meanings derived from social interactions with others;
- the meanings organised and modified through an interpretive process by the person dealing with the things they encounter.

The aim of this method was to discover a managerial career development process that explained and clarified the interaction of women managers in their health related contexts and their career patterns and experiences. The core problem, core process, and resulting theory were generated from data and analysed by a process of constant comparative analysis. This required the concurrent collection, coding and analysis of data where each incident and code was compared as described by Glaser (1978, 1992).

In this way, the inquiry focused on contextual influences and the processes that link individuals to each other and society. People were seen as active creators of their context and "research based on symbolic interactionism emphasises how people view their circumstances, how they interact, and how these processes change" (Wilson & Hutchinson, 1991, p. 267). This perspective supplied strategies for generating

substantive theory from qualitative interviews and observations collected in context as the aim was to discover basic social-psychological problems and processes experienced by women managers in senior positions in health related organisations. In this approach, tape recorded interviews were used to collect participant's stories, selecting initial participants by a process of purposive sampling. As the study progressed, theoretical sampling (Glaser, 1978, 1992) was employed, a process directed by the findings of data analysis which aimed to look for variation, and to seek data that illuminated developing codes or provided new dimensions for emerging categories. The method offered a systematic and rigorous guide to theory development in which data collection and theory generation are seen as parts of the same process (Glaser, 1992; Strauss & Corbin, 1990).

The grounded theory research process is explained throughout the design and analysis sections covering procedures which included the following procedures.

1. Theoretical sampling directed the process of data collection (including literature) for generating theory as the analyst jointly collected, coded, and analysed data thereby making decisions where next to collect the data (Glaser & Strauss, 1967, p. 45).
2. Saturation determined when the sampling process ceased. This occurred when no additional data was found to develop new categories and "an exhaustive exploration of the phenomenon" (Leininger, 1994, p. 106) had been completed (Glaser, 1978; Glaser & Strauss, 1967).
3. Using operational and personal journals for writing memos, developing schemata of ideas about codes, mindmapping relationships during coding (Glaser, 1978, 1992). In the personal journal memos record the researcher's values, beliefs, and preconceptions. These entries reveal the relationship between the knower and what can be known which recognises a subjective epistemology and that the researcher was actively involved in the method (Annells, 1996; Strauss, 1987; Strauss & Corbin, 1993, p. 278).
4. Coding of transcripts commenced soon after data collection and through a process of constant comparison, incidents and concepts related to each category, dimensions of each category were compared and then were raised to abstract theoretical constructs. From this conceptualisation, relationships between substantive codes emerged identifying the core problem, core category or core process (Glaser, 1978, 1992; Glaser & Strauss, 1967; Melia, 1996).

substantive theory from qualitative interviews and observations collected in context as the aim was to discover basic social-psychological problems and processes experienced by women managers in senior positions in health related organisations. In this approach, tape recorded interviews were used to collect participant's stories, selecting initial participants by a process of purposive sampling. As the study progressed, theoretical sampling (Glaser, 1978, 1992) was employed, a process directed by the findings of data analysis which aimed to look for variation, and to seek data that illuminated developing codes or provided new dimensions for emerging categories. The method offered a systematic and rigorous guide to theory development in which data collection and theory generation are seen as parts of the same process (Glaser, 1992; Strauss & Corbin, 1990).

The grounded theory research process is explained throughout the design and analysis sections covering procedures which included the following procedures.

1. Theoretical sampling directed the process of data collection (including literature) for generating theory as the analyst jointly collected, coded, and analysed data thereby making decisions where next to collect the data (Glaser & Strauss, 1967, p. 45).
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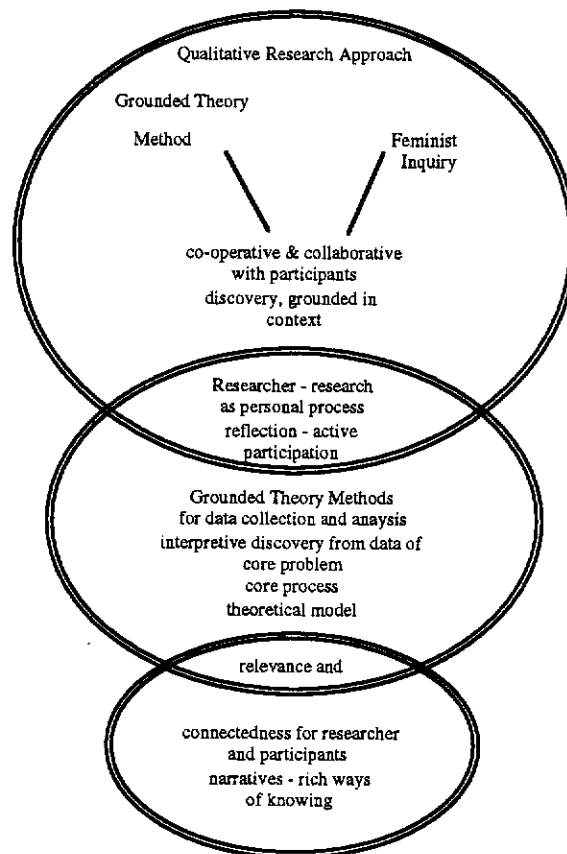
5. Sources of data also included literature, documents, and media which related to the codes, themes, and conceptual categories identified during the interpretation process. Literature was used for comparison and verification throughout the analytical development of the core problem, core process, and theory.

The provision of good mentoring and supervision was recommended for students using grounded theory methods (Stern, 1994). When the doctoral phase of the research commenced I transferred to a supervisor who had practical experience with this approach and who also provided courses on methods and analysis. These courses gathered together a group of researchers who were using grounded theory which contributed many opportunities for discussion and auditing coding outcomes.

The additional perspectives of participative, social, and interpretive methods emerged as clear influences on the research as the data were collected and the topic unfolded. A feminist perspective grew as the issues emerged, these being related to contextual pressures, socialisation, power, uncertainty, lack of career plans, and the strong perceptions that women qualified as health professionals were not perceived as competent to be senior women managers. Participation in a research conference and continued contact with Marshall (a leader in the fields of research issues, qualitative research approaches and management, women managers, and women's career paths) confirmed the importance of collaborative participative research. Also, this contact highlighted the associated research process of personal growth and development discussed in the preceding chapter. From these perspectives, the research proceeded using a cyclic process of discovery, observation, and reflection, both in the data collected and the philosophical complexity.

The framework shown in figure 3 gives an overview of the perspectives and process of this research. As the research progressed, the relationships became stronger and the essence of change and empowerment, connectedness and liberation became guiding beliefs. The fear about not doing the research the "only right way" which could be proved by Cartesian consciousness and objective measures, gradually faded with the conviction that qualitative research approaches value "the artful and political as the writer-as-interpreter moves from field-text to research text" (Denzin & Lincoln, 1994, p. 15).

Figure 3 **Research perspectives**



These research decisions were based on philosophical foundations which value participant's, especially women's different contribution, and understandings of their contexts. They encapsulate feminist principles by validating women's experiences and ideas, mutual discovery between participants and researcher opportunities for creating social change and acknowledging diversity, and the potential for creating for new pictures for career and life roles.

The use of various perspectives, with common values, recognising as valid the active participation and contribution of women managers, provided participants with an empowering role in the research process. By drawing inspiration from different views, it was possible to gain a rich, holistic, multi-disciplinary view of women managers in their organisational contexts. Teasing out the intricacies of everyday managerial work experiences and past career experiences helped create an understanding of the choices and constraints (individually, organisationally, and socially constructed) under which women working in health organisations attempt to proceed to top executive positions. Drawing out a new theoretical understanding of the managerial career development process used by these women made it possible to

expose some barriers and the impact of negative stereotyping which pervaded some individuals, professional groups, organisations and institutions, and academic faculty. Many of these contextual assumptions devalued not only past contributions but existing capacities and the potential of women's ways of managing.

The benefits of doing research with participants in a collaborative participative way has been covered in previous discussion. This next section adds the feminist perspective which also values the production of knowledge that is empowering and useful for participants, encouraging research with participants, and methods that promote reflection during the course of the study.

Feminist Perspective

This research topic took me in the direction of using research inquiry methods which have been influenced by feminist thinking. The recognition of the researcher's philosophy, formulation of the research questions, and thus the selection of the research method were vital for effective research. Feminist perspectives value women's experiences, ideas, and needs as showing a different view of reality and way of making sense of the world. These perspectives actively involve the researcher in the topic and in cooperation with participants as active contributors. This involvement does not change the need for the researcher to be competent in the selection and collection of data. The researcher becomes a change agent anticipating that the findings will influence or change the contexts and increase the opportunities for participants and women in general.

This perspective meant the joint involvement of participants who accept the importance and goals of the research and that the researcher acknowledge her assumptions and the personal change associated with the research process (Oakley, 1981; Reason & Marshall, 1987). This was incorporated in this study by using the personal journal as data and included extracts from this journal in the thesis. Feminism has a broad philosophical framework concerned with issues of equality, empowerment, and social change. It is concerned with improving the opportunities for women, looking at the political significance of personal experience making visible their experiences, giving voice, and developing their influence (Primeau, 1996; Reason & Marshall, 1987). Not all research about women, however, has a feminist perspective (Purvis, 1985).

In this research process, a feminist perspective involved my questioning of the ways of creating knowledge in our society, since this knowledge has been primarily made by men and created through the eyes of men. This has been the situation in the areas of management and career development, as well as in the preferred "mainstream" ways of approving and accepting research perspectives and tools.

Glaser (1992) saw grounded theory as a vehicle for change by giving: "a conceptual grasp by accounting for and interpreting substantive patterns of action which provide a sense of understanding and control and an access for action and modicum changes" (Glaser, 1992, p. 14). With these similarities in perspective, the possibility of combining grounded theory with a feminist perspective was considered relevant to this research topic as "grounded theory is a method of knowledge discovery that can be conducted from a feminist perspective" (Wuest, 1995, p. 135). The key to ensuring that these linkages were valued resided in using reflection at all stages of the research process for "it is the deliberate, thoughtful assessment of how researchers themselves participate in creating and interpreting research data that is the mark of adequate feminist inquiry" (Hall & Stevens, 1991, p. 21).

De Vault (1990) called on feminist researchers to carefully select approaches and strategies for interviewing, transcribing, and writing about participants' lives. She highlighted the use of research methods and language which made invisible women's ways of working and devalued "woman talk". This was particularly important for the interviewing, analysing, writing, editing, and constructing the meanings of the experiences described by these women managers. It also meant that as a researcher I had an investment in finding some answers:

It is the interviewer's investment in finding the answers, her own concern with the questions she asks and her ability to show that concern, that serves to recruit her respondents as partners in the research... The researcher is actively involved with respondents, so that together they are constructing fuller answers to questions that cannot always be asked in simple, straightforward ways. (De Vault, 1990, p. 100)

Research as a Personal Process

February 1996

De Vault (1990) wrote about talking and listening from a women's standpoint. I read this article again today. Did I need written confirmation that my desire to write a thesis containing emotional thoughts, personal insights, poems, and mental self-talk was OK? Yes, Yes, Yes! As a woman, as a woman researcher, as a woman writer, I needed to overcome the assumption that the different way of writing was breaking the rules of dissertations and was potentially dangerous. While talking about taking risks, reading about research as a personal process, reading about valuing reflections, was I willing to re-frame the style of presentation? Yes and no. Marjorie De Vault gave reasons for valuing women's ways of writing. From writing without confidence towards writing with confidence.

Implications of Approaches

These qualitative research approaches were chosen as the most appropriate for this exploration of women manager's perceptions of their role and place in health related organisational contexts. As management and career literature had been predominantly based on men, more knowledge and theory was required based on women's perceptions. Grounded theory strategies were suitable when there was limited information on the research issues (Strauss, 1987) and where basic social psychological problems and concerns are assumed to be inherent in groups. Theory emerged from the social process that explained the experiences, perceptions, interactions, behaviour in given contexts (Wilson & Hutchinson, 1991). In this way, it was possible to achieve understanding of the complex behaviours, managerial and social interactions, and relationships to organisational contexts. These collaborative and experiential methods are part of the developing post-positivist world view (Reason, 1988, 1994) which shifts the perspective from testing hypotheses and theories to generating hypotheses and theories which emerge from the data. The main focus was on theory generation based on the constant comparative methods of grounded theory (Denzin & Lincoln, 1994; Glaser, 1978, 1992; Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1990).

Whilst grounded theory approaches provided the main techniques for data collection and analysis, the importance of narratives or life stories caused me to write three career narratives. These narrative examples (Appendix C1, C2, & C3) attempt to add to the constant comparison of incidents by not only using short quotes as examples, but also providing complex narratives which display the core problem and core process across one participant's experience. They clearly demonstrated the theoretical model, developed from these data, of moving from managing without confidence towards the revised picture of woman's ways of managing with confidence and assurance.

Phases in the Research Design

Finally, an explanation on the sequence and decisions related to the design of this research is displayed in Figure 4 as a decision tree. A master's level study commenced to describe the characteristics of women in senior management positions. Following the analysis of these interviews the main themes and patterns were discovered and developed into propositions. These propositions were used to develop the next phase of this research. At this point it was decided to expand the study and develop theory for understanding the career development and experiences of women managers in health contexts. This was a critical point for both the researcher and this study as there was a change of school, supervisor, and research approach. Another stimulus to extend this research was a presentation by Dr. Dale Spender (1989) on women becoming competent, confident researchers and gaining doctoral qualifications. This

change was discussed and approved by my first supervisor but the process was to take two years and to place me in a situation that was similar to the challenges and barriers faced by participants in my study. The academic and organisational environment did not facilitate the process and became constraining as to the use of qualitative methods to extend the study. An opportunity to reflect on this situation and seek advice came at an experiential participative research conference. At this point, there was recognition that changes in school and supervision needed to be made. In retrospect, it was a learning experience and closely matched the core problem and process eventually identified from the data.

Many theoretical and personal memos were made during this decision process. They captured my thoughts, dilemmas and decisions, feelings and frustrations and enabled me to question more fully and interact with the research process. These memos contributed to the data used to take descriptions of empirical events to a theoretical levels (Hutchinson, 1986).

Data Collection Process

This section documents the strategies used to collect data, the interviewing and sampling techniques, selection and characteristics of participants. Points are made about the procedures to ensure trustworthiness of the data and the protection of participants. The next chapter describes ways data were analysed to obtain the findings and to identify the core problem and core variable of the basic social psychological process. To add further detail of the analysis there is a summary of the mindmaps and figures that contributed to the development of displays for the core process. The steps in the research process (see figure 5) are described in this section and in more detail in the next chapter.

Figure 4 Phases in the research design

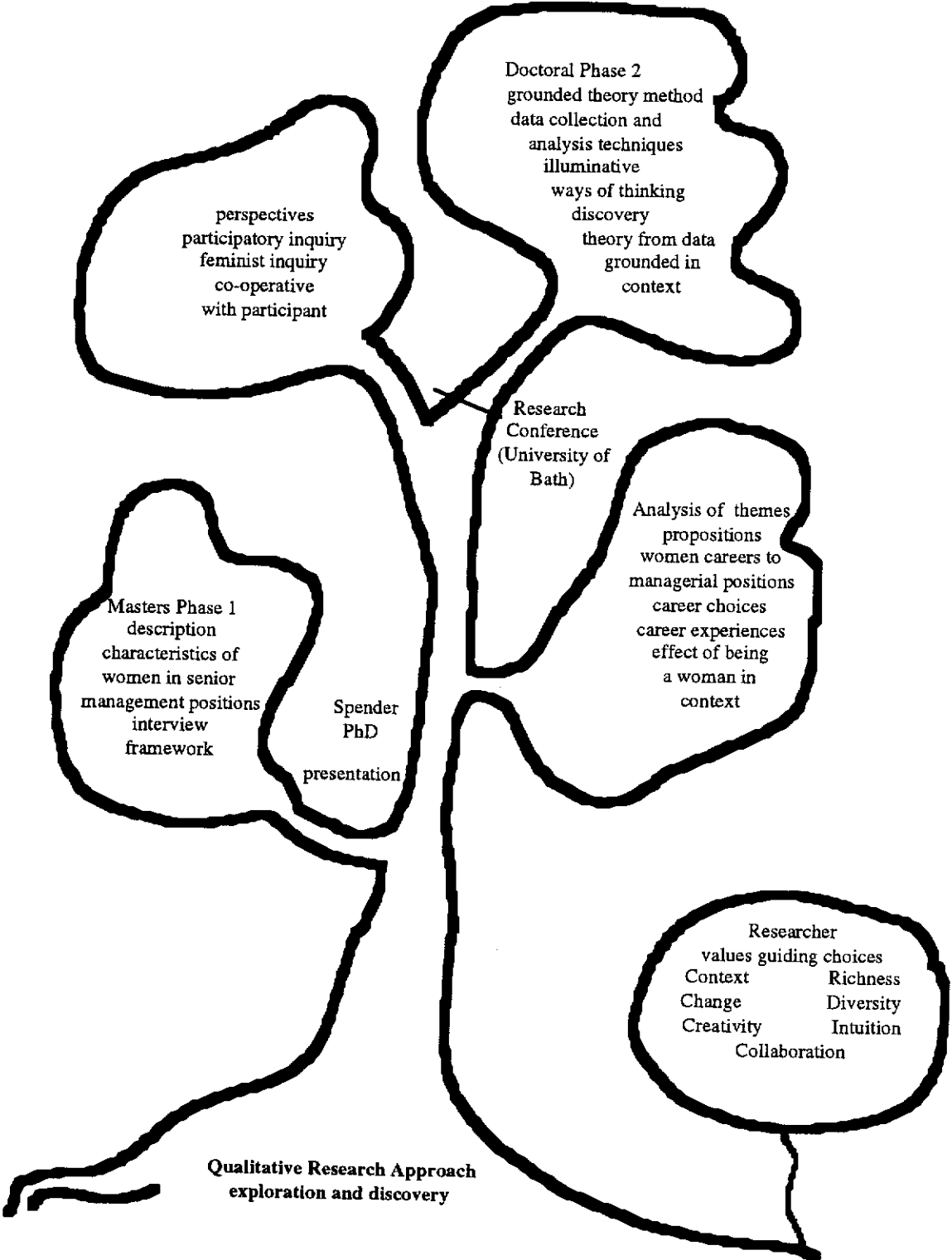
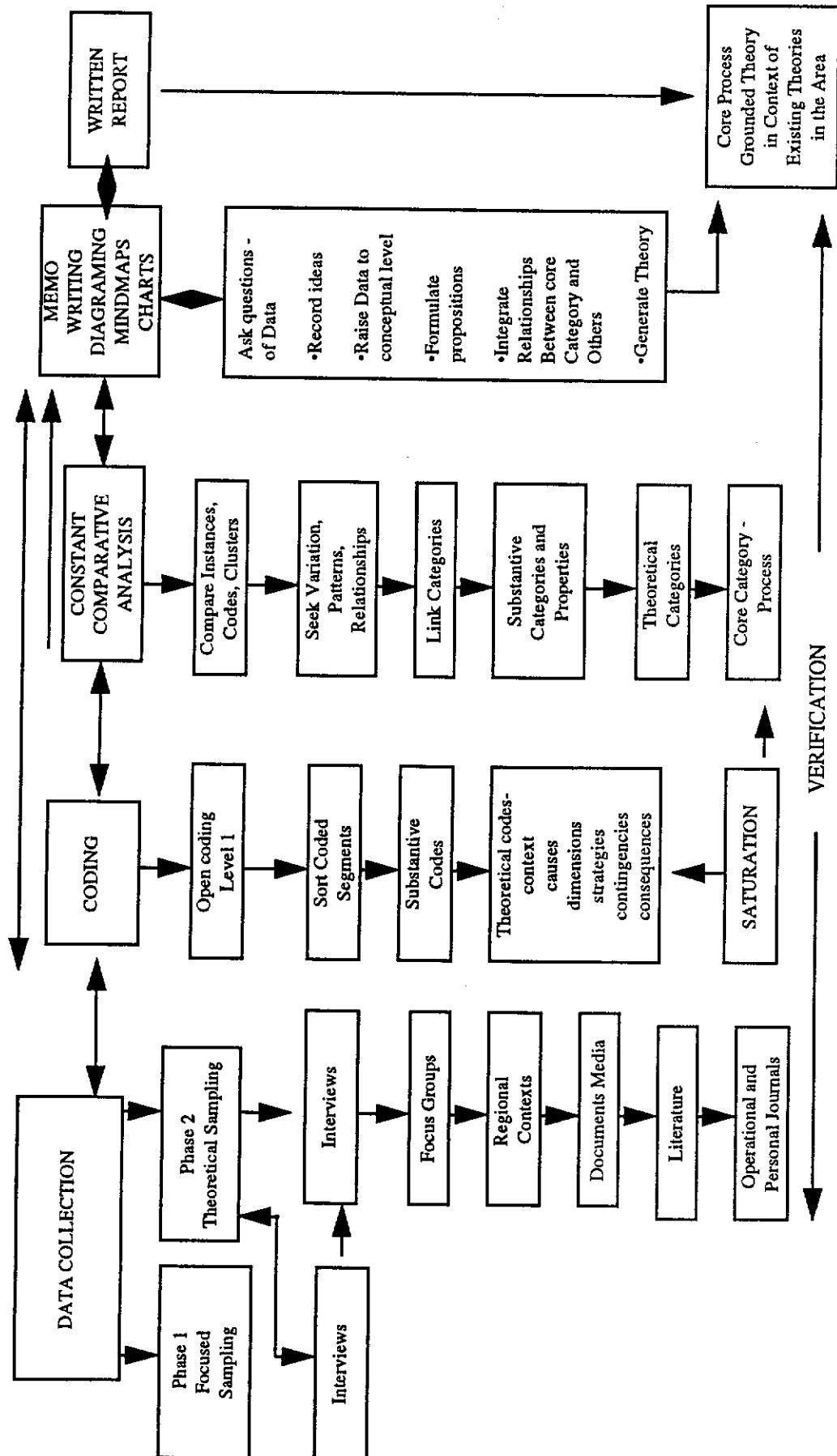


Figure 5



Sequential map of methodology
(Adapted from Iurita, 1990, p. 31)

Phase One Data

The first phase aimed to discover the common experiences, achievements, and characteristics of women in senior management. A small pilot study was used to assess the orientation questionnaire and interview framework. After minor modifications 15 participants were interviewed. Interviews were conducted in their workplace using an interview framework (Appendix D). Observations were recorded as field notes and other details recorded in an operational journal. A personal journal was commenced. Participants came from public sector health care services where they were responsible for policy development and program management. Represented in this sample were seven professions, five in health and two participants had first degrees in teaching and law but were currently employed in health organisations. Transcriptions were coded for themes, categories, and patterns. Profiles of each participant's career were developed so that characteristics and comparisons could be made across the sample (Appendix E).

Major themes which emerged were related to career choice, career patterns, and career development. The expectation that careers would follow a linear path with pre-determined steps up the ladder continued to create barriers for women. Preliminary data showed the need for alternative models for management and organisational structures along with extended or revised career theories which value feminine characteristics and culture. This was further confirmed at that time by an article on career theory by Marshall (1989).

As these additional gaps in knowledge appeared, it was proposed to deepen and extend the research. Due to the complexity of the participant's responses, and the identification of significant new directions related to studying female perspectives on career development, it was decided to upgrade to doctoral level. This would provide the opportunity to examine the complexity of participant's responses and to explore propositions with additional participants. Furthermore, it was proposed to use theoretical sampling, higher levels of grounded theory analysis, and to add new contexts for comparison. This brief summary explains the first phase of the research and the transition to the second phase, so giving some understanding of the topic development and basis for selecting research approaches.

Phase Two Data

Using the findings and propositions from phase one these questions were used to guide data collection. There were four core areas:

1. Career development and life experiences.

What are the choices about career decisions which women experience in senior executive positions in health services and health faculties?

What are their perspectives of the stages and pathways which have led them to their senior executive position and what do they perceive has been the influence of gender?

How do these women perceive they are affected by the demands of balancing their life and career roles?

How do women make decisions on how to allocate their energy and resources to the professional, organisational, and personal demands of their lives?

2. Strategies.

What are the strategies women use to overcome institutional and social barriers which impede their progress?

How do women perceive the organisational culture in which they work and their ability to create and take advantage of opportunities for access to senior positions?

How do women develop knowledge bases, core skills, and positive attitudes to manage senior executive positions?

How did these women access senior positions in health care organisations?

3. Effect of being a woman in health organisations.

What are the consequences of combining a senior executive position with family responsibilities and socially constructed expectations?

How do senior women executives perceive their value and position within the organisation in relationship to their influence on decisions and ability to exert power?

What do these women perceive to be the aspects of change necessary in organisational, social, and cultural areas which will influence the mind of current occupants of top positions, who set the criteria for selection and progression?

What advice would the participants as mentors and role models provide to assist other women to achieve senior positions and change the nature of work demands to enable other life demands to be acknowledged?

4. Profile of women in health organisations.

What are the characteristics and profile of women who achieve senior executive positions in health organisations and does this differ based on the organisation, their professional background and/or social and cultural conditions?

The Interviews

Data were collected from participants using a semi-structured interview framework (Appendix F). Interviews were organised to suit participants and were generally conducted in their workplace. This provided a view of their usual work setting and made it possible to capture some of the context that gives this type of research authentic background and meaning (Chenitz & Swanson, 1986, p. 10). Three interviews were conducted in the participants' homes due to their heavy workload or when there was a preference for privacy. The length of interviews ranged from one to two hours. All interviews with individual managers were tape recorded and transcribed with a majority used in the analysis. Four interviews from the second phase were not used due to problems with a noisy setting, or problems with English being a second language resulting in many gaps in the transcribed interviews. Adjustments were made to ensure issues and stimulus questions enabled participants to provide clear, relevant, rich, and detailed responses in a reasonable length of time. Following further stages of analysis, and at focus group interviews, the numbers of issues were reduced. Focus group interview questions centred on career counselling, career patterns, career advancement, juggling roles, and coping strategies (Appendix G). All participants were articulate, knowledgeable, reflective, and willing to share their experiences. In fact, it appeared to be an important characteristic of senior women managers that they were able to readily respond with relevant information. All participants had a strong interest in and commitment to the topic and expressed a wish to receive results of findings. Some participants found it a positive, useful, and challenging time to reflect on their career, managerial role and perceived place in the organisational context. Many expressed their willingness to share their successful strategies for managing in the hope that other women would succeed and difficult organisational contexts would be changed.

Participants signed a consent form before the interview commenced (Appendix H). Tapes and later microtapes with continuous recording mode were used to tape interviews. The microtape was an efficient and effective means of recording these interviews as there was less opportunity for tapes running out and the flow of the discussion was not broken by changing tapes. Tapes were transcribed as soon as the interviews were completed to check the quality of recording and to commence coding and analysis.

Focus groups.

Three focus groups were used as an opportunity to clarify concepts which were coming out of the analysis (Morgan, 1988). In all the groups there was a high level of involvement, discussion of ideas, and agreement with the emerging propositions. These propositions were:

- lack of career planning by female health professionals particularly early in their working life.
- barriers and difficulties encountered in organisational contexts, such as the effect of being a woman with a health professional background, and other psychological and attitudinal barriers.
- the problems of coping with multiple demands - career, senior management position, family, relationships.

The focus groups were conducted in three regions with 15 participants in total.

1. Scandinavia with four participants.
2. Scotland, United Kingdom with four participants.
3. Western Australia with seven participants.

The tapes from the focus groups were used to confirm and clarify findings but were not transcribed or used for quotes in the findings, and therefore have not been included in the details of the key informant sample.

Fieldnotes

The fieldnotes recorded impressions of the interview setting, observations of the organisational atmosphere, participant and researcher interaction, reflections on the interview process, and any further questions that could be explored later. Two examples of fieldnotes are included below:

1. Held in participant's office. Formal office atmosphere. Seated at desk. Restrained brief answers and limited sharing in the beginning. I felt more of an intruder than with previous interviews. Perhaps related to the structural changes in the organisation. This participant is committed and convinced that these changes are positive, while many others have doubts. Could be related to her promotion and desire to prove she warranted this senior level position. Is committed to work and study for the next five years. Then she will evaluate the position. Feels she can assist her profession in this managerial role but is concerned about negative comments from previous professional colleagues. Often the only woman present at meetings and functions.

2. Relaxed, easy to talk to. Has been through a difficult period. Has attempted to clarify work functions and feels ready to respond to new challenges with a clearer definition of responsibilities and tasks. Certainly has reassessed her position and willingness to work in this organisational context. Work is an important aspect of her life, so she has been doing some reflection on demands and impact of changes to the organisational context.

Personal Journal

A personal journal was kept which recorded my insights, reflections, feelings, and ideas generated by being an active participant in this research process. Memos, poems, diagrams, models, and mind maps were used to maintain a sequential record of the research and for bracketing of the researcher's values and preconceptions. This research has been a personal journey of exploration as well as an academic search for new understandings and meanings for women in management (Hogan, 1993; Marshall, 1992; Reason & Marshall, 1987). This perspective on research as a personal process enhanced my creativity and ability to ask questions of the data, reformulating and reclassifying categories in different ways. Being creative as an analyst is essential "to developing conceptual depth in theory development" (Glaser, 1978, p. 20). Valuing creativity and an intuitive sense was recommended by Becker (1993) saying that "the ability to make conceptual connections from social situations that appear to be quite different requires skills, creativity, and an intuitive sense. The process is anything but linear... the ability to find patterns in seemingly unconnected occurrences" (p. 258).

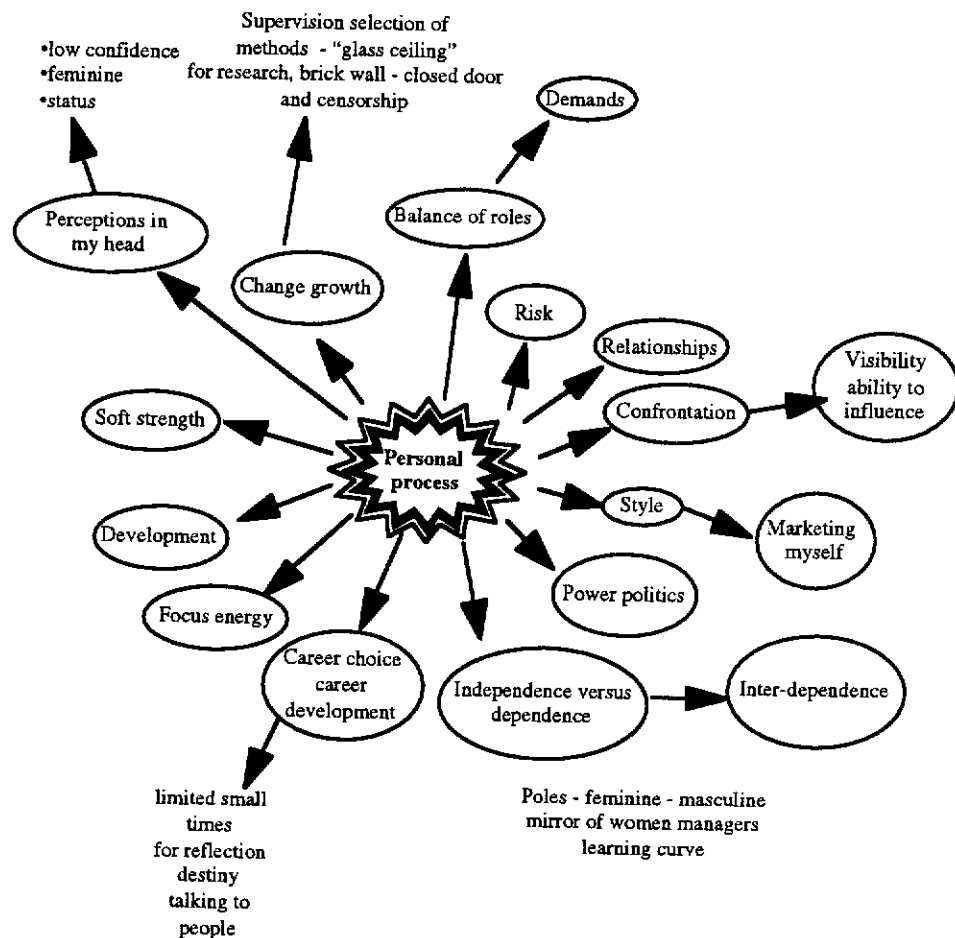
Selections have been made from the personal journal and are shown in italics under the heading - *Research as a Personal Process* - reflections which impart to the reader the impact of this research. These reflections give my personal perspective on this research activity. They are provided to add another dimension to the thesis in an effort to add interest, life, and difference. They extend the dimensions and constraints usually maintained by the dominant male university culture which has constructed academic structures and dominant epistemologies (Colwill, 1993; Marshall, 1993; Powles, 1986). "There are no maps to follow; there are only inner compasses to trust" (Hardesty & Jacobs, 1986, p. 390).

As a researcher I have been influenced by the social change and many social interactions during the research process. The mind map dimensions of the research process displayed my reflections (inner compasses) on the personal factors which were affecting the progress of my research activities. Maintaining sufficient focus and energy, strong beliefs about the ways to proceed after changing schools and

supervisors, and the risks involved in doing research differently came out as personal anxieties and pre-occupations. In some ways, they reflect the dilemmas of women working in traditional dominant male university cultures and health organisational contexts. Considerable discussion and media attention has focussed on the topic of women's place and position in organisations, politics, and society during the years of this research process. The intensity of the media discussion also has influenced my research experience by fueling my interest and commitment to increasing the representation of women in senior managerial positions. Their alternative experiences and points of view should add to the decision making processes of not only health organisations, but in the political, legal, business, and media boardrooms of Australia.

The mindmap (shown in figure 6) displays the many dimensions of the personal process and the risks associated with recognising it as a legitimate part of the research data.

Figure 6 **Dimensions of the personal process (September 1993)**



The Sampling Strategy

The participants were a purposeful sample (Morse, 1989) selected because of their senior position in a health care organisation or health science education faculty and because they were women. They were chosen as they could provide rich descriptions of their experiences as women managers, accounts of their career progress, and their different perspectives on becoming women managers in health related organisations. An operational log was kept to record details of interviews, organisational characteristics, notes of researchers' impressions, and theoretical memos. These memos record ideas about interviews, codes, and their relationships as they occur to the analyst (Glaser, 1978).

Each participant was contacted and given brief details on the research topic. After verbal agreement to participate was received, a letter was sent confirming the appointment and interview topic (see Appendix D & F).

The sampling continued until redundancy with respect to information was achieved, a point known as theoretical saturation (Glaser & Strauss, 1967). This meant interviews were conducted with participants until there was no new data being collected. The final sample of participants totalled 35 and they were interviewed over a period of two years and ten months. Phase one data were collected over ten months and the second phase over a two year period. In phase one there were two parts:

- 1.1 This was the exploration of the characteristics of women in senior management positions in health care services in Western Australia. From the coding, analysis, and the profile developed it was decided to interview women in other organisational contexts.
- 1.2 Women in senior positions working in health science education faculties offered a view of their managerial roles in another organisational context. These participants all had health science qualifications.

In the development of phase two, there was the opportunity to extend the study across other contexts and cultural regions. One region (United Kingdom) offered similar conditions, while it was anticipated that the Scandinavian contexts and participants may provide different perspectives. The focus at this stage was on the career development, managerial experiences, and the effect of being a woman in diverse organisational contexts. During this phase, in the sampling process women with non-health backgrounds who were working in health related organisations were selected for interviews.

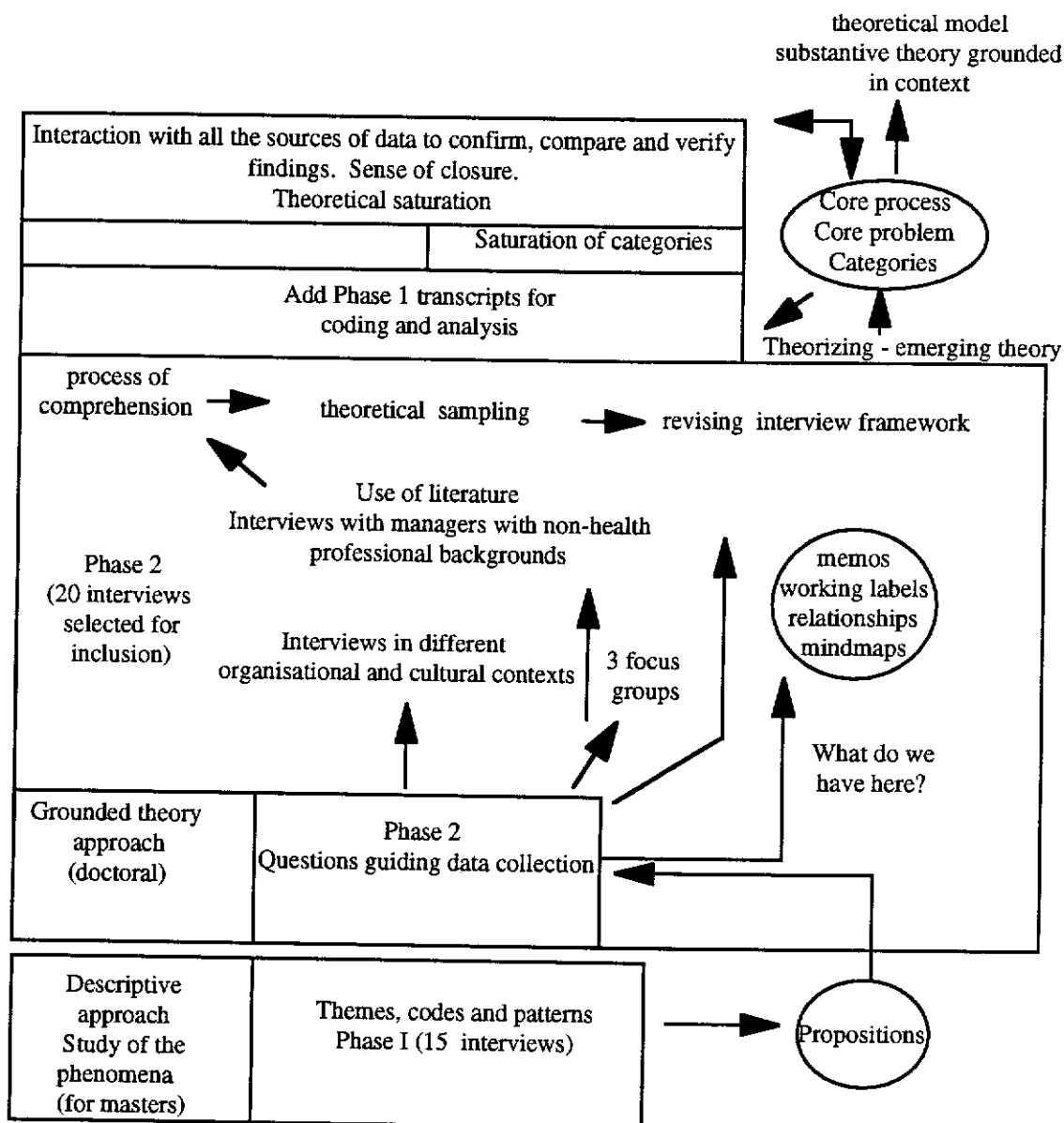
Theoretical sampling.

Theoretical sampling was used in the selection of phase two sources of data. After the first phase of the research and based on early findings, a decision was made to pursue certain directions for the interviews, and to review documents and literature. The interview framework was revised to target career patterns and career development so as to ensure that further comparisons and lines of inquiry could be linked with existing data. Theoretical sampling provided a cumulative process of data collection, adding richness and complexity to the emerging codes and categories, so that the data collection was controlled by the emerging theory.

To elaborate and illuminate the theory, I used groups in three cultural contexts "to discover more ideas and connections from the data" (Glaser, 1978, p. 40). In the ongoing process of data collection and analysis, the effect of being a woman on career choice, career experiences, and managerial career development was explored with participants. Although most of the data were collected by interviewing individuals, three focus groups were conducted to review four categories which were emerging. In addition, as the concepts, categories, and basic social psychological process were being formulated, papers were presented at a range of professional and research conferences. The questions and comments from the audience helped review the findings and stimulate further concept development.

The sampling process ceased when no additional data could be found to develop new categories or dimensions of categories, as they contributed to the core category or process. Theoretical saturation (Glaser, 1992; Glaser & Strauss, 1967) occurred when recurrent patterns and evidence of rich variety were being coded in the transcripts and there was dense detailed data. By including some participants with non health qualifications and from different organisational and cultural contexts, it became apparent when it was time to cease interviewing. This was when I considered that there was enough data from interviews, literature and journals to build a comprehensive and convincing theory (Leininger, 1994; Morse, 1989, 1995). The strategies for sampling and coding are shown in Figure 7 where the interactive cyclic nature of the process is displayed to provide a comprehensive picture of this complex process.

Figure 7 Theoretical sampling and coding process



Profile of participants.

Thirty five participants contributed data for this research study. They were all women who had senior positions in health related organisations who had major managerial responsibilities for policy and decision making in health care services and health science education faculties. The key informants came from a total of 19 organisations located in Western Australia, (14 participants) United Kingdom (11 participants) and Scandinavia (9 participants). One participant came from the United States.

The American participant was selected for interview (during her visit to Australia) and included in the analysis because she was a significant role model, top academic having held a professional management role at a leading American University. Previously, she had been director of a large clinical service within a health organisation. She

provided innovative publications and professional leadership during her illustrious career. As a researcher, writer, leader, and manager she was recognised internationally as having made outstanding achievements by providing academic, research, and managerial leadership for her profession and women in general. The interview data provided the opportunity to explore her perspective on career and life roles and to make comparisons with data from the other woman managers.

Twenty participants came from health care service organisations and fifteen occupied leadership positions in academic faculties providing health science education. The age range was 38-66 years, with the length of working experience 11-44 years. The majority of the group had 20-30 years of experience (22 participants), with eight participants having over 30 years. Most participants had had a fairly continuous working life, some with part-time work or reduced hours, and short breaks for having children. For various reasons, they had seen themselves as committed to working and having limited breaks for childbirth. Although there was an expectation of working, most participants did not develop their career orientation until later, mainly after their children had grown up or there was a realisation that there were opportunities for advancement. This was related to developing confidence in their abilities to manage a senior position, and frequently after having completed higher qualifications. A continuous work pattern has been perceived to be essential for a majority of women to achieve career success (White, Cox & Cooper, 1992).

Twenty four were married (some more than once) or in long term relationships, four were divorced and seven were single. In the group of eighteen with children, five had one child, eleven had two, and two had three children. There were more similarities in these personal and family characteristics between the Western Australian and United Kingdom participants. More of the Scandinavian sample had children and had been able to achieve and maintain a senior level position. This was possible in Scandinavia where permanent part-time positions as senior managers could be combined with family commitments when children were young. This was the only significant difference between the different cultural regions. The marriage rate was similar to the percentages of women managers in Canada who are married - 62 percent, compared with men of whom 91 percent were married (Colwill, 1993).

In the initial qualifications which participants had completed, there were 12 professional disciplines, seven of these were health related, representing 29 participants. These were occupational therapy (14), nursing (7), social work (3), physiotherapy (1), speech pathology (1), medicine (2) and medical science (1). The six other first degrees had been taken in law, teaching, arts, economics. Several of these non health background participants had made work changes by undertaking

marketing, accounting, health promotion, and political degrees early in their working life.

This sample represented some of the overwhelmingly female professions which are involved in the delivery of health care. The only health related profession that does not have women as numerically superior was the medical profession. This demonstrated that women make up 75 - 80 percent of the health workforce in Australia but are largely socially and politically dominated by the male members of medical profession who hold powerful decision making positions (Lupton, 1992).

Table 1 **Australian health workforce 1986.**

	Female	%	Male	%	Persons (number)
Speech Pathology	96		4		1,320
Occupational Therapists	93		7		2,770
Registered Nurses	92		8		138,220
Physiotherapists	84		16		5,930
Medical	25		75		23,790

Source: ABS 1986 (Lupton, 1992, p. 295)

Making comparisons with two other research studies of women managers, it was found that the 48 successful women (White, Cox & Cooper, 1992) came from professions of law, management, politics, and accounting. They had a wide representation from a range of occupations. The study conducted by Freeman (1990) presented 40 women who were or about to become middle managers. They worked in financial services, retail, media and publishing, high technology, transportation, manufacturing, and consumer products (p. 5).

Only four of the participants had not completed a higher qualification but had undertaken some graduate study, the majority having completed Masters and, for the academics, doctoral qualifications. This graduate qualification was usually different from their first degree as many of the further qualifications had contained management, business, and administrative content. All participants had taken in-service or continuing education opportunities, particularly if they were management related. Often taking the higher qualifications or executive development programs stimulated their career planning and setting of career goals. They were all active in their professional associations, many having held executive positions at local, national, and international levels.

Participants worked in 19 large organisations which were involved in managing, organising and delivering health care services or health science education courses. Several worked in large hospitals and all the leaders of health science courses were in large university contexts. Only two participants were the chief executives of their large organisations, while the others held senior executive and management positions. Frequently, these positions were in policy, supportive and consultative roles rather than line management. Ten participants worked in one large health department, two groups of three participants from two universities, two participants from another university, while the rest represented 15 organisational contexts.

Confidentiality and ethical considerations.

Potential participants were contacted and given information about the requirements for their participation in the study. Once they agreed to participate and interviews were organised, further information was given to ensure informed consent (Schrum, 1995). The consent forms (Appendix H) were completed prior to the interview commencing and being tape recorded. Participants were advised they could withdraw at any time.

One large organisation where a number of participants worked was approached for consent. In other contacts the participant was the person agreeing to be interviewed. The research received approval from the University Ethics Committee and progress was reviewed each year.

With an interview survey the participant cannot be considered anonymous to the researcher. However, privacy can be guaranteed and care taken by not identifying speech mannerisms, special phrases or identifiable quotes while still retaining an authentic voice (Burnard, 1991; De Vault, 1990; Poland, 1995).

The tapes were transcribed by two secretarial staff. They were requested to maintain confidentiality and handed back the tapes, transcripts and disks for safe storage to the researcher. The transcripts have been identified only by number and a master code list of matching names and workplaces are kept in safe storage. Each page of the transcript was identified with the code number and page number to assist in tracing codes, examples, and quotes. For example, transcript extract for Participant 22 page number 12. The researcher's questions and remarks were indicated with the initial 'M'.

M. Talking about your visibility in the organisation. How important is this for your position?

P. You have to put yourself out to be available...

This meant that quotes selected from participants are presented by using their code number with the letter 'P'. For example:

P22: *You have to put yourself out to be available, to be at social events, to have contacts. I mean one seems to value being manipulative, ... I seemed to know somebody everywhere, you ring the department... try so and so.*

Participants in the research were given a code number and these code numbers have been used to indicate which transcripts from the interviews have been used to illustrate core categories, (career and context) identification of the core problem, dimensions in the phases of the basic social process, and the theoretical model. All the tapes and transcripts have been placed in locked storage for five years. General characteristics of participants have been compiled to present the characteristics of the group. However, details of levels, specific position titles, and other identifying features have been withheld. In some quotations identifying places or statements have been eliminated to protect the identity of participants.

In fact, all participants were helpful and willing to share their experiences as they had a strong commitment to this topic and the need to add to our understanding of their perspective with rich and detailed stories of their experiences. They contributed considerable time and effort within a busy and demanding day. Their willingness to share their experiences and perceptions was extraordinary. They were an organised and articulate group whose wealth of management experience must be valued and used to inform other women, male and female managers, government policy makers, the professional associations, and academic educators.

Summary

Grounded theory methods and a feminist perspective guided this research inquiry. In-depth discussions using a framework of issues were used to interview 35 women in senior management positions from a range of health care service and health science education organisational contexts. Operational and personal journals, literature, and current media material, seminar discussions and presentations were used as additional sources of data. The features of grounded theory methodology, along with the continuous process of refinement of strategies (Melia, 1996) combined with a feminist viewpoint (Wuest, 1995), have guided this research inquiry in order to achieve rich and complete data for building a comprehensive and convincing theory.

Chapter Three: Data Analysis and Findings

This section of the cyclic integrated process of collection and analysis of data was undertaken with the grounded theory strategies using three levels of coding for the interview transcripts. The storyline emerged from the women manager's narrative interpretation of their experiences in organisational contexts and through their active participation in the construction of their perspectives and realities. The symbolic interactionism of grounded theory required the analyst to interpret the meanings from participants' words. The main story told by these women managers was about how they confronted their uncertainty and lack of confidence in taking on leadership and managerial roles. Through the coding and comparative methods of analysis, and concept formation, it was found that their core problem was related to their assumptions and that to overcome these contradictory assumptions they moved through a metamorphosis towards managing with confidence. The findings from this study provide a process and theory for managerial career development and ways of valuing women's ways of managing in health related organisational contexts.

It certainly became clear during the coding that this research topic had generated complex, many faceted and multi-layered dimensions that required careful interpretation about what it meant to be a woman manager in the nineties. Participants had to overcome their socialisation and current images presented by society and organisations, assumptions internalised by their families and by themselves, if they were to advance to seeing themselves as being senior managers and decision makers.

In this chapter the procedures for data analysis are described. The method of constant comparative analysis for qualitative data used in this study was described by Glaser and Strauss (1967) and required simultaneous collection, coding, and analysis of data during the period of the study. This method meant coding for categories and their dimensions, comparing incidents applicable to each category, integrating categories, and developing theory. Theoretical and personal memos, schemas, and mindmaps recorded insights and relationships between categories. The process was like taking a lift up and down to various levels, opening doors, proceeding down passage ways and looking out windows. In a careful and systematic way concepts were formed and theory developed. There was a constant return to the data to verify emerging categories and constructs.

Analysis of Transcripts

Each interview became a 30-40 page verbatim transcript for analysis (Sandelowski, 1994a & b). A master copy of each transcript was kept on computer disks and paper (Burnard, 1991) with copies being made for analysis. All the transcripts (phase one and two) were used to verify the core problem, core process, and to select quotes for writing up. The tapes (maintained in safe storage) were used to verify meanings and any breaks that the transcriber had been unable to wordprocess. This also provided the opportunity to hear again the emotional tone and variations in volume, pitch, and quality of voice (De Vault, 1990; Poland, 1995; Silverman, 1993). Transcripts were formatted and coded in the following way:

Table 2: Interview transcript (open coding)

Interview Transcript	Page 23	Open Coding Notations (level i)
<i>P18: I wonder at my lack of ambition, I really do think that I'm not ambitious... and it worries me. If that is because I was a female and grew up without any expectations that anyone had of you other than that you would become a wife and mother. Do you know I remember my parting shot from my head master... you're going to be an occupational therapist... you could be a maths teacher. You're going off to waste your life and my head master said alright then if you're not going to go to university, alright if you become an occupational therapist you'll probably marry a doctor rather than a teacher and they make more money. Doesn't that trivialise my decision. Anyway you know obviously I remember these were very hurtful things and you know I vividly see it.</i>		career choice lack of ambition expectations wife and mother influence of school headmaster (male assumptions of women's lives) waste of life as health professional (OT) compensation marry a doctor trivial decision memory hurtful, vivid experience.

The data from the first phase of the study were analysed to identify key codes, patterns, and themes. These were recorded in a journal and summarised into seven themes and categories, and 12 propositions. These propositions were developed into questions which were used to guide the second phase of the study.

comparisons within the data and related literature. They assisted in extending and deepening concept formation. The following segment provides an example:

Plot career moves of participants by creating profiles for comparison. Check other interviews for influence of negative thinking, lack of support, positive thinking.

Recurrent words - risk taking (P22: page 20) extreme, more than others can cope with, change, loves change

Novel words -helicopter factor (page 8), political nous (page 25)

Novel phrase -"*little swagger in their mental aspirations*"

Challenging yourself - valuing yourself.

How did the other managers cope with planning their managerial tasks and careers? What were the comments on colleagues and the influence of the organisational context? Check comments on career moves. Check literature on women's careers, career development in management.

The formation of definite categories before undertaking sufficient systematic analysis was avoided, thus preventing the premature closure of lines of inquiry. This was achieved by keeping copious notes and memos, creating mind maps and schemas which over time evolved into determining the categories, core problem, and basic social psychological process. Data collection, coding, and analysis were a simultaneous, complex process throughout this phase of the study and continued until theoretical saturation was achieved. This was reached when the proposed core process (level iii codes) and emerging theory have been compared with selected samples of the literature and have provided the most comprehensive and coherent core variable for explaining the interactions and relationships derived from the data (Glaser, 1978, p. 36).

Quotes from the transcripts have been used to support the credibility and illustrate the categories, core problem, and process. All quotes have been presented in italics. Brackets [] have been used to identify the researcher's additions to the transcripts and ... to identify when words have been omitted. Some longer quotes and exchanges have been selected to give reality and intimacy to the research analysis (Sandelowski, 1994a & b).

Management of the Data

The interviews were read many times to obtain immersion in the narratives which related to the career and management experiences described by participants. Using duplicate copies of transcripts, codes and categories were noted in the margins. Key words and phrases were underlined or highlighted. Unexpected, novel and unusual

words and recurring phrases and descriptions were noted and the process of developing diagrams, charts, matrices and mindmaps to summarise complex lines of thought, comparisons, and interpretations were commenced. This use of pictorial displays and notations made it possible to organise, clarify and compare clusters of information that appeared to be forming the emergent core categories. The mass of words and paper created by this study was organised with minimal computer assistance. The research relied on strategies for careful filing, diagrams, code and memo books, and personal journals to hold the multiple ideas, subtle patterns and concepts coming from the analysis.

When the codes and patterns were being repeated and sufficient detail and depth was coming from participants' interview data and literature it was decided that there was adequate data to review the major domains of management and career experiences of women in senior positions. At this stage, the major domains were descriptive rather than conceptual and the unarticulated problem shared by participants was unknown. The importance of personal mental pictures and self-talk, and perceptions of participants formed by them during their family and school experiences, tertiary education, and following work experiences, revealed themselves as being the core issues that participants shared. For verification, the transcripts were returned and reviewed repeatedly to check that the data were not being forced and manipulated by the researcher. In these later stages of analysis, the transcripts were used for clarification and for checking contextual information. Along with the importance of assumptions, the contexts in which they were made, and the influence of these assumptions interacting with the contextual issues, were seen as core issues related to career development.

Trustworthiness of the Findings

The criteria for the validity, and reliability for qualitative studies have been defined by many researchers (Dreher, 1994; Guba, 1981, Lincoln & Guba, 1985; Jensen, 1989; Kvale, 1995; Krefting, 1991; Leininger, 1987, 1990, 1994; Wilson & Hutchinson, 1991). The trustworthiness of the data and findings of this study was ensured by addressing the credibility (internal validity), transferability (external validity), dependability (reliability), and confirmability (objectivity) of the data.

Credibility.

Credibility came through the in-depth participant interviews where they described their experiences, perceptions and perspectives of career experiences, managerial roles, and organisational context. These were the views and "truth" of the insiders and were obtained in their natural settings. These accurate descriptions, transcripts and quotes have been checked by some participants, and recognised as credible by other managers

who share similar roles. The researcher recognised the need to listen carefully and reflect on the participants' words and meanings.

Transferability.

Many similarities were found in the 19 various organisational contexts where the women managers were employed. It also appeared from the contexts described in the literature (Freeman, 1990; Marshall, 1984; White, Cox & Cooper, 1992) about women's perceptions that there were general similarities with the health and health science education contexts focused on during this research. The sampling process maximised the range of organisational, cultural, and social contexts and this provided rich descriptions of the organisational culture. The researcher became familiar with the range of contexts, events, and experiences provided by participants. However, application of the substantive theory to other contexts may not be relevant without further research.

Dependability.

The interview frameworks, verbatim transcripts, and maintenance of the operational journal provided a review of consistency in the data collection and analysis. These techniques will enable subsequent researchers to examine and follow the sequence of events (Guba, 1981; Lincoln & Guba, 1985; Sandelowski, 1986). Confirmability has been addressed by having participants review the accuracy and credibility of the propositions and conceptual development (Leininger, 1994). The theoretical model has been reviewed by other women managers and health professionals at conference presentations. Comparisons have been made with recent literature and research findings from other research studies with women in managerial positions.

Audit strategy.

During the data collection and analysis process a panel of doctoral students and researchers using qualitative and grounded theory methods reviewed the coding, analysis of categories, concept formation and development and the emerging theory. My research supervisor has been a guide and mentor. In addition, the attendance at classes and a grounded theory workshop (Hutchinson & Wilson, 1995) and International Qualitative Research Conference (1995) have ensured questions and concerns related to analysis have been addressed.

Overview of Research Findings

This section provides an overview of the main findings that emerged from the levels of coding and analysis. Identifying the basic problem was followed by seeking the core category or basic social psychological process used by participants to overcome the

problem. These findings were then used to propose a grounded theory and theoretical model for women's managerial career development.

Identifying the Core Problem

Initial analysis concentrated on discovering the core or basic problem experienced by participants in this study. The basic social psychological problem is an unarticulated problem shared by the group being studied. The women managers' inarticulated problem discovered in the data was that of having contradictory, incompatible, and inconsistent assumptions about their potential to become senior women managers. It was both their own assumptions and the assumptions of others. Contributing to the formation of these contradictory assumptions were two near core categories. They were, firstly the problems of negative contextual influences and pressures, and secondly, limited career orientation shown by lack of career plans and ambitions. The contextual influences exacerbated the notions that women with health professional qualifications would not have careers and certainly not be expected to have managerial careers. The core problem created and influenced by the women managers' contexts and undeveloped career plans are described in the next chapter.

Seeking the Core Category

Once the main issue concerning participants was identified, analysis was directed at discovering the core process which explained how the problem was managed in these health-related contexts (Carpenter, 1995; Strauss, 1987). Questions were asked of the data to facilitate the revelation of the process, such questions as, What is going on? Why is it happening? How are these participants dealing with the problem? (Glaser, 1992; Hutchinson, 1986; Hutchinson & Wilson, 1995). The search to identify the process used by participants to overcome their problem meant more interaction and immersion in the data. This process of building theory is described later in this chapter. A dynamic spiral process and the theoretical model has been developed and illustrated using some of the participants' terminology. This interpretive part of the analysis process was considered valuable and has been recorded as the reflections of the researcher involved in a personal process of discovery, learning, growth, and change.

The emergence of the core problem and stages of the core process must be some of the most exciting events in conducting research with data collected by interviews with participants. Uncovering the unexpected and unarticulated, using commitment to the research perspectives of observation, reflection and action, are rewarding and enriching aspects of this research process. I agree with Glaser, "grounded theory is systematically and purpose focused on emergent patterns consistent with its attendant

joy of discovery" (1992, p. 85). Details of this process form the basis of my research findings.

Having formed an emerging core problem and basic social psychological process used by participants to overcome their core concern, the next step was to return to the data. The master transcripts were copied again, this time from both phases of the data collection. With coding indicators stated for each stage and four colours allocated to identify these, the potential stages of the core process were taken back to the transcripts which then were examined and colour coded. The colour-coding was devised so that stages could be easily identified (Burnard, 1991). The words of participants were included as indicators of each stage to maintain close connections with the data and integrity of the analysis.

Table 4: Example of colours and indicators

Colour	Proposed stages	Indicators from data
1. Pink	quandary, doubt, lack of confidence, confusion, survival, de-valuing	barriers obstacles, believed others inconsistent, contradictory prejudices, pre-conceived ideas, labels, stereotypes
2. Orange	awakening, examining, observing, reflecting	crisis, critical incident, barrier, opportunity, becoming aware of self, aware of surroundings, context - organisation, other workers - senior, level
3. Blue	learning and re-framing	making decisions, barrier or threat into opportunity, types of learning experiences, skills required
4. Yellow	change and transformation, growth, confidence	overcoming barriers in the person, ways of operating for women managers, visibility, networks, role models, mentors.

	Positive and assured	<p>looking at things in a different way, growth, confidence <i>"I am a better person"</i>. Increasing opportunities for visibility, initiating new programs, risk-taking, leadership.</p> <p><i>"Golly I've got stronger"</i> Developing me as a person</p> <p><i>"I can influence change"</i></p>
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Substantial evidence for selective coding based on the basic social psychological problem was found not only in the second phase of interviews but also in the first phase. Further careful review and questioning by my supervisor, peer doctoral student researchers, and colleagues during formal conference and informal presentations developed the process. As writing continued so did the conceptual development. This revealed detail for the near core categories of context and career, the dynamic spiral nature of the core process, and the changes over time for progress through the stages. The writing stage also clarified the labelling of the core process as metamorphosis for overcoming contradictory assumptions. The women managers metamorphic process had four stages, each involving different activities and strategies. The progressive spiral stages were: being in a quandary (beginning the struggling with incompatible and contradictory assumptions); observing, examining and reflecting (on the impact of internal and external assumptions on their behaviour in organisational contexts, then realising that opportunities existed); learning and re-framing (the managerial skills in order to re-frame their assumptions about the traditional characteristics of a manager); and finally change and transformation into being confident managers, so developing women's presence in management.

Quotes were selected to provide credibility and to demonstrate the trustworthiness of the process and theory generated from the data. During the interpretation process three narratives persistently supplied strong grounds for confirming the core problem and process. Although not part of the grounded theory approach, three career narratives and career pathways have been included in the appendices to illuminate the storyline and to provide absorbing career stories as examples and role models. Interpretive notes introduce and notate their contribution to the findings and discussion. As previously stated, the focus interviews were not transcribed but used in analysis by being listened to several times.

In the writing stage, added insights for further refinement have been made to explain theory development. The continuing and concentrated task of comparing this core

process and theoretical model with previous studies and theories has ensured continued interaction with and reflection on the data. Reading other research findings often meant more questions and a return to the data with new eyes and understandings.

Finally, the proposed theoretical model which supplied the most comprehensive, coherent, and simplest model for linking the diverse, extensive, unrelated facts in a useful pragmatic way was reached (Morse, 1994). It was revealing what seemed obvious, but had been implicit and undocumented until this research study was written. It is hoped that the results are readable, have a personal voice, and make meaningful connections with the reader (Glaser, 1992; Stern, 1994).

Developing Theory using Memos, Figures and Mindmaps

This section presents a summary of the theory building process. The progressive development of theory was recorded in detail in an operational journal and associated file which will be presented in a separate publication. The task of finding the core variable was crucial and involved lengthy interaction with the data using memos, figures, and mindmaps. Some personal and theoretical memos, figures and mindmaps have been selected to provide an answer to the question posed by Becker, "what is going on and how?" (1993, p. 225). There were five phases of development using various images and representations. This summary of the research process using figures gives an understanding as to the mental and physical techniques used to generate the process and theory arrived at by this research. Consideration was also given to the researcher's perspective and interactive position while striving to hold multiple perspectives on a given situation. Then the task was to select the salient dimensions which provide explanations of the central process, and in so doing "generate a theory that accounts for behaviour which is relevant and problematic for those involved" (Glaser, 1978, p. 93). Then the chosen perspective becomes the storyline which configures the story, making the phenomena and theory understandable.

One of the most exciting events in this process was when a young physiotherapist read one of my papers describing the basic social psychological process and emerging managerial career theory and stated: "I am in the quandary stage. I will go and see my manager and discuss my learning opportunities and career development required to become a senior manager". The manager had been hoping that this health professional would take these steps as she had recognised her management potential. In 1996 she took the next step and enrolled in an MBA program. This theoretical fit with reality and practical result provided confirmation that the data had yielded some useful and relevant information to guide managerial career development for women in health-related occupations. This example appeared to confirm that, by the researcher

remaining sensitive to behaviours in the social environment, interpreting and giving meaning to their situation that "sense and meaning will be inherent in the emergent theory" (Becker, 1993, p. 256).

Memo entry on theory building (3/7/95)

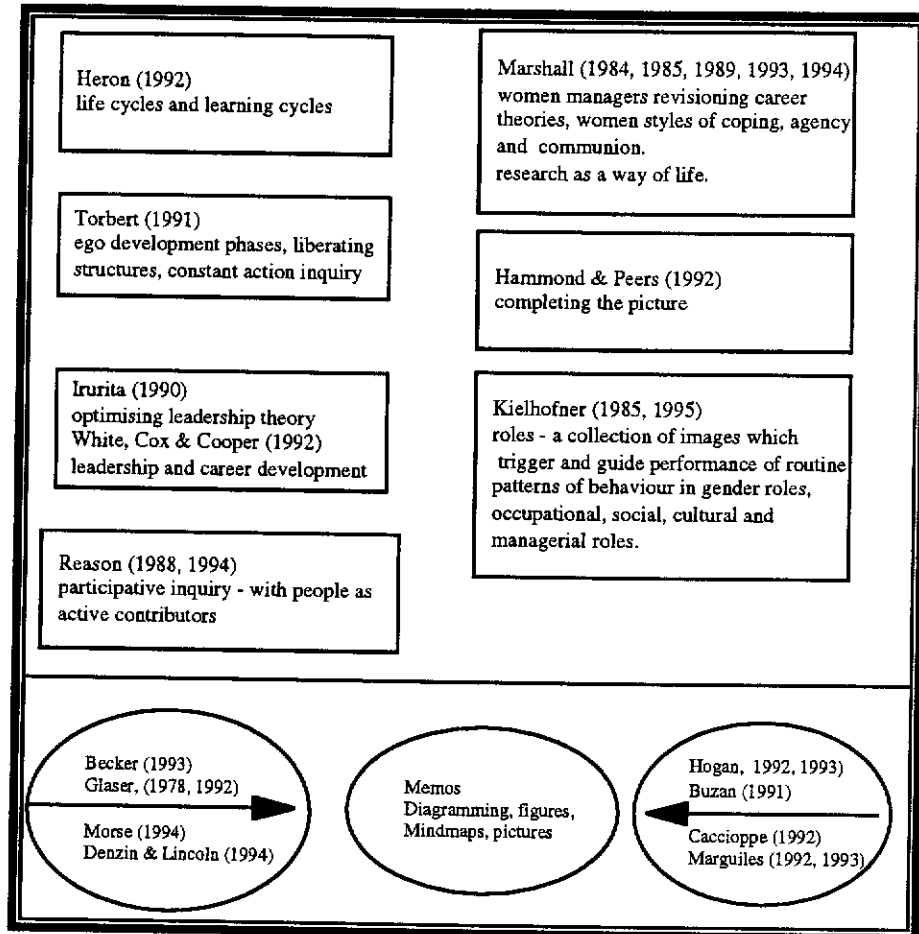
Conversation with my son aged 28 helped validate the process.

Send Matthew a draft of my findings in a conference paper which he shared with female friends. Robin, a physiotherapist read the stages and decided she was in the quandary stage. Went to work to discuss with Her Head of Department whose comment was "I have been waiting, hoping for you to realise that you had potential to be a manager and direct your career development that way. But I had been waiting for you to come to that realisation yourself. Now I suggest you pursue some management education perhaps a Master of Business Administration".

Influences on Theory Development

There were influences from the qualitative, role theory, and feminist literature on the analysis and theory development. This desire to learn about analysis and theory development meant a considerable amount of time was spent on searching through articles and books and then constantly returning to the interviews. Some of these influences on theory development are shown in Figure 8.

Figure 8 Influences on theory development



The conclusions drawn from the history of qualitative research (Denzin & Lincoln, 1994) and recent contributions from other authors (Becker, 1993; Morse, 1994; Schatzman, 1991; Stern, 1994) assisted my thinking and writing, placing some of my deliberations, debates, and questions in context. They also have similarities to the aims of human inquiry as stated by Reason (1988, 1995). These were that there are multiple ways of evaluating the research outcomes, there are extensive choices of paradigms, strategies, and methods of analysis. There was discovery and re-discovery in the ways of looking, and interpreting using an intuitive sense which relied on the ability to find patterns and theory in the data (Robrecht, 1995) from seemingly unconnected occurrences. In addition, other influences on the research process were the discussions of Marshall (1984, 1985, 1989, 1993, 1994) on researching women managers as a way of life, Heron (1992) on personal learning cycles, and Torbert (1991) on living inquiry and liberating structures.

The ongoing lengthy process of reflection and action, interaction, review and evaluation contributed to the depth of learning, growth, and change which occurred

during the research process. The analytical process has been intense, consuming, and exciting. It has been one of the most satisfying and challenging aspects of this research. During this time the emerging findings have been presented to peer groups and at professional and research conferences. These have been both the stimulus and opportunity for review of the research findings and building of the theory. As discussion of methods and analytical experiences were recorded and disseminated, the more confident we can be that human inquiry and research activities with people are visible, clearly described and audited, so that a valuable contribution may be made to knowledge generation in general, and understanding research processes which encourage participants to be active contributors in particular.

Being creative as an analyst was essential (Glaser, 1978, 1992) to developing conceptual depth in theory development. Creativity and an intuitive sense was also recommended by Becker (1993, p. 258). She said:

"The ability to make conceptual connections from social situations that appear to be quite different requires skill, creativity, and arguing and writing. The process of inquiry is shaped by class, gender, race, and ethnicity making it a multicultural process.

It is from the perspective of a female researcher, researching with female managers, within the context of the nineties, in the female worlds of health professionals that this process and theory have emerged. The integration of the research process as a personal process and the female perspective within the Australian University context has influenced the style of presentation and theory development. I hope this section has taken up the challenge "to take more risks" (Morse, 1994, p. 23) and has answered the questions and messages of Becker (1993) and Glaser (1978, 1992).

During the process of theory development the interview transcripts became familiar as they were repeatedly read, listened to, and compared to the new interviews. Considerable time was spent in discussion and reviewing the women's issues presented in the literature, television, and newspapers. The coverage by the media, art exhibitions, and number of books on women's place in society have increased over the years of this research activity.

Sequential Theory Development using Figure Displays

Examples of the diagrams, mindmaps, models, layouts, and charts have been included in sequence in an effort to carefully record this exciting part of the research process. Whilst I have always been a person who thinks with the aid of paper jottings, I have found the work of Buzan (1991), Caccioppe (1992), Hogan (1992) and Marguiles (1992, 1993), to be helpful in creating mindmaps and figures for displaying multi-

faceted, complex, interactive information. The challenge of dealing with the large amount of data and the search for meaning embedded in the data required the introduction of these creative techniques. Although computer programs (Becker, 1993) "have enhanced qualitative analysis, their use may result in flat and simplified descriptive results. The ability to make conceptual connections from social situations required the use of techniques that encourage the use of both hemispheres of the brain" (p. 258). Mindmapping provided non-linear ways of making connections and sought to free the mind from the tyranny of linear notes, thinking, and attitudes. It had the added advantage of providing a clear and visible arrangement of the information. The technique assisted with coding, demonstrating links, and comparing codes and categories. As Marguiles vividly wrote:

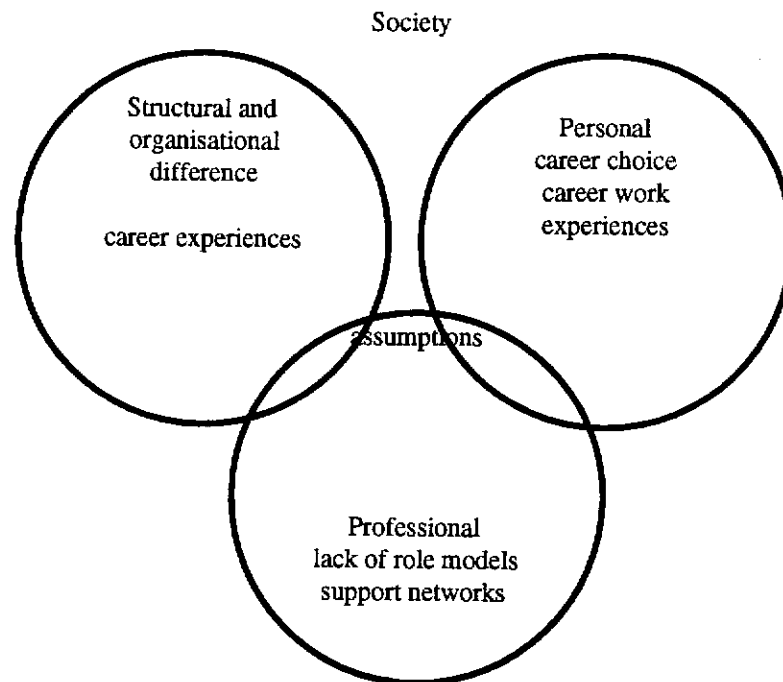
We must develop our abilities to use the information available with creativity, intuition, and human ingenuity. Computers can do a much more efficient job of information storage and retrieval. The challenge now is to do well what the computers cannot do". (1992, p. 10)

All these activities link closely with the four cognitive stages Morse (1994), Heron (1992), the nature of learning and inquiry for life and learning cycles, and the problem solving or evaluation process and spiral of participative action research (Reason, 1994). There were five main phases in the development of the diagrammatic representations which eventually produced the core process and theoretical model. In conjunction with the creation of pictorial displays, mindmaps and models, the core problem, core process, and theory were emerging from the data. It was these representations that ensured further questioning and higher level coding of the data, eventually assisting informing concepts which were the basis of the substantive theory and theoretical models.

Phase one: characterised by circular displays.

Circles and wheels were selected to demonstrate the overlapping relationships between categories as influences of limited career expectations and personal, professional, organisational, and societal contexts were revealed in the data. While the circles started out as separate, by the end of this phase of analysis they had become integrated (shown in Figure 9) around what seemed to be the emerging core problem.

Figure 9 Integration of circles with assumptions at the centre



Phase two: characterised by pictures and images.

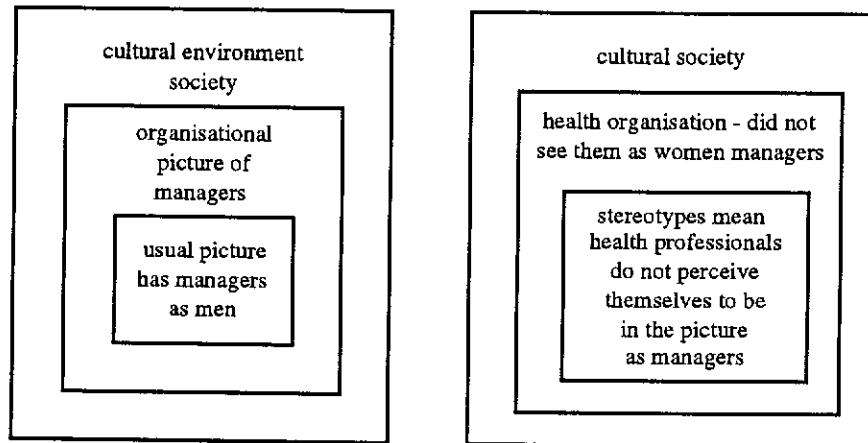
This phase was characterised by images and pictures. Many diagrams conveyed the development of analysis and identification of the stages in the core process. These are snapshots of managers on a continuum moving through phases towards creating a new picture of women managers in senior executive positions. During this phase my reading considered roles as a source of identity and the way people think of themselves and are recognised by others. Roles are "a collection of images which trigger and guide performance of routine patterns of behaviour" (Kielhofner, 1985, p. 24). Internalised roles are images that people hold of themselves as occupying a certain status and position within social groups, and of the obligations or expectations that accompany being in these roles. Society generally created these internalised expectations as part of maintaining the existing social system and expects the incumbent to act accordingly. What were the pictures of women managers? What were the differences and similarities of personal and organisational pictures of managers (shown in Figure 10). These questions called for pictures of women as managers to be framed on the wall so that they would be represented. It was revealed in the data that two participants with health professional qualifications had clearly placed themselves in the organisational picture as a manager. Additional influences during this stage of the process were reading about the Big Picture Management Course and anthologies of poetry by women, and attending an exhibition of women artists.

Two Melbourne business women established a management course designed specifically for working women. "Dr Shaw said the course would give women the skills to make the jump from a technical specialisation or service delivery job to a managerial role (Le Grand, 1994, p. 59). The course was developed by two women to overcome the gender bias that Dr Julie Shaw experienced in her MBA study. "There is a kind of implicit gender bias but what can you expect? Seventy five percent of my year were men and almost all the faculty were males" (Shaw, as cited in Le Grand, 1994, p. 59). In this Big Picture course they had selected more personal learning methods, including a practical component, and personal seminar-based approach.

"Completing the picture" was the title of an exhibition of women artists of the 1880's and 1890's. The exhibition was put together by Artmoves Inc. and the Victorian Women's Trust. Although there were many obstacles to women's achievements in the 19th century the only one they could not counter was the silence of subsequent history. These women artists courageously challenged the complex issues and discrimination of that period as they aspired to become professional artists.

The majority of them achieved successful careers. Their male colleagues at the National Gallery School may not have regarded them as serious artists in the 1880's as the School encouraged condescension toward female students, (who ironically enough, far outnumbered the males) - but the women certainly regarded themselves seriously. (Hammond & Peers, 1992, p. 9)

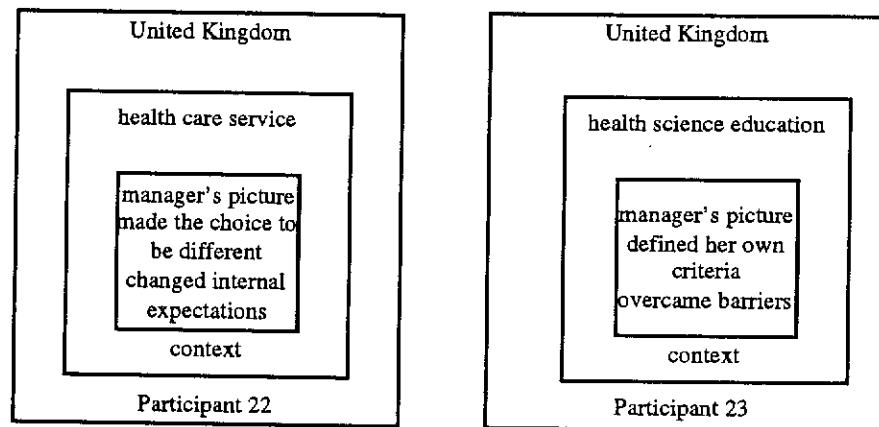
Figure 10 Pictures framing women as managers: Making comparisons



Organisational picture - senior managers were men

Personal picture- as a woman I do not expect to be a senior manager

Comparing pictures and organisational contexts



It was through my attendance at this exhibition, the reading of the book, and reflection on the lack of recognition that these artists received because they were women, that the pictorial image of women managers was born. In fact, it was their determination (described in this book) demonstrated by their strong sense of direction, their questioning of existing teaching methods, and belief in their entitlement to a career which provided inspiration and examples for my study of women managers in the 1990's. Many of these artists were active in the women's movement and attempted to reconcile many varied roles. For example:

Dora Meeson is the most complex and intriguing of this group of women: painter, illustrator, author, suffragist, breadwinner and loyal wife, she juggled her professional career as an artist with her pioneering crusades for the

women's movement, while at the same time supporting and protecting her gentle husband, the artist George Coates. (Hammond & Peers, 1992, p. 67)

And yet another extract confirmed a similar note with this research on women in management. Of Jane Sutherland it was said by Frances Lindsay in 1979 quoted by Hammond and Peers (1992):

Although she was a dedicated artist who actively pursued her career without the distraction of marriage or children she obviously could not take the position of prominence so readily occupied by her male colleagues. When exhibiting her paintings she could not even ask the same price as that of a male artist (p. 68).

These stories of personal experiences creating images help us to understand and to emerge with new patterns of knowing. Klinck (1992) described the power and the politics of revealing personal experiences:

There is an epistemology of self-knowledge and epistemology of power which is growing steadily. This power is based on understanding the close connection between personal experiences and theory. We are seeing evidence of this role of understanding in many professional spheres - law, medicine, social science, research and archaeology. The writings of women are stronger as we begin to understand that the personal is public and that the personal is also professional. (p. 49)

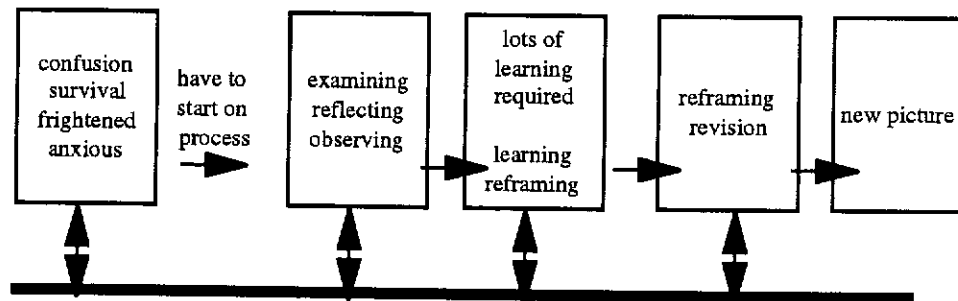
Later, Klinck (1992), considered the importance of linguistic omission and the relationship it has to the construction of women managers as a marginalised minority. What was named was valued and "it is in this naming that we claim both inner space and social experience. Without this naming and claiming of reality so much of what we experience as women goes unvalued" (p. 49). In detailing this research process, with consideration of the influences and their impact on my analysis, it is hoped that it contributes to the valuing of art, fiction, imagery, and other types of creativity as being a valuable addition to the methods of analysis and theory generation. It is the recognition that research not only goes on "out there" in a formal sense, but also goes on in inner spaces during periods of reflection and in everyday activities.

The key categories that were being identified were career choice, career development and experiences, the effect of being a woman, and, for some participants, their health professional background. Also important were the contexts of the organisations or services where they worked. So this was the point when the core problem and core process were emerging from the data. The core problem appeared to be the inconsistent and incompatible assumptions about their ability to become a manager. The process seemed to have several stages with a range of strategies used by

participants to overcome their shared core problem. This is shown as a series of picture frames in Figure 11.

Figure 11 **Emerging stages as pictures**

- overcoming assumptions about career paths for women
- overcoming assumptions about becoming a leader and manager
- overcoming assumptions about expectations for behaviours as therapist/nurse

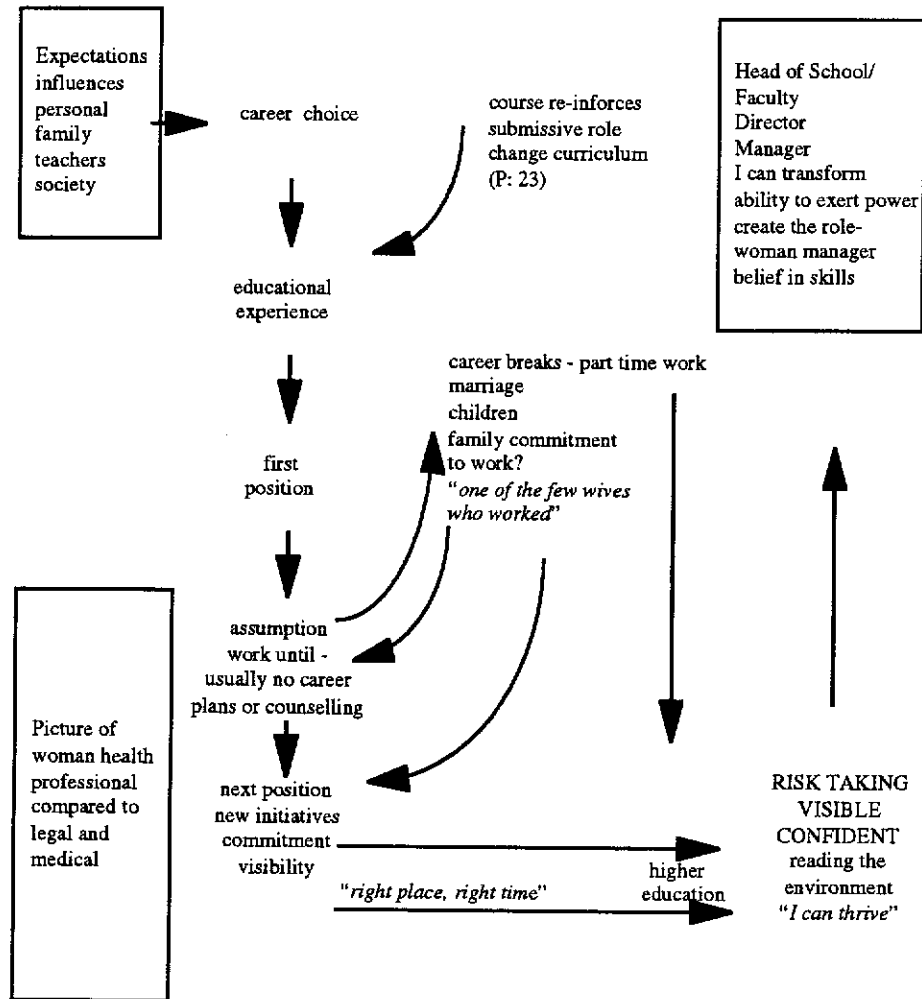


Quotes from the data:

<p>P22: <i>I believed others</i></p>	<p>P: 23 (from beginning) <i>I had a fair idea what I wanted, knew that I was quite good at a leadership role. clear sense of direction and competence wanted to influence change challenged from beginning most of it planned</i></p>	<p><i>two way continual attitude of learning - reframing to develop new picture</i></p> <p>P: 28 <i>had a clear picture what I wanted to do</i></p>	<p>P: 22 <i>I am great. I can achieve "mental swagger"</i></p>
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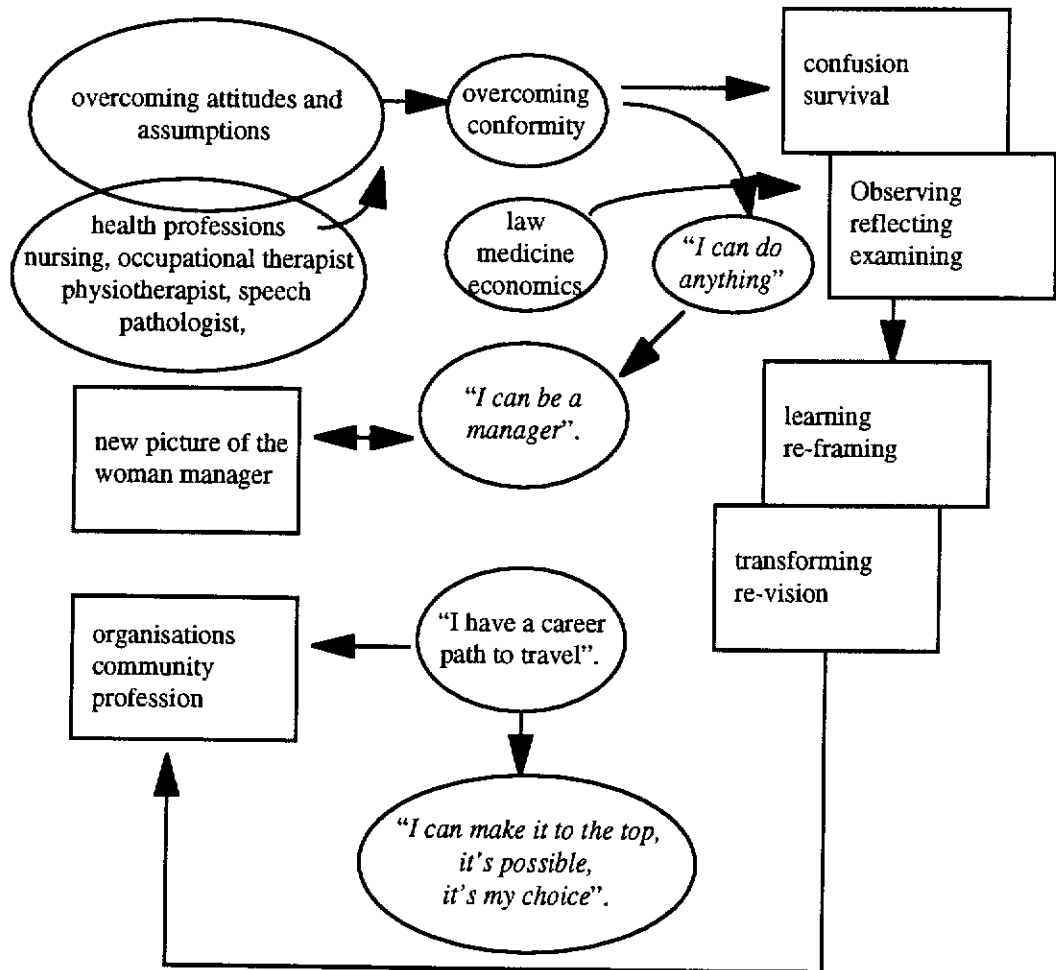
The next mindmap (shown in Figure 12) was used to look at the conditions and work experiences which influenced the internal pictures participants had created and the effect that being a woman had on their potential career development. With this interaction I was using the data and comparing incidents that were critical to developing the phases involved in the core process.

Figure 12 A picture the women managers reported they had in their heads



There seemed to be six stages in the core process as a chart (shown in Appendix I) named the stages, characteristics, and contexts. By returning to the data, the dimensions and characteristics of each stage were compared and evidence collected to support that these were the stages used by participants to overcome the core problem. The use of six stages was being reduced to four and there was to be some movement to add another second stage. The final figure in this phase of theory development showed four stages (Figure 13) and demonstrated the linkages and relationships between the core problem and core process. The differences between participants with health professional qualifications and ones with other initial qualifications continued to be strengthened.

Figure 13 Linking the core problem and core process

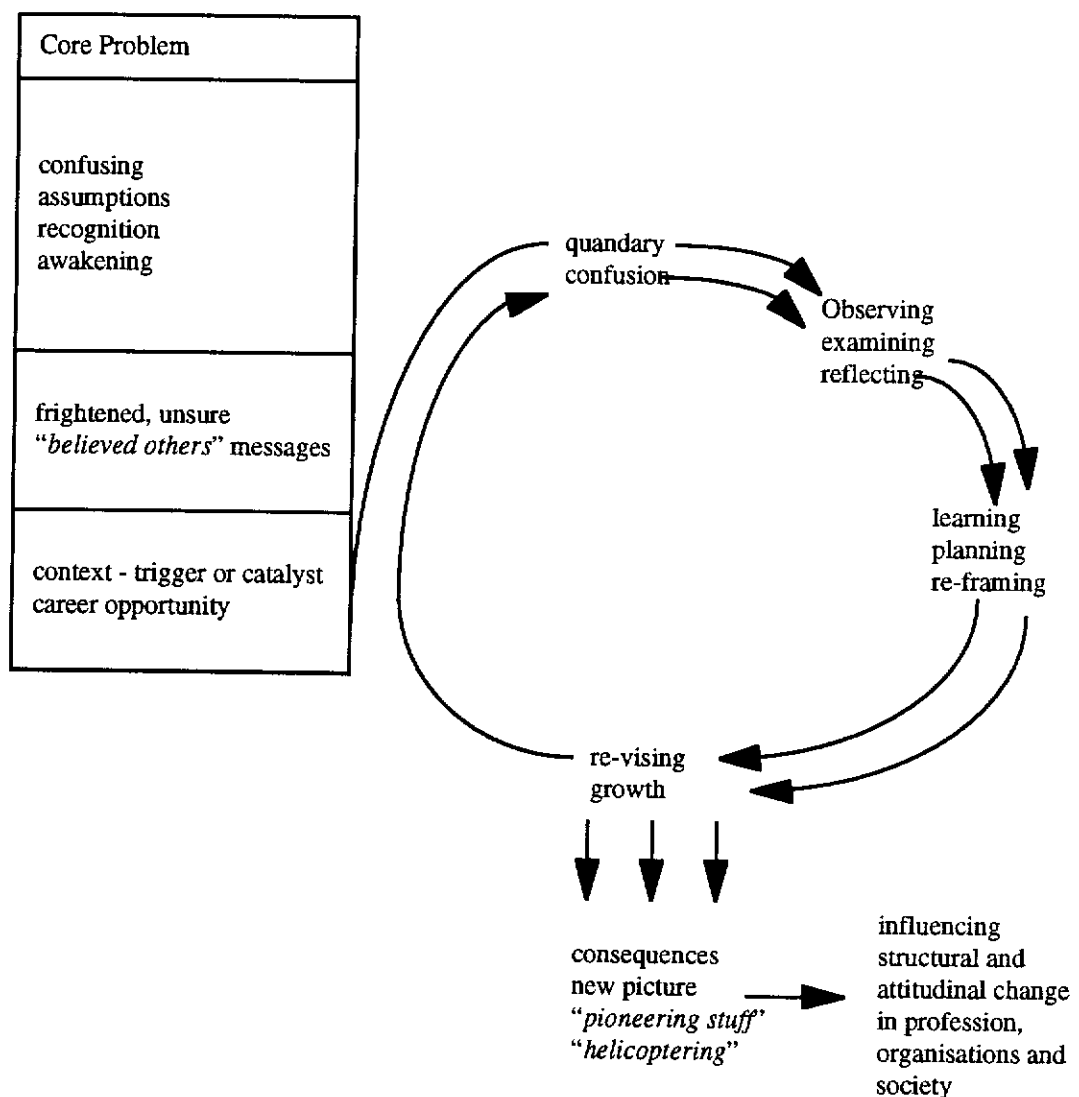


This phase was the most intensive and revealing of what was going on and how, as the researcher interacted with the data to discover the characteristics of the core problem and identify stages in the core process. This core process recurred frequently in the data and was involved in resolving the identified problem of the women managers, that is, overcoming the inconsistent, contradictory, and incompatible assumptions about their potential to become managers occupying senior positions in health-related organisations. The core process, once identified, was used to guide and selectively code the data and further guide theoretical sampling. In the many diagrams making up this part of the analysis, the process was displayed as a linear ladder-like process, changing over time with different features, characteristics of behaviour, and conditions of the context. The process at this point was called overcoming assumptions. Continued analysis and reflection on the transcripts, additional literature, and discussions led to the third stage of theory development.

Phase three: using spiral coils to illustrate the core process.

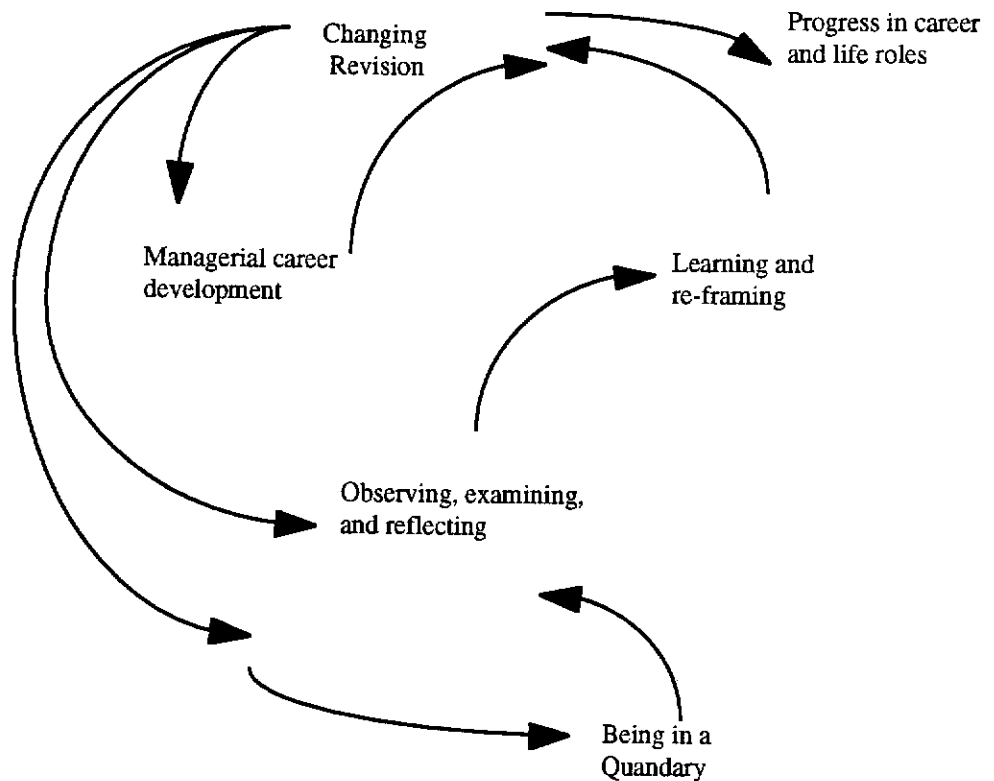
In my attempts to clarify and then display the process, more figures were developed. They showed the core problem, core categories, and stages in the process. From a static display, following diagrams indicated that a spiral coil more clearly displayed the process (shown in Figure 14) that some participants moved through many times. The consequence of the process was the development of a new picture of women managers and the opportunity to develop theories for managerial career development for women in health care services and health science education faculties.

Figure 14 Spiral process of overcoming assumptions



During this phase several papers were presented at conferences (Ross, 1994b, 1995a, b & c) which further clarified research findings and the figures used at these presentations shown a dynamic spiral (shown in Figure 15).

Figure 15 Core process as a dynamic spiral coil



The stages in the core process for overcoming the core problem was now represented by an interwoven spiral coil. It was through this process that the women managers proceeded to creating a perspective and place for themselves as managers in senior positions. Some participants took the journey many times while others appeared to be able to shorten the process by not coming in with so many contradictory and inconsistent assumptions to preview and overcome. The participants with a non-health background appeared to have less time in the quandary stage. This choice of qualification shortened the time in the quandary stage as they did not seem so controlled by the stereotypes of what girls could achieve and the limiting scripts often played out by those who chose health qualifications. However, for all participants there were periods spent examining and reflecting, learning the managerial skills and career moves necessary to throw out the old pictures associated with women in managerial positions. It was a process of continual growth, learning, and change for them and as a result for the organisations in which they worked. But first of all the woman taking the managerial position needed to overcome her internal assumptions and limiting picture before she could contribute to changing the roles of managers and valuing women's capabilities and capacities. The career narratives of three participants contribute to this revised picture and clearly demonstrate the way participants

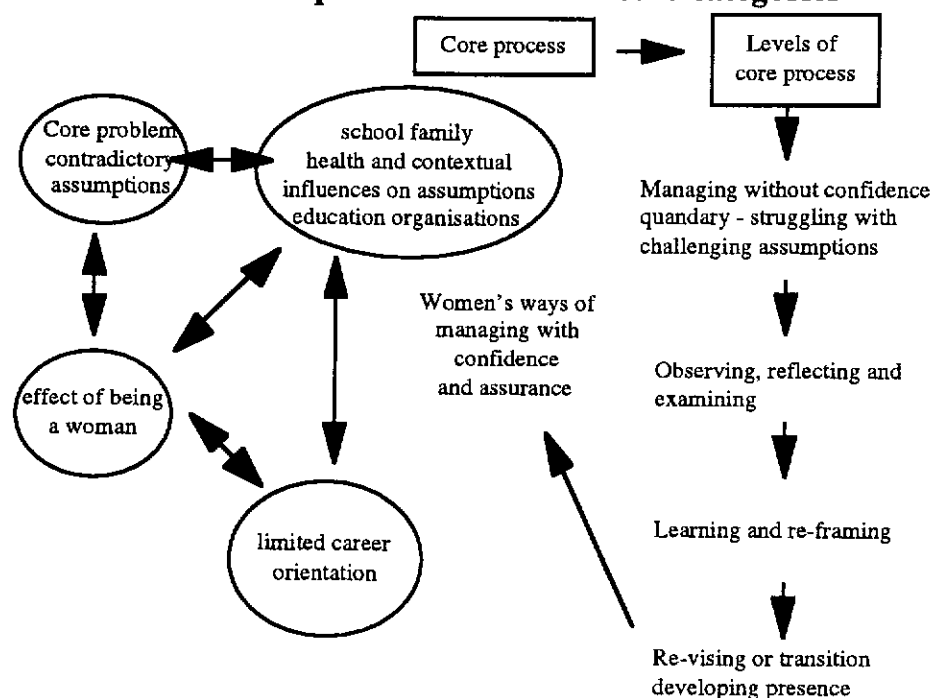
(Appendix C) in these contexts dealt with the core problem and moved through the stages of the process.

Phase five: developing women's presence in management

The final stage was achieved during the writing of the thesis chapter on the proposed theory (March-June 1996). This generated the naming and model for the substantive theory for managerial career development of women's ways of managing with confidence and assurance. The inner layer of this theory was composed of the forces from the process of metamorphosis for overcoming assumptions. The movement through the stages of the process was described as metamorphosis as the women managers moved from managing without confidence through the behaviour changes towards managing with confidence and assurance. By this process they were contributing to the revised picture of managers and so therefore developing women's presence in management. The following three diagrams preceded the creation of the theoretical model.

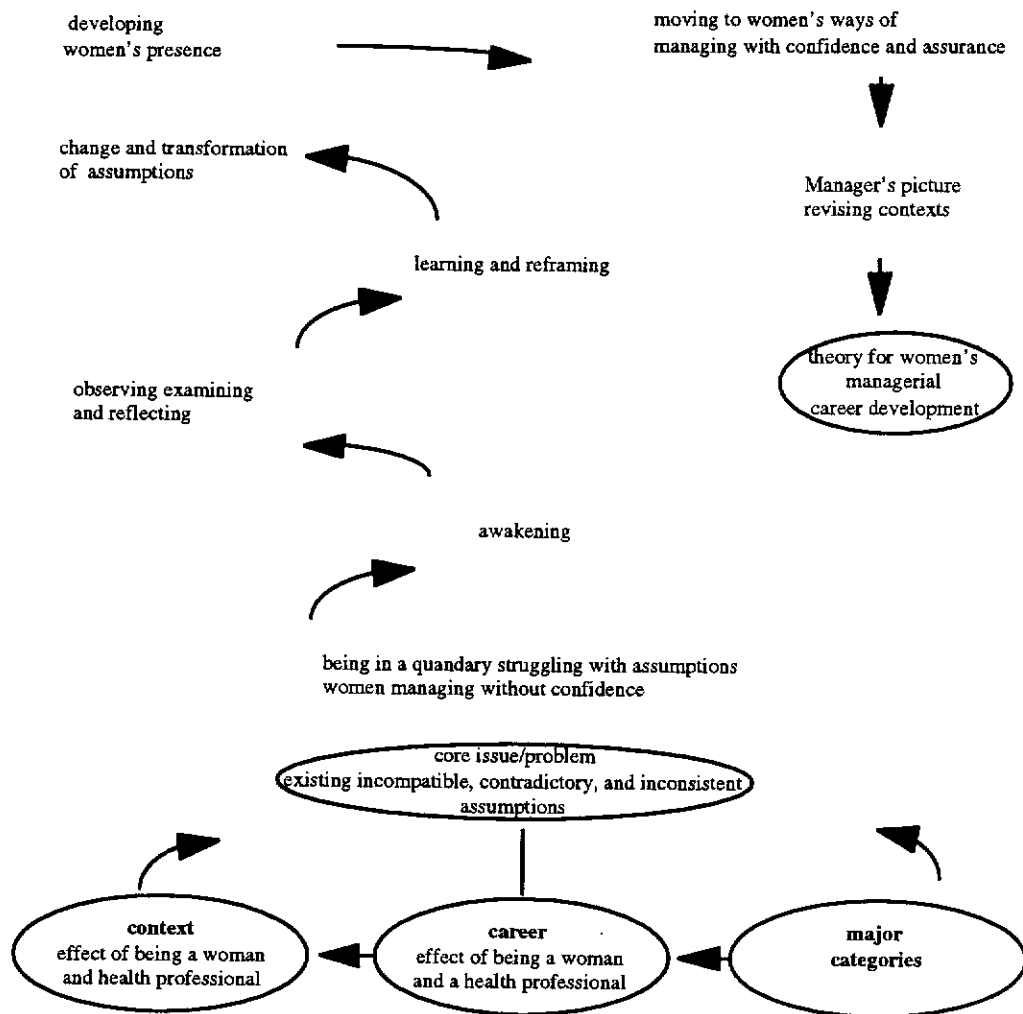
This display shown in Figure 16 represented the major categories and their relationships. At this point, the process had still not been labelled as a metamorphosis. It had been seen as a transition or transformation but it was not until the final stages of theory development that metamorphosis was used to describe the linkages between the stages and the variations in behaviour as the managers struggled and eventually overcame their assumptions.

Figure 16 Relationships of core and near core categories



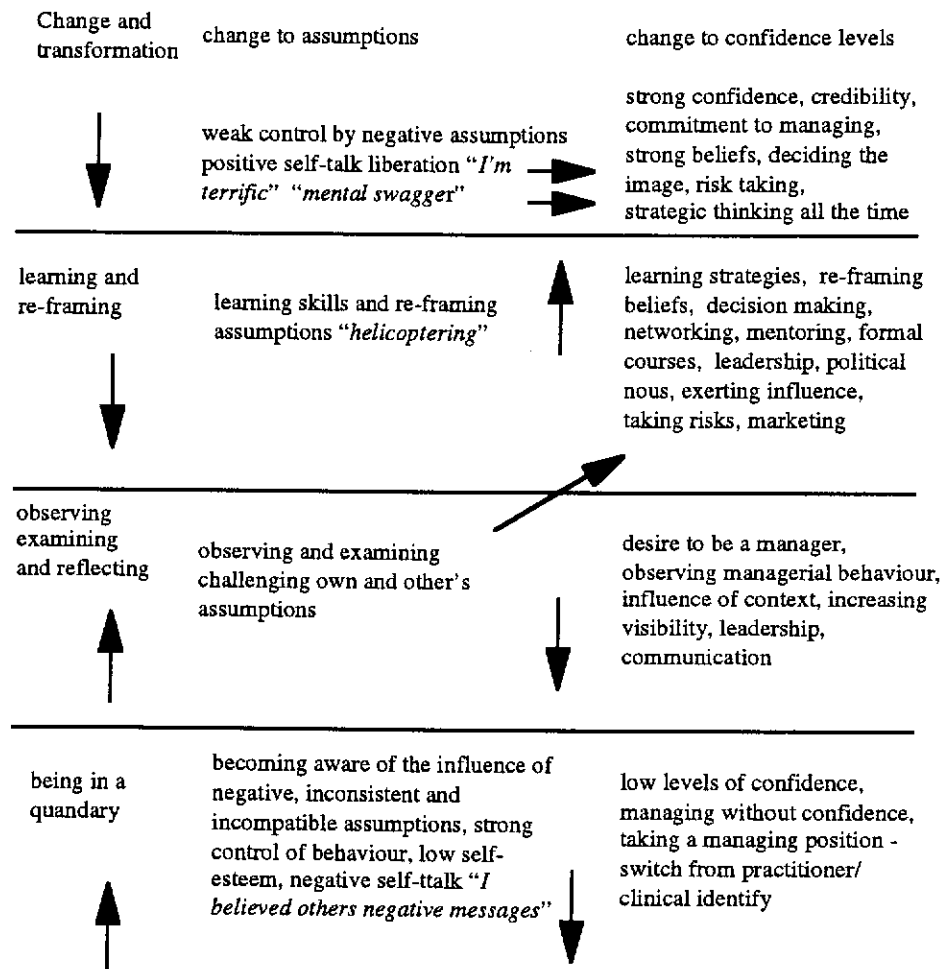
The diagram (shown in Figure 17) provided the final outline for the core process of overcoming assumptions and described this change through time and behaviour as a process of metamorphosis. The various characteristics and conditions of moving from high levels of quandary to high levels of confidence are found in Table 5.

Figure 17 Core process named as metamorphosis



In Table 5 there was a summary of the features contained in each stage and their connections. With the summary there was evidence of the participant's degree of change as they increased their confidence and valued their ways of managing rather than the contradictory and confusing assumptions held by themselves and others. This provided the basis for a theory of increasing confidence in being a woman in a senior position, by overcoming or reducing the impact of negative and inconsistent assumptions held by the individual, their profession, and organisational contexts. From the data came strategies to liberate women managers, ensure their growth and managerial career development, and shaping of their management skills added to the conviction that this was the core process and theory grounded in the data.

Table 5: Decreasing levels of control from negative assumptions to increasing levels of confidence



Many of these working diagrams, charts, mindmaps, and models raised many questions and this in turn sent the researcher back to the tapes, interview transcripts, and literature. The emergence and identification of the core problem, that of overcoming contradictory assumptions, was followed by the emergence of the core process (basic social psychological process) used to overcome this core problem. It was this gradual interpretation and theorising process that led to the development of the managerial career development theory for women in senior health care organisations and health science faculties. The women managers were learning the language of success, becoming visible, taking risks, so being able to extend their managerial roles, and seize further opportunities to create revised pictures. In the process, they were extending their roles and providing role models as well as becoming mentors. Often these opportunities for support and advice had not been available during their own

career development or were limited within the professions and organisations where they worked.

Now the challenge is for women to hear the combined voices of these women managers and the theory which emerged from their interactions in their contexts. The final displays of the core process of metamorphosis are in Chapter Five. The theoretical model is displayed in Chapter Seven. These displays convey the metamorphic process, the manager's picture created by these women managers, and the contexts in which they operate. This section has shown how this process, model, and substantive theory emerged from the data.

Summary

The emphasis during data collection, analysis, identification of core problem and process, and abstraction to the theoretical model has been on interpretation and not manipulation of the data (Marshall, 1984, 1992; Reason, 1988, 1994; Reason & Marshall, 1987; Reason & Rowan, 1981; Torbert, 1991). Throughout the study, the status of participant and researcher was monitored by keeping fieldnotes, memos and journals which described the interaction, made observations, and recorded reflections on the interview process and preconceptions held by the researcher. The quality of the research process "can only be improved when the researcher has a grasp of ... her influence on the interaction" (Bartlett, 1993, p. 77).

In this research with participants, the self-awareness of the researcher and her place and position, relationship and reactions in and to the process become vital aspects to pay attention to reducing the expectations of only filtered seeing and limited hearing of participants' perspectives. "The analyst's assumptions, experiences and knowledge are not necessarily bad in and of themselves. They are helpful in delivering alertness and sensitivity to what is going on... but they are not the subject's [participant's] perspective" (Glaser, 1992, p.47).

The metaphor that was shared with me, during a discussion on North American Indian spiritual stories related to animals, was the swan's journey through the mists of confusion to the land and lake of fulfilment. It is the change of the cygnet into swan, the change of a woman managing or researching without confidence towards a woman valuing and managing with women's ways and with confidence. This image provides some appreciation of the data collection and analysis process.

PART THREE

PRESENTATION OF FINDINGS

**Chapter Four: Contradictory Assumptions:
Problems for Women Managers Career Development**

Presentation of Findings

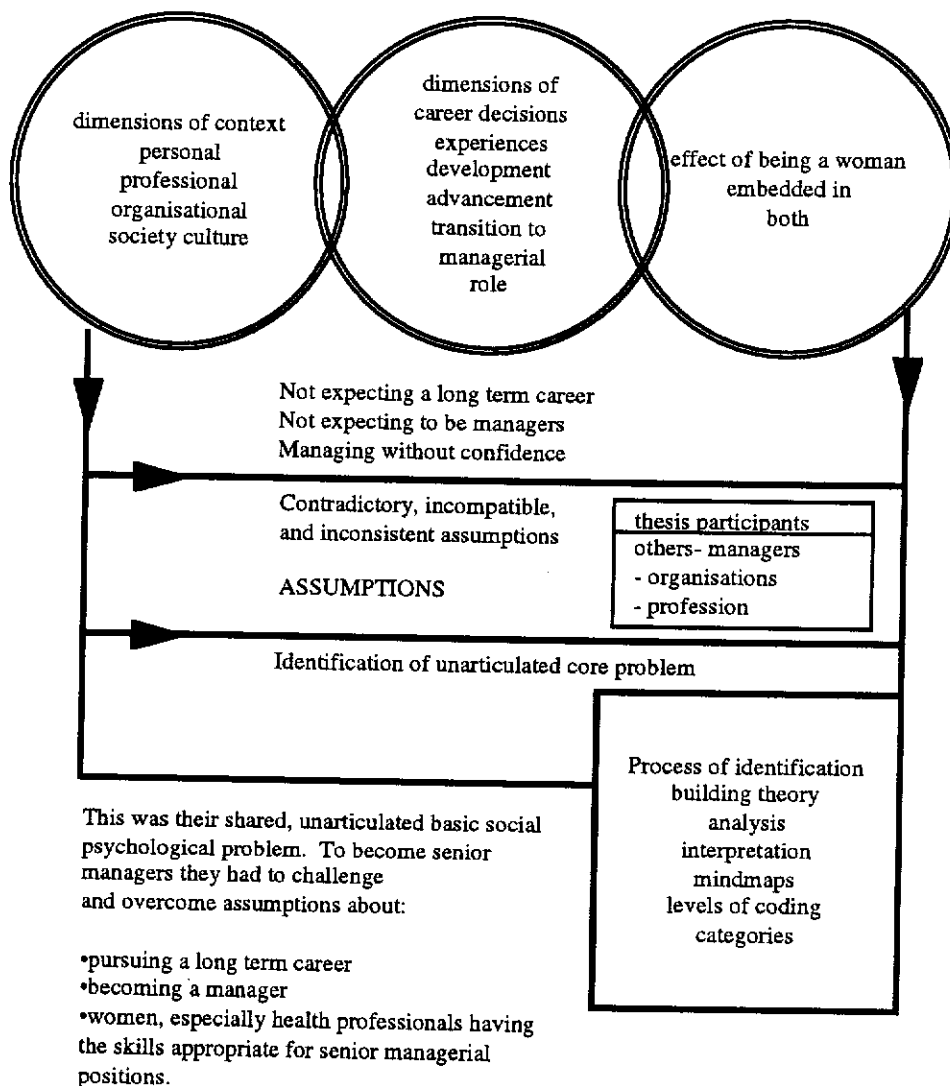
The previously unarticulated core problem shared by participants was the contradictory, inconsistent, and incompatible assumptions held about their potential to become senior women managers. These assumptions had been developed from the contexts in which they lived and worked. These contradictory assumptions were also held by others about women and more strongly about the potential of women who had health professional qualifications advancing to senior managerial positions. Along with the barriers created by the first main category of contextual influences, the second category to emerge as a dominating theme was related to career choices, career aspirations, and advancement. This part presents dimensions of the core problem and identifies the influence of the two near core categories of context and career as they interact and contribute to the core process of the study, that is, the metamorphic process of moving from managing without confidence to managing with confidence and assurance. Extracts from participants' transcribed interviews are included to demonstrate the development of categories. Code numbers are assigned to maintain anonymity.

Chapter Four: Contradictory Assumptions: Problems For Women Managers' Career Development

All participants had experienced the impact of the core problem of contradictory assumptions resulting from colleagues' expectations and organisational assumptions on their career advancement towards a senior managerial position. Frequently, the absence of women as role models in senior positions, and the omission of the contribution and achievements of women in educational and health contexts (Blackburn, 1993; Ryan, 1993) had conveyed to women the impression that they were less competent in senior executive roles where power and influence were exerted. The contradictory assumptions (as shown in Figure 18) that women could not expect to achieve and were not interested in managerial careers, as well as the assumptions that women usually did not possess the necessary characteristics for managerial positions, contributed to the core problem perceived by participants and identified by this research. These assumptions had developed and appeared particularly strong when reinforced by contextual and career influences for women with health professional qualifications. For this study, an assumption was defined as the act of taking for granted or supposing a statement or belief to be true and a basis for action (The Macquarie Dictionary, 1991). Values and assumptions are closely linked and help to shape each other.

Several participants had overcome their own assumptions early in their working life, while others were still struggling with their levels of self-esteem and confidence as they occupied the position of a senior manager. There were varying levels of perception as to how being a woman had affected or continued to affect their access to senior positions, but all considered that their career choice, career progress, and access to a managerial position had been related to different organisational expectations and conditions. The core problem of having inconsistent, contradictory, and incompatible assumptions re-appeared during the dynamic spiral process that participants used to continually combat perceptions that they were inadequate and lacked the necessary characteristics required by managers. The career narrative from participant 23 (as outlined in Appendix C) provided an excellent example of a woman in a senior position continuing to re-frame her own assumptions and those of others.

Figure 18 Developing contradictory assumptions



Framing the Core Problem

The framing of this core problem came from the words and experiences of participants. They had not consciously asked the question about the effect of assumptions on their career progress and place in the organisation, but through their descriptions of incidents and experiences during the stages of career choice, education in both school and university, clinical work, applying for a senior position, and future management positions they confirmed the relationship between being a health professional and a woman, and the difficulty and barriers they experienced when seeking and working in managerial roles. These were both internal barriers and external obstacles and barriers supporting the assumptions (shown in Table 6) held about the potential and capacity of women to be occupants of powerful decision making positions.

Table 6:
Contradictory assumptions - personal, professional and organisational

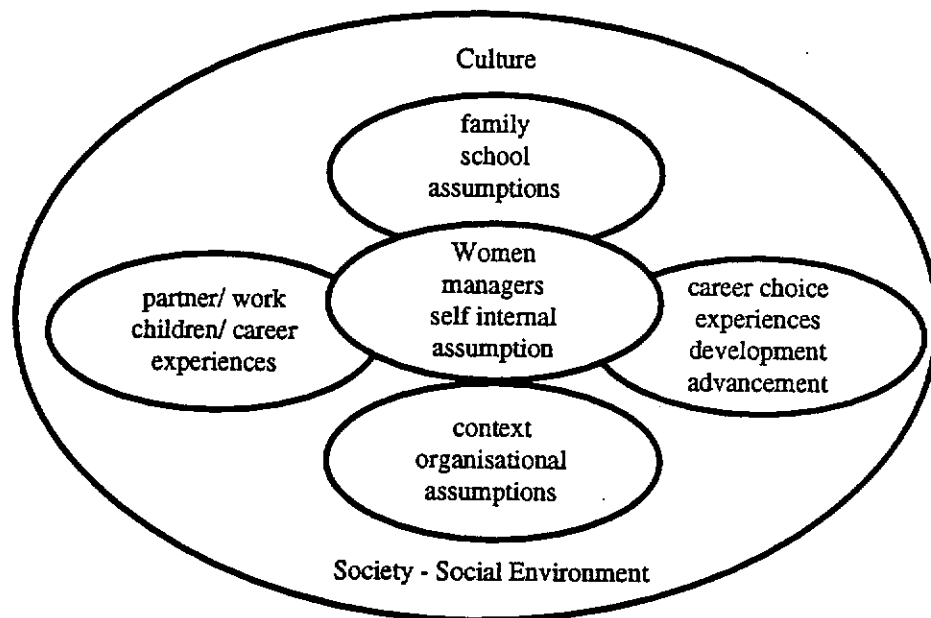
Personal - internal
Existing contradictory assumptions - inconsistent and incompatible with being a manager overcoming personal assumptions about having the ability and characteristics to be manager with confidence and assurance.
Professional and Organisational - external
Existing assumptions about the place of a female health professional in senior management positions Organisational assumptions about women's ways, abilities, and competence to manage (health professional).

Searching for this core problem required hours and weeks of level one open coding and being immersed in the interview transcripts. The first phase of interviews in Perth was coded and a revised interview framework was used for the second phase of interviews in the United Kingdom and Scandinavia. From the ongoing coding and reflection on interviews, the topics for the focus group interviews were generated. Besides people with health professional backgrounds, managers with different qualifications were selected. This gave diversity and richness to the group, as well as providing more opportunities for comparing experiences, as participants came from 19 different organisational contexts. The cross cultural diversity also provided additional perspectives and perceptions from women who had achieved senior managerial positions.

This period of analysis was characterised by being preoccupied and absorbed, seeking patterns, and categories. After many pages, questions and jottings, mindmaps, and charts, the core problem started to emerge. Almost all of the women described the strong influences of their socialisation on them and the assumptions they and others made about their abilities. This assessment of their capabilities and potential determined their career choices, career development, personal expectations, and future life decisions. The concern shared by the group was dealing with inconsistent, contradictory, and incompatible assumptions about themselves as women and health care workers having a career, and possible career progression to becoming a senior manager. These assumptions received through socialisation, experiences, and messages from significant people (parents, teachers and other shapers of society and culture) created conflict, uncertainty and inconsistent behaviour. This happened particularly when those educated as therapists and carers considered seeking or becoming occupants of management positions. These feelings became more evident when they actively sought promotion and confronted additional barriers created by the gendered culture of health organisations and educational institutions.

This problem was embedded in their internal expectations fashioned by gender roles within the family, school, and society (shown in Figure 19). Assumptions made during school and family stages will be highlighted in the section on context, particularly in the discussion about career choice. In addition, quotes in the chapter on career emphasise the influence of personal and organisational assumptions, and expectations on participant work experiences and career development. The picture that women health professionals continued to receive during their education and which followed many of them into the workplace context was that they would have short term working lives. It was also assumed that they did not possess the valued characteristics which were required to become a senior manager and decision maker.

Figure 19 Contextual components of the core problem



These contradictory assumptions and expectations about women's roles influenced most participants' choice of a higher qualification and future employment. Five participants in this study had a tertiary education background which included an initial non-health qualification. For example, one of these participants completed her arts degree and was told:

P19: *Interestingly enough I was told at that point the girl graduates could be given away, they were plentiful and so little in demand and I walked around the corner and applied for a hotel receptionist job. At this point I decided that teaching was probably the last thing that I wanted to do.*

It was during descriptions of work experiences that additional statements made about contradictory, incompatible, and inconsistent assumptions became stronger and more apparent. Even from a participant who came from a medical background:

P39: *Not really, I mean in a way that's somehow been my, was one of my personal frustrations... although my father and husband were both doctors they were neither particularly encouraging about having and planning and remembering to prepare for [me being at] such and such an exam at a certain time. I think neither of them assumed a career. So you know, you felt a bit guilty doing it at times because there was all this stuff around about children being deprived and neglected.*

In contrast, the participant who had an arts degree followed by a career change to accounting and marketing felt that although she had been affected by assumptions, she had a strong belief in her abilities. This was different to the feelings of doubt conveyed by most other participants who held health professional qualifications. She described the impact of expectations and family attitudes:

P19: *Interestingly enough I have difficulty with the concept of people being arts orientated or maths/science orientated because I always had both interests. I know a great number of people who are similarly interested. What I suspect is that there is a central tendency in where people spin off to either side. I think also expectations probably pay a lot of it. I was brought up never to believe in being a woman in inverted commas. I was a person first of all and I owed responsibility to myself and that I owe, that attitude I owe of course to my parents.*

Assumptions About Women Being in Managerial Roles

Most of the participants described the assumptions they received from work contexts about their capacity to be managers in general senior executive positions. Extracts from the interviews represent this aspect of the contradictory assumptions that participants experienced. For example, a participant with a health professional qualification explained:

P23: *Well, looking at how other people look at me, there's a range of things in the pecking order and at the bottom of the pile is being a woman but even lower than that is being an occupational therapist, that's the way that I have found it. I find that occupational therapy has got a particular view, that people have got a particular view about occupational therapists. It's an assumption about what occupational therapists are like. They think the same about health visitors and social workers. We are amalgamated into a part of overcaring, fairly vague thinking, very lateral thinking, broad types of persons and our approach, a bit wishy washy is probably what some of my colleagues would actually say. So there are some disadvantages being an occupational therapist and trying to get into the system and, in fact, it actually prevented me getting interviews, getting short-listed for jobs. I was aware that the fact that I proudly put that I was an occupational therapist and what my experience was, was actually detrimental to me getting into the general management post because of assumptions that people think a lot of occupational therapists actually present in this way, at least they did in the old way of doing it. So I think people's perception of us is definitely contrary to any progression I could actually make and that was the worst part of it. Being a woman was the next bit that I had to get over but getting over the OT bit was the most difficult and I ended having to say that I was a manager of clinical rehabilitation services and as soon as I started saying that on my CV and didn't mention the word occupational therapy I then started getting interviews in general management and getting into the scene. ...if I go backwards and I think about getting into a locality manager post, I think people were quite threatened by the fact that I was a woman because the men that I had to deal with, and most of the people probably dealing with the men didn't know how to handle me and that's more of a problem than the fact that I'm a woman. I don't think at that level that they were at all concerned about whether I was going to have children or anything like that or was going to take time off or I didn't have good health or whatever, all the things they might sort of think, maternalistic things about women. It didn't seem to happen to me at that level, I think it did prior to that. I think that their concern was more how I would cope with some of the more difficult, aggressive situations I might find myself in and would I actually be able to lead the organisation and cope with that function. The biggest part I found with doctors was just, how they're going to cope with it, the sort of thing that happened was I would have a GP face me and "yes, well it's unusual for us to have a woman, we don't quite know how we're going to react to a woman as medical staff and have a woman employing doctors, etc. but tell me about your*

trade first, what's your background now, it was occupational therapy". I found that being a woman and being pushed back onto OT continually meant that they associated some of the lesser kind of attributes that people give to OT is worse than being a woman ..., I don't think it's simple and I think it's very individual.

In another organisational context, one participant "played the game" and used humour to overcome the assumptions of other male directors:

P04: *There's still a fairly chauvinistic sort of attitude prevails around the top level of this department. Even in general conversation, general language around the board, in that board meeting today, there was quite a few times when the odd "you guys have got to do this and you guys have got to do that" and then there's the sudden recollection and the token apology which doesn't mean a thing. It doesn't worry me because I feel like I'm one of the guys anyway. There's a word for mateship or whatever and it just goes over the top of my head. I don't think about it and I never react to it until someone else does. It's a bit patronising though. That's one thing I found and that might be a little bit to do with me though. And I guess I've noticed that other occasions, people will commence discussion over - if we're negotiating or bargaining over some deal, perhaps a financial deal or a service deal or something, they'll make comments about "that's a nice dress, or something". [Putting you into the feminine role]. But I always treat it quite humourously and say "well can I touch your shirt, because that feels like a silk one" and I make those sort of comments too and so people ... They don't make those comments now, because early in one of the regional directors meetings at which I was the only female somebody wanted to get past me and said something like "excuse me girl". I was able to comment "I don't suppose you've noticed that I've grown up".*

In some situations, participants were advised to apply for a position managing their clinical department. One participant assumed that she was suitable for the junior position until prompted to apply for the head's position. This perception switch provided the encouragement and trust needed to persuade her to apply:

P25: *Then I came back and started at the rehabilitation unit in (country) and one of the doctors, I was going down to (country town) to start the medical rehabilitation clinic here and he persuaded me to apply and there were two positions, one head position and one as an ordinary OT and I was going to apply for the ordinary OT and he told me not to, he said I want you to apply for the other one or, really if he hadn't done that I don't think I would have been a head OT as early as that because three years after I did my training. [This doctor had influenced and encouraged her career development]. I think he did it because he gave you responsibility and he would be there if I needed him but he would trust me and we were always encouraged when we did something that could be thought of as a development so I think he was really, he meant a lot really for my career.*

Other assumptions influencing participants' work experiences related to the long working hours required by most of the organisational contexts. The organisations' expectations of demanding and long hours created further dilemmas for women considering senior positions and appeared to be retained to exclude increased

participation by women who had family responsibilities. The following participant related that she was willing to have a senior position for a limited period:

P02: *I spend a lot of time at work, and I think that's one of the issues in this department. There's a very strong work ethic at the top of the department, our chief works seven days a week, and so do most of the assistant commissioners. They work long hours, and that sets a pattern and an expectation in a department and there's certainly a lot of pressure on you to work those sorts of hours. It generally doesn't worry me. I'm happy to do that. Though there are times when I realise it's getting a bit out of hand. I also am studying, so that puts even more time into the work area, so there's probably a bit of an imbalance, but I'm happy with that. I'll do that to see how far I can go and, I'm prepared to do that for five years, but I might re-evaluate it then and take a completely different approach.*

The attitudes of colleagues, "images of women" held by the male occupants of senior executive positions, and the small number of women, (Andres, Codesse & Denis, 1990) were all barriers to career development. The conclusion of Andres et al. that "other people are not used to managerial women" (1990, p. 366) perhaps contributed to the lack of influence and assumptions by others about this participant. As a professor in a university context explained:

P15: *I can remember sitting in professional meetings and making suggestion or an observation and it was just like I was invisible. It's perhaps covered up a little bit more than it was in those days, but yes. And then what would sometimes happen would be one of the male chairs would say a very similar thing that I had just said and everybody would say "yes, great let's do it". I remember a couple of times calling, say another Dean or something at the university to make an appointment and his secretary would say "who is this appointment for?" and I would say it's "Dr [name]" and they'd say "what time is he coming?" They thought I was his secretary. That would happen quite frequently.*

In his paper on organisation, gender, and culture, Mills (1988) suggested that expectations and assumptions were reinforced within organisations. They were said to be social rules of behaviour which were overt and covert and constrained the access to senior positions. The male domination of the organisational world:

is reinforced and maintained by a cultural system which associates women with "domestic life - characterising them as "emotional, passionate, and intuitive, yet illogical and fickle", and which associates men with public life - characterising them as rational: analytical and productive but also insensitive and impersonal. (Glendon, 1995, cited in Mills, 1988, p. 361)

These assumptions and values are said to restrict the career choices and opportunities for women. These also shape the organisation's expectations of women's role in management and add to the dilemma faced by women when applying for managerial positions.

Another factor related to contradictory assumptions is the image of the "good clinician"; as one journalist put it "women's disease to please" (Iley, 1995, p. 5). In their book "Too good for her own good" Bepko & Krestan (1990), shared their insights from working with addiction. They write about the trance, that is, being unconscious of the rules that drive you. It required a "click" to break the trance, and for a woman to realise that she was being devalued. The purpose of their book is to "wake you from trance, to help re-write the rules of goodness" (Bepko & Krestan, 1990, p. 10). The assumptions and rules which dominate our thinking are explored as well as the conflicts they caused, particularly at work. The contradictions and dilemmas were described:

On the one hand, being "good" interpersonally means being cooperative, sensitive, and not hurting others. It means being a good team player. It means in some sense being a "lady". On the other hand, being focused on the task to be accomplished often requires that we be insensitive to our own feelings or those of other people. Since models for success in the paid workplace are primarily defined by males, we may instinctively emphasize more male traits, like aggression or competitiveness. But these are considered negative traits in a female. So the behaviour required to meet the demands of one aspect of the work setting automatically renders us bad in the context of the other. The woman who is a welder in a shipyard and the woman in the corporate environment both need to be seen as strong enough to do the job without looking like a man. But they also can't afford to look like too much of a woman. Being too competitive and aggressive at work or needing too much emotional support at work can equally make us feel bad. Nora, retired now, but formerly the only woman on the president's executive committee of her university, said, "I did play some games. I can tell you still where I sat in every meeting room. I walked in, sat in the power spot, leaned forward with my elbows on the table, and removed my glasses emphatically. They all waited for my solution. But I still let them know I was a lady. I'd cough gently at some of their jokes to let them know the jokes were too gross for me". Nora didn't feel bad that she had to balance the male's understanding of the power game with looking so female that she winced at dirty jokes. She considered it a kind of challenge and kept her sense of humour about it. But many of us would feel bad. Jean said, "I hated the power games. It made me feel like I had to use the more male parts of myself. God, I despised it. But once in the game, I was in the game to win. So I'd use tears too, if I had to. I left the corporate world because I hated those games. Now I work independently as a consultant, and I can choose clients with whom I don't need to play those games". Sometimes we need to prove to ourselves that we're being valued for our professional accomplishments and not for our femininity, so we work doubletime to ensure that our competence will be recognised. (Bepko & Krestan, 1990, p. 183)

Bepko and Krestan (1990) suggested that by making different choices, by identifying problems, and trying new behaviours, we will start thinking differently about ourselves. They suggested using fantasies and imagining different ways and consequences for choices.

Mackay (1993), in his chapter on "new women and old men," considered the assumption that "a career (or even a job)" would be abandoned in favour of the role of wife and mother" (p. 26). In a move to re-define this themselves, work became the symbol for a more tangible identity, at least partial financial independence, and a valued role. This redefinition of gender roles was also about power and the challenge to assumptions about men being the most appropriate to hold the power in the workplace.

In previous research, Marshall (1984) also considered the power of existing beliefs when she considered six propositions about women. These were that women:

- are different to men therefore do not make good managers
- do not have the same motivations towards work
- are stereotyped which meant organisations are reluctant to appoint them as managers
- believe these stereotypes and this affect their behaviour
- are difficult to work for
- make families and society suffer if mothers work.

Marshall explored each proposition finding that stereotypes trap women and men, and having been involved in creating them we need to encourage change. These stereotypical assumptions match many of the ones held by participants in this research. I suppose it should not have been such a surprise that these beliefs and assumptions had influenced the choices and experiences of participants providing the contradictions and inconsistencies related to preventing them thinking seriously about a managerial career. Primeau (1992, p. 983) confirmed the importance of assumptions. At the time that research participants were growing up, women and men were meant to function in different areas of life as "a woman's place was in the home and a man's place was in the public world". Yerxa, (1975, p. 597) considered the views of therapists were "however, even more pervasive and defeating are our own attitudes towards ourselves as women who are occupational therapists". These attitudes and the largely male dominated health system mould our self-image as professional women.

Add to this the beliefs of organisational cultures of State public services as described by Yeatman (1990). These contextual values:

depend on assumptions concerning "aristocracies" of talent, and the elite itself is recruited in terms of a belief about where this aristocracy is to be found. These beliefs are always discriminatory in their nature and consequences. They make certain assumptions about what fits individuals to be cast in heroic roles. These assumptions exclude virtually all women as they do all those who do not exhibit an aristocratic conviction of their self-worth, vision and leadership capacities. The substitution of the technical intelligentsia for the

mandarinate or for a top stratum recruited through seniority opens up the top and senior levels of the public service to a more democratic and less discriminatory construction of "merit". Those who have lacked either the social and cultural advantages which determine the aristocracy of talent or who have missed out on access to career positions and advancement (including women) are thus admitted to these levels. (Yeatman, 1990, p. 18)

Summary

These research participants, particularly the ones who had chosen health professions as their initial qualification, shared a core problem of having to overcome contradictory, inconsistent, and incompatible messages about taking the decision to be a manager. Once they targeted their choice at being a senior manager in a health area, although predominantly employing women, but ruled by a senior executive comprising men, they had to work at examining their assumptions and the assumptions of organisational contexts. Within management and feminist literature and management research we see the importance of gender roles and the assumptions associated with female stereotypes. These stereotypes do not match the expectations and models of managers in organisations.

Data analysis revealed that their shared, unarticulated basic social psychological problem was that to become senior managers they had to overcome contradictory, inconsistent, and incompatible assumptions about:

- pursuing a long term career which interacted with women's roles,
- having the capacity to become a leader and manager,
- appropriate behaviour and skills for a therapist/nurse/health practitioner who was expected to be concentrating on caring roles not managing,
- other people's negative attitudes to women and health professionals taking senior management responsibilities.

This core problem caused participants to be women who started managing without confidence having many negative contradictory assumptions and dilemmas to confront. They were faced with overcoming these assumptions, the disadvantages and powerlessness that they experienced as they entered management roles.

Research as a Personal Process

(September 1992)

Throughout this research process, the added dimension of personal reflection has meant exploring my dilemmas and contradictions. These extracts from my journal convey the depth and impact of holding unquestioned, limiting beliefs and assumptions. The long complex and difficult conversion story reflected the experience of many participants as they moved from managing without confidence. Whilst my experience could be described as a "great and valuable experience", it continues to haunt me with a sense of frustration and powerlessness that comes from being caught up in a system dominated by traditional attitudes devoted to "scientific, rational and objective" research methods.

You will see that this journey through and reflection on assumptions is an issue that resonated with me. It caused me to consider carefully the assumptions that I held that affected my behaviour. Listening to the tapes, reading the data and searching for categories, core problem and process, was consuming and involving. In 1992, when I was seeking to upgrade to doctoral studies, I vividly confronted my assumptions - though it was not labelled at that time. It was during the University of Bath Research Conference that the turning point came. I was being asked to change my research proposal to an extent that I felt it would damage the study. For over a year I had attempted to satisfy the demands of a graduate studies committee dominated by men (composition 7 or 8 men, 1 woman). My supervisor was not even on this committee and appeared to have limited power and influence.

Reflecting on my Research Goals

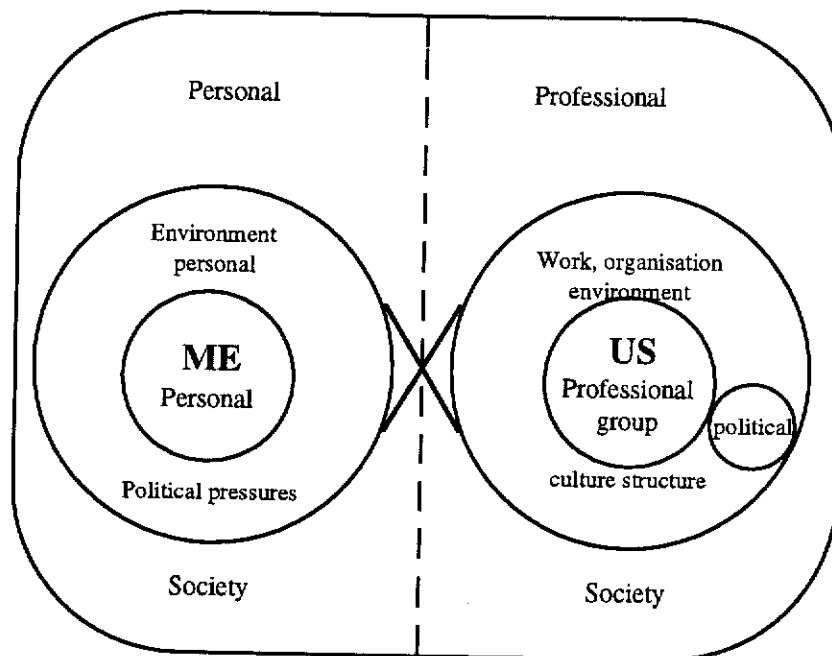
This extract was recorded during the Research Conference run by the University of Bath. (September 1992). Framing the questions for this inquiry, being true to myself while trying to create change and growth. Knowing reflection in action hopefully leads to empowerment.

Is this two journeys or three? These dilemmas and reflections are shown in the following figures and tables which were taken from my personal journal.

Table 7: Reflecting on contexts

<p>Personal Issues <i>The exploration of masculine and feminine ways of living in this world</i> <i>Power, control, influence, negotiation and communication in relationships. Political pressures</i></p>	<p>Professional Issues <i>Feminine profession, gender stereotypes.</i> <i>Inability or limited power, control, influence as a health professional group, weak negotiators, politically inept.</i></p>
<p>Organisational and Social Issues <i>traditional language, politics, and research paths, experiences which are not valued</i></p>	<p><i>Masculine structure of the organisation, culture. Women have different behaviour, and congruent with the culture.</i></p>

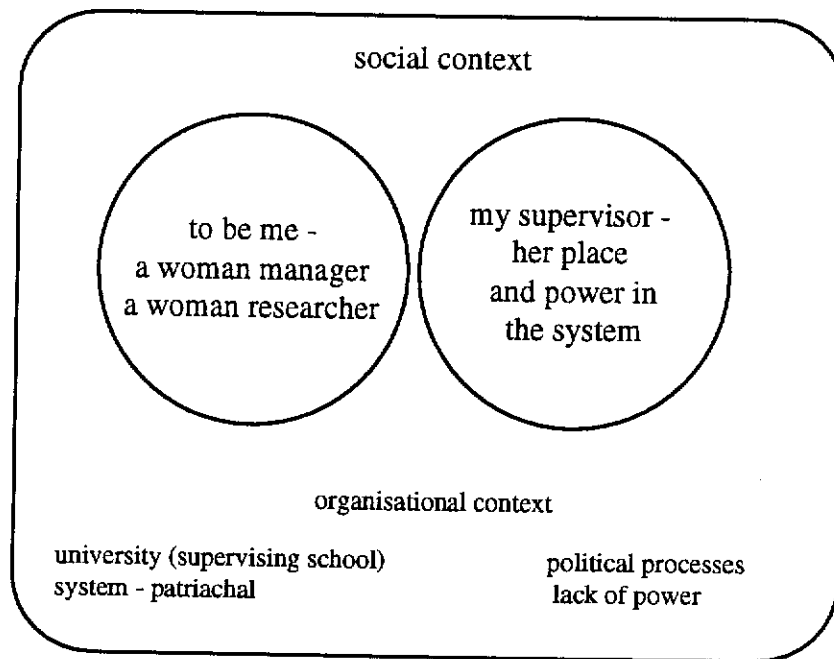
Figure 20 Issues influencing assumptions



As a woman please stay the same, that is whoever you are.

- *under control*
- *limited power and influence*
- *less communication power*
- *low value and level in organisation, so that it is still a comfortable environment.*

Figure 21 Making choices in organisational and social contexts



Personal

I am working on my relationship. What is the masculine approach, feminine approach? The difficulty of determining/framing relationships with someone (male) who knows. Few of whom are willing to encounter these complexities.

Professional

Occupational Therapy grappling to have a strong role and survival in the competitive world of the health market place. The professional person coming to grips with change, developing and coping with multiple pressures and roles in an somewhat alien organisational culture. Balancing (the personal) and demand of work role - focus on soft strength, centredness and completeness, knowing and being as a person in a doing and pressured world.

Organisational

Away, distant from but my organisational context, still feel turmoil, frustration, and the chaos. The research needs to move to focus on community and organisational roles.

Research as a Personal Process: Reflection on Assumptions

(July, 1994)

Yes, it is difficult to write this story, to explore with precision the many strands of information, the threads and links between women and power, women and gender, politics, management, socialisation, expectations, memories. For the participants' stories and my thoughts, the stories and their coding for analysis happens in the context that surrounds my life at the moment. I have this feeling that I am on the brink of making or being in a momentous decision. Or is it that I am immersed in the dilemmas, threats, and opportunities taken by my participants. Do I fear taking risks, creating my own destiny when I strongly advocate strength and adventure of others? Am I caught in my memories and own assumptions always hoping that there is "someone" to rescue me, "someone" to take care of me, "someone" to control and save me? There is so much to read, so much to see. We live by expectations, assumptions, and perceptions of the stereotypes and now you are asking me to learn new (alternative) ways to grow and change - you are asking the profession to change, grow up mature and take risky decisions. And still the questions flow; what are the decisions that need to be made.

What happens if we don't make them?

What happens if we do?

What are the chances of survival, or even success?

Are we willing to be doubted or are we still driven by fear?

Comfort - is that the situation where the sun shines, we sit relaxed under a tree by a pool, with a group of friends?

Contentment is that where there is nothing to do but have a fantasy about wealth, love, and success. Is it living life in the mirror?

As Irigaray (1985) points out, the years of looking straight into the mirror have reflected back clearly only the spectacle and rule of the patriarch. The result of being written in the margins, of being someone else's representation of seeing someone else in the manager's chair. Some other person being in the picture, while I am in the dark, on the "outside of those refractions: knowing myself/ourselves in the hidden and oblique spaces inaccessible through the curved specular mirror. As educators we have learned well the lessons, dutiful daughters in reciting the fathers". (Luke & Gore, 1992, p. 3). As health professionals we have learned to obey and revere the medical profession and treatment model.

Memo note -

What are the messages from my participants? Check the contexts.

You need to be a skilful actor, moving around the organisational context. (Hoskings, 1988). You need to be skilful actor moving around the home context. This is my

opportunity to write. Take it now. Don't be threatened by the blank page. I have been swirling around in this topic for years. Now is the crunch time. Words onto paper, for the true test. Assumptions - overcoming assumptions is my core problem. Does the pathway identified in the transcripts of interviews give some signposts for the journey? The message is that the journey is never over only finishes with death. Life/living is not static we never arrive at that spot - under the tree or living in fantasy.

Creativity is hard - taking changes, deciding what to do, having career plans. Survival means learning to overcome the assumptions that threaten. Transformation means overcoming the constraints of my pictures and other people's pictures. Yes, we still have distorted pictures conveyed by others living in us. Even with the examples of women as premiers, industrial leaders, politicians and actors, we think - it must be easy for them, but perhaps they are only further down or having their tenth run through the phases. Until we modify (change) the structures and the contexts, that we value it will continue to be a difficult journey. The pathway, the assumptions, and stereotypes we carry in our heads and hearts - what is the picture of society, organisations, profession, myself that I would like to see in the mirror? Who is this mysterious person which inhabits me - have they spoken yet, been honest about their desires?

In the end it is the picture that counts.

Words will be overwhelmed by the picture. Over the years since TV entered our rooms we have been influenced by selected pictures. The visual messages overwhelm verbal messages. A picture can eliminate the words and what we remember is the impression. The message in the words does not have a chance against the message in the pictures. In conversation, interviews, corridors, boardrooms, we are pictures. Our facial expression, our posture, our gestures, our clothing, hairstyles are all part of the visual messages which can easily overwhelm the verbal message. "We respond to the visual ahead of the verbal everytime".

We make all kinds of extraordinary judgements about people eg. political leaders on virtually no evidence beyond the visual impression they make in brief appearances on TV. Conjure up the picture of the top executive in your organisation, for many consider the board of directors or may be you are your own boss - the option taken by many women.

To power and influence in the 90's

My research

Did someone

*Did you try and delude me
Convince me that it all had been said. Nothing to add.
My voices, storyline, message
Was irrelevant, totally unnecessary
Heard it all before
No need anymore
And, I almost assumed you were the one who was right.
But perhaps a small quiet timid voice whispered...
It still needs to be said
It's ok if you say, write it.
Yes it does have value.
There are the voices of the co-researchers.
And participants that add volume
Add value, trustworthiness and credibility, strength, soft strength,
revision and re-creating, changing, transforming
Assumptions. Even Gloria Stienem.*

Research as a Personal Process: Dangerous Assumptions
(June 1995)

*Assumptions, how dangerous.
The ones that led to
The long battle to
Convince
Health Department, researchers,
Doctor. That this woman
Anne told a true story
Their assumptions created
Disbelief.
Her persistence, still
Unrewarded. Theirs a desire
To publish first.
Oh, wow. Oh danger!
And you? And Me?
Admiration for Anne.*

Based on the stories from a Four Corners Program on the women who contracted HIV AIDS after minor surgery in a Sydney doctor's rooms. It took months, years to convince health authorities that their stories, insights, and connections were actually true and creating new knowledge about infection.

Contexts Contributing to Contradictory Assumptions

All of the participants in this study believed that the social, family, school, work, and cultural environments had been crucial influences on them having doubts about their potential to become senior level managers. In these contexts, participants' experiences contributed to their core problem of having contradictory assumptions about their capabilities to pursue a managerial career path. Their core problem was further exacerbated by an additional category related to limited expectations concerning women's career potential. As stated previously, the women managers did not identify the problem that they shared, it emerged from their accounts of making career choices, becoming health professionals, and being managers in health related contexts. There was strong evidence throughout these data; every participant included comments on the influence of context on their career choices and their perceptions of being suitable for senior leadership positions in health related organisations.

This section recognises the importance of contextual influences and gives detailed impressions and examples of the contexts which shaped their choices and decisions. Then, later in the research process, it was found that through participants' examination and reflection of educational and work contexts, they experienced changing perceptions of themselves, their managerial career, and life roles. This is similar to the experiences of women managers in the study by Freeman where "the women in this study experienced changing views of themselves and their life directions, as well as collective shifts in our social belief systems about female identity and place" (Freeman, 1990, p. 4).

In this discussion about contextual influences, it is necessary to state that the limited number of women occupying senior and top positions was not a function of personal and professional limitations, but rather an outcome of the limiting social and organisational environments (Burke & McKeen, 1994; Davidson, 1991; Freeman, 1990; Goffie & Nicholson, 1994; Morrison & von Glinow, 1990; Powell, 1990). The dimensions and scope of context which are considered vital to the understanding of the core problem of contradictory assumptions are:

- the initial influences of family and school on career choice, expectations and assumptions
- the gaining of a qualification which appeared to reinforce the assumptions about women's work and life roles, particularly for those in medical and health science courses
- the gendered context of the workplace in which they made their decisions
- the organisational context for both early clinical practice experiences, and during their applications and attempts for advancement into a senior managerial position

- social context of their adult home and family, which also related to whether they had children
- overcoming the subtle messages, influences, and assumptions conveyed by the conditions in the context which then encouraged them to shape the context for themselves, and, over time, for future women managers.

The socialisation into stereotypical female roles started with family and school and continued through tertiary education. The effects of this socialisation was particularly evident in those pursuing health professional education and followed them into their work experiences. Pressures from the gendered contexts of health related organisations contributed to most participants' reluctance to set long term career plans and to consider the possibility of becoming senior managers. As we move on to the contextual issues raised in this research let us consider a message from past literary experiences. Nora, in Ibsen's play "A Doll's House," created a furor when she gave her reasons to her husband for leaving him:

I believe that before all else, I am a reasonable human being, just as you are - or at all events that I must try and become one. I know quite well, Torvald, that most people would think you are right, and that views of that kind are to be found in books. But I can no longer content myself with what most people say, or with what is found in books. I must think over things for myself and get to understand them. (Ibsen, 1879 translation in McFarlane, 1970, p. 190)

While interacting with participants and data across a three year period I have valued and increased my understanding of women's stories as conveyed through drama and art. The character of Nora as developed was Ibsen attempting to reduce the influences of her context.

Contextual Influences on Career Choice

Woven closely into this examination of context was the significant decision about career choice. For many participants, their assumptions about themselves and their potential were shaped by parents and school teachers. Within the social culture, life scripts and roles were frequently determined based on gender. The impact of socialisation was an important influence unless someone in the family with alternative ideas provided guidance. Extracts from these participants confirm that their social and family background determined their choices:

P18: *Yes I think right away back at the beginning as a choice I didn't ever consider medicine as a career because I could not see either for my social background or for the fact that I was feeling that that was a line that was open to me, I mean it wasn't a conscious thing but I think that if I had been male then I would have thought of medicine ... a bit of it was partly social clout too because I was not on the upper middle class social background where doctors came from. My best friend, actually, my best friend at that time was in fact a*

doctor's daughter, so it was alright for her to have aspirations to do medicine and both she and her brother got into medical college although I'm quite sure both of them weren't as bright as I was. I don't think I would have got in. People from my background didn't get in. So that was it.

P40: *I think I probably didn't feel I was scientific enough or academic enough to do medicine it was more to do with how I wanted to see myself as a good therapist... My father took a very traditional Scottish working class view that women get married and have children and he was very much ... he wasn't so antagonistic towards me going to college but he really didn't, you know, he thought well maybe you're just wasting your time and it was my mother who very much pushed me that, yes, if this is what I wanted to do.*

For another participant her experience and family environment did not encourage women to consider achieving professional qualifications and having career prospects. This lack of career expectations was revealed:

P11: *So I grew up with no influence, in terms of interestingly the fact that my mother did have a tertiary qualification, it was never ever discussed or mentioned, because in fact, it was almost something she was supposed to be ashamed of. She had a beautiful singing voice and she was quite accomplished in speech, but it was just never, ever talked about, ... really it's only in the last couple of years that I realised that that's how talented she was and it was just never, even discussed. So I left school at 16. I remember, I was telling somebody this the other day, my parents talked about me doing shorthand and I thought you must write with a short hand. I mean I didn't even know what shorthand and typing were, but that was what I was going to do. I had no hunger or thirst for anything in life, other than to fall in love and I just saw that as something like in the movies. I think very fortunately, I did meet somebody when I was 16 and he was 21, who was a decent bloke. I'm not with him anymore, but in terms of having career ambitions, there was none of that.*

One participant who overcame family attitudes and set herself a career goal said:

P02: *Looking at a decision whether to stay at school or not, and I came from a family that wasn't very supportive of me going on to further studies, but I had to have a goal. I actually sussed out occupational therapy and made that my goal.*

On the other hand, another participant felt choosing a career was more difficult due to her low self-confidence and family background:

P01: *Gosh it's probably a combination of a number of factors. I think I was very shy when I was a teenager and didn't have a great deal of self-confidence. There was no great history of attending higher education in my family, although my sister was first to have broken that and she had attended the College of Education and was a qualified primary school teacher.*

It was the strong influence of her mother that kept this participant at school. Reflecting on her mother's motivation to ensure that girls received a qualification she wondered what prompted her to be ahead of her time:

P01: *From when I was about 13 I thought I would leave school the minute I could. My mother was a teacher and, in her day what would now be called a feminist, and she said loud and long to both me and my sister, there were only the two of us, "Any woman who has to ask her husband for the price of a new pair of pants is nothing but a prostitute", and it behoved every woman to have a career where she could keep herself. The only real ambitions that I'd had in my youth was to be an elephant rider in a circus and, when I got older, I wanted to be a vet, but my maths ability is negligible and at that stage to be a vet you had to go to Brisbane for the course and there really wasn't any serious discussion as to whether I should attempt that.*

In general, most of the participants felt that teaching, nursing, or health-related professions provided the limited options available for them. One of these participants reflected:

P03: *I don't really know why I chose it. I needed some money to buy some things and I went and worked as a nursing assistant in my school holidays. There were the only two options - nursing and teaching.*

Several participants had guidance from their parents to choose non-traditional careers to avoid some of the stereotyping from the beginning. These choices included economics and law.

One of the few examples of this came from a participant who studied economics and eventually had a political career before going into public health management. Her father encouraged her to have high expectations about her future prospects:

P28: *I was very much aware of the fact that the women don't as easily get good positions. and I also had a very clear signal from my father. I'm the oldest of three children and well he sort of encouraged to study things that where I could get a chance to come somewherebecause my father has always had thought that we should all be leaders...very early we got the impression that we had to take responsibility and try to do something different.*

Another participant who also had not taken a health professional qualification was encouraged to aim for the top right from the beginning. She studied law so that she could be different and a trail blazer. However, in spite of these views, she did not finally complete her course until after she was married and had children. She explained:

P09: *My parents, particularly my mother, well both my parents in the Australian context, were quite progressive in terms of their attitude to women's education. They believed that women should aspire to be as well educated as they were intellectually able. So that, for example, if I'd ever showed any interest in being say a nurse, they would say "Don't be a nurse, be a doctor." They wouldn't countenance the idea of me being a secretary. As far as they were concerned I should aspire to being a boss, not a secretary, which was*

quite unusual in my generation among Australian women, so I think that was a factor. I've always been a bit of a loner, a bit of an outsider, a bit of an individualist, and arts or teaching was what all the girls did who went to University and I didn't want to do that, just because everyone else was doing it. I was hopeless at maths, and useless at science, so that didn't leave a lot else. So I sort of fell into law school because it was a bit different, it was not what everyone else was doing, it had a very good male to female ratio, in fact I think there were four women in my year out of 90 students and we were the most women in one year that they had ever had.

For several participants, their choices were determined by securing the opportunity to leave home and by the need for independence and security. These participants spoke about the influence of their family context:

P05: *I chose my profession because the course offered the opportunity to study in the eastern states. It was an opportunity for a 17 year old to get away from home, as I didn't like my father.*

P23: *The main influencing factors was the distance of the place I was going to study was from home, because I wanted to be away from home.*

P06: *I went to a career counsellor when I was about 15 and she suggested either the army or nursing. I thought I might join the diplomatic service but there was limited support. Economically it wasn't on and I wanted a greater degree of independence. But I wanted safety, so that was partly why I chose nursing. You could live in and have some security.*

At the stage that many participants made their career choices they received implicit and explicit messages that they should not consider demanding or long educational courses, such as medicine, because they were neither competent or it would be wasted on someone who would be married during or soon after the completion of the qualification. This was also confirmed by the social research conducted by Mackay (1993). Some of the assumptions reinforced by the contexts on career choice were reflected in these brief statements:

P17: *A girl would get married so a six year medical course was not a good investment, so occupational therapy was a good alternative.*

P20: *I don't think looking back, that I gave nearly enough thought to doing medicine myself. Nor was I actively encouraged to do so by my parents and it was very easily dismissed as taking too long.*

Besides the strong influences from their family, school experiences and comments from teachers also conveyed strong messages to these participants. One vividly recalls her feelings and memories of at least 30 years ago:

P18: *Do you know I remember the parting shot from my headmaster, from both the headmaster and my maths teacher, my maths teacher just said to me that they..." I think you're going off to waste your life, you're going to be*

an occupational therapist when you could be a maths teacher. You're going off to waste your life" and my headmaster said "alright then if you're not going to go to university, alright if you become an occupational therapist you'll probably marry a doctor rather than a teacher and they make more money". Doesn't that trivialise my decision. And you know obviously I remember these were very hurtful words and you know I vividly see it.

Other participants received similar messages from their school teachers:

P22: *Yes the school, I did my O levels and I sat eight and got six and the head mistress said I wasn't suitable for the sixth form and I'm afraid I took her word, I believed her, I left.*

Only later did this participant re-assess herself when she found she received good results:

P22: *I finished my degree, received good results and got an upper second and that was a surprise because I actually left school at 16 because I felt I wasn't bright enough at 16 and I've had to really assess myself from that time on as being capable of that sort of thing so that meant I thought "good gracious I'm quite bright".*

Another participant was given the view that she was a poor student and so had limited expectations about what courses she could choose to study. She commented:

P19: *I managed to go through senior secondary school in the United Kingdom thinking that I was failing and I was most surprised when I had quite got the grades and the passes that I did get and in the meanwhile had applied to the hospitals that were in the nearby city for a place in their medical laboratories and started work actually before my exam results came out. Within three weeks I discovered that was exceeding boring working as histopathology student in a laboratory and decided that perhaps this was not going to be a career path for me. However, obviously by that time it was too late to commit to the university at that time and I hadn't even applied to university, so I worked for a year in histopathology.*

By contrast, another participant received strong support from her girls' school, as well as family, to pursue medicine. However, it was interesting to find when she commented on her career, that once qualified, she was expected to have more interest in her future marriage and family aspirations and less in her career. She said:

P39: *I was at a school, a girls' school where if you expressed an interest in an academic career like medicine and were able, with the exams, they did tend to push you, they didn't tend to say well, think about it, academic success would be another one to mark up on the board. As well both my parents were doctors. My granny was a doctor and I suspect, in retrospect I suspect that in fact my Granny's influence was greater than either of my parents but, it was partly family background.*

Many participants created assumptions which shaped their future expectations that were based on the messages from teachers. Once again a participant commented on her expectations:

P19: *I was shy, had low confidence and there was no great history of education in the family. Commercial subjects were for the non-achievers. Don't present yourself - unless good. Expectations have a lot to do with it and self-confidence.*

There was strong support from other participants about the contextual influences on their expectations:

P25: *Thought I wasn't bright enough, you couldn't have a career, a life long career.*

P23: *You need to understand that in the early 60's in my country (Australasian region) it wasn't easy for people to get into university. So the emphasis for women, and I went to a women's school, was that we looked at and we were actually advised by the career advisor to look at the range of careers that didn't include university. You were geared into a certain stream. We weren't expected to be able to succeed as well in the sciences.*

For most participants, their initial qualification was considered to be a useful preparation for living and would be short term until marriage and family. For all participants, the expectations of family, school, and society were that they would not have a long term working life. Not only did this influence career choice for many participants, but it also flowed on to determine and undermine their expectations for career advancement. Several of the participants who had not taken health-related courses, (law, economics, accounting) exhibited different attitudes and perspectives towards their working environment and career development. Perhaps their career choice and experiences during their tertiary qualification gave them increased confidence to determine their future.

Experiences During Professional Education

This section is focused on participants' perceptions of the influence of their experiences during their professional education. Health professionals from occupational therapy, physiotherapy, social work, speech pathology, and nursing selected "suitable courses" which would enable them to pursue the anticipated female career pattern of perhaps three or four years' work, followed by part-time work, along with marriage and motherhood. Further, once in these allied health courses, these expectations and attitudes were added to and encouraged by traditional views and an unwillingness to challenge or change the curriculum and system. There was a

widespread view from participants that their higher educational and training experiences had contributed to their assumptions.

Even though one participant had completed a medical degree she stated that she had kept her expectations of being married and not having a career:

P39: *Coming right through medical school and graduating, I expected to get married, have children and do nothing else and it's quite a surprise to me how things didn't happen like that.*

Many participants, as reflected in the following comments, did not feel valued or encouraged by their educational to experiences to challenge traditional views of women's career expectations.

P17: *I have to be honest and say day one of the course I did not like the approach that was adopted and I felt very strongly one day I want to have something to do with Occupational Therapy education. It was patronizing, we weren't treated as having knowledge and skills already. Everyone had to do exactly the same thing - there were no opportunities and choice or variations. Funnily enough I remember sitting in class and consciously thinking - this course is very frustrating.*

It was the same in another training context where nurses were expected to be passive, repressed, and dependent:

P07: *I'm not sure why I decided to take up nursing. I didn't start my training until I was nearly 23. I can honestly say to you that I hated it. My training. The whole three years of it. I hated it. And I hated it because I couldn't understand all the garbage that went on. I couldn't cope with having to say "three bags full" to everyone. I couldn't cope with having to stand back and let medical staff walk through the door first and all those rules.*

Another participant spoke about receiving negative messages because she was a female graduate:

P19: *Interestingly enough I was told at that point the girl graduates could be given away, they were plentiful and so little in demand and I walked round the corner and got myself a job as a waitress in a hotel and within the weekend I had been appointed to the reception.*

Whilst several participants were experiencing the traditional views of women's roles during their qualification several others had commenced questioning and challenging the contextual influences. As the following participant stated:

P23: *So I wanted to be in a position to influence change right then, so I chose the situation where I could influence change then when I got into a position that I could actually do that. I wanted to do it and I was very active, right from the very beginning, very active in the Association. I had this all*

abiding desire to not let the occupational therapy training continue on the way it was going, that it was wasting people, good people and I saw a lot of my colleagues leave Occupational Therapy. I was gradually influenced over a period of time and I used to fight with my tutors. I was a very quiet person and I never said very much in the institute meetings we had and in my third year I started to challenge her and challenge some of her theories and so I began to realise that I could actually challenge and people would respond. I wasn't worried that she was sarcastic, I was more interested in that she actually did respond because she was seen by all of us as being so far up there that you didn't argue the point with her and that was probably the beginning of saying I can question and I can probably make amends. I thought if I am going to be in this career for x number of years I didn't actually think about having a career change which I think is interesting. I had no time for the school. I felt the school was very archaic, that it was very isolationist and it distanced itself. My perception of Occupational Therapy schools subsequently has been exactly the same. They are still distant.

It was similar for another participant with a nursing background, who spoke about starting to "buck the system" during her education:

P06: *It's like being in the war going through nursing training in the early days. It's like a war experience so you get bonded very closely to the people that you survive with. If you got married you had to leave. You had one late pass a week until about 10 o'clock I think and the great big doors were bolted. It was all that sort of thing. I was always sort of bucking the system slightly, although I was very well liked, but I, my training was interrupted by me getting married and being a Catholic I very quickly got pregnant, and I left to have my daughter and I returned, which was unheard of. I stayed on until I was about 4 or 5 months pregnant I think. Until it started to show and then you definitely couldn't stay on in those days.*

It appears that it was just as well some challenges to the undergraduate courses for health professionals were starting to happen. One participant from a non-health background who worked in a health services organisation had some interesting comments on women from the health professions and their behaviour:

P09: *There's another problem that women have in organisations, and I hesitate to say this because it sounds critical, but I think it's still a fact and I'll explain to you how I notice it. Most women health professionals are brought up in a tradition of subservience and a culture of subservience to male seniors, particularly medical professionals and, I notice it time and time again. For example if I'm on a committee and if there's a working party going in which, usually a typical spread of representation on a working party, is a number of women who have allied health or nursing backgrounds and a number of men, at least some of whom will be doctors, and I find myself, time and time again the only one who is arguing with the doctors. You know, the other women are just sort of, sitting there and saying nothing, even though the doctors are saying the most outrageous things, but they are not challenging them. They can't challenge them. Their willingness to challenge the male dominance is severely limited I think by their professional training and background unless they make a conscious effort to be assertive and to get over that and many of them don't do that.*

From these data, the assumption for those taking up health professional courses was that they would only aspire to be competent clinicians. This picture assumed that the majority would be short term workers, moving on to be wives and mothers, certainly without any plans or ambitions to be top executives and senior level managers in health care professions or professors in academia. In practice, this meant that neither the educators, health professionals, or employing organisations considered the need to provide a context which included career opportunities and a matching career structure which would lead to senior positions for women in health care organisations and senior academic positions in health faculties and university management. All these contextual factors and socialisation contributed to women having contradictory assumptions about remaining as workers for long periods of time and considering themselves as senior managers.

Socialisation: Defining Contexts Through Looking Back

The selection of this research topic arose out of my own experiences which were influenced both from personal and professional contexts. These experiences included returning to work after ten years absence, as well as concern about students' lack of interest in management, and then their willingness to apply as graduates for senior positions. I had attended a course on management skills for women in 1978. Following analysis and the emergence of contextual issues as a major contributor to the core problem of contradictory assumptions in this study, I returned to some of the articles provided by that program. This confirmed that these issues have been around for a considerable time but without significant change, especially in health-related organisations.

Gallas (1976) edited papers from a symposium in the United States of America on "Women in Public Administration". This symposium looked at an elusive subject, the discrimination, and under representation of, and underutilization of, women in public administration. Another contributor to this symposium, Stewart, put forward "three broad explanations for the barriers to female entry to high level decision-making positions: the political, the biological, and the sociological" (Stewart, 1976, p. 357). Each explanation had elements of the others, in particular the sociological having both political and biological.

The political thesis at its most extreme says that men are the ruling class and determined to stay in power. This fitted with the contextual impacts of class and power, where women are clustered in the lower paid and lower status jobs. Stewart (1976) questioned this explanation based on her review of women employed in selected federal agencies where there was a variation in the levels of advancement made by women. The broad generalisation of the biological thesis, which blames

evolution for the paucity of women in positions of power, was also limited as an explanation when you consider the participation rates across the working life cycle. Stewart (1976) believed the sociological perspective of role differentiation provided the key to the difficulties faced by women entering high level positions in organisations. The way society was organised provided a major obstacle to increasing the percentage of women in top executive positions. Gender as a cultural issue reinforced family and occupational role choices, while role prejudice was a further barrier. This required changes to attitudes and for new scripts to be developed to reduce the obstacles to women's career advancement which were due to "organisational scripts that discourage women from aiming high" (Stewart, 1976, p. 361). Boulding as cited in Stewart (1976) defined role prejudice as developing when there are genetic differences which are visible but not significant for role performance. Role prejudice resided not only in attitudes but also in career structures.

From the same symposium, Hooyman and Kaplan (1976) raised questions not only about changes to the system but also the need "for women to advance, internal and interpersonal barriers that derive primarily from women's socialisation can prevent them from fully utilizing opportunities" (1976, p. 375). Changing individual role expectations, workplace demands, and social support systems meant recognising multiple career paths to excellence within organisational structures which perceive people as multifaceted.

The health care and teaching professions have been generally acceptable career choices for women. They continue to require the person-oriented skills of helping, caring, and nurturing. Over the past thirty years, these were some of the few areas open to women in large numbers. Many of the participants of this study made comments to this effect about the reasons for their career choice. In the human service professions sex stratification has occurred. Women predominate in the lower level positions in health care services and health science faculties while the management, administration, and research policy and planning positions have been filled by men (Baker & Fogarty, 1993; Davidson & Cooper, 1992; Equal Opportunity Report Curtin University, 1994; Flanders, 1994; Lupton, 1992; Poole & Isaacs, 1995; Yeatmann, 1990). For these positions, it has been assumed that the qualities traditionally associated with men, such as analytic objectivity, detachment, and effective use of power, are required, while women are seen to lack confidence and ambition, to have a fear of acting aggressively or to exert power to make important decisions (Gardner & McCoppin, 1989; Hoogmann & Kaplan, 1976; Marshall, 1984; Punwar, 1994; Yerxa, 1975). These assumptions became "once internalised, formidable psychological obstacles" and structural barriers. Therefore, "both subtle, in-built psychological resistances and

social-structural conditions within agencies and professional schools" required altering (Hoogmann & Kaplan, 1976, p. 375).

Re-discovering the above articles in 1996, I found it amazing to read about the importance of such beliefs and internal barriers being identified at this symposium in 1976. Whilst there had been some changes and progress, this research, twenty years later, had found similar contextual factors which had been effective barriers to women's access to senior positions of responsibility in public sector health management. At a recent discussion associated with the Mentoring Project (Curtin & Murdoch University, 1995), the issues of organisational structure and culture were highlighted by many of the senior women from a number of universities. Women were said to be frequently denied access to information and other resources essential to decision making. It was perceived that considerable time may be invested in attempting to change the structure and culture, as well as gaining access to informal networks of influence. However, often their work and programs came under question, particularly if they were absent from powerful committees where disgruntled colleagues challenged or dismantled their programs in an attempt to gain credibility. In this committee atmosphere it was unusual to find support for "that woman's program" amongst male colleagues. Motivated by power and ambition, and within a competitive atmosphere, moves were made to demolish genuine and recognised initiatives. It was agreed that efforts to change the organisational context and overcome evermoving constraints can simply exhaust people. "In fact, women may often times choose to leave an organisation rather than join the 'old boys club'. Thus women need the organisational, analytical, and research skills to understand and to change their organisational settings from within" (Hoogmann & Kaplan 1976, p. 377).

Throughout life we are challenged by the need to adapt to a variety of contexts and roles. We feel effective when we perceive or are perceived to be performing with confidence (Kielhofner, 1995). The influence of the context is an integral factor in our self-perception and environments can inhibit or support the development of our identity. Bronfenbrenner (1979), a developmental ecologist, suggested that individuals within the environment engage in reciprocal interactions which are dynamic and everchanging. The philosophy, ideology, culture, and the immediate context where interactions occur affect individuals. It is within the microsystem of the immediate context that individuals experience life that closely influences perceptions, behaviour, expectations, and assumptions.

Research as a Personal Process

(October 1994)

These two reflections on research as a personal process, highlight the dilemmas for me and for many women. The influences and messages from our contexts are strong and dominating.

Personal Picture One

Call me

*a helper
uncertain
intuitive
indecisive
unreliable
anxious
reluctant
weak*

*My image
Their image
Call me someone
with low expectations
poor image
my role -nice girl*

Working and waiting until something happens, surviving, not needing a career, a therapist providing caring and nurturing services in women's business, usually undervalued.

Personal Picture Two

How could I become a manager?

*powerful and intuitive
autonomous and in control
decisive and flexible
organiser and co-ordinator
strong negotiator
ambitious with plans for my career and life roles
taking advantage of opportunities
confident, seeking improvement
successful
decision maker
policy maker
resources allocator
risk taker*

The Gendered Contexts of Health-Related Organisations

This section looks specifically at the gendered contexts of health-related organisations as described by participants. These quotes indicate how strongly participants perceived the gendered nature of their organisational contexts. For the following participant, it was the struggle with her guilt and the demands of working with the patterns and expectations of her organisation:

P10: *Because I was told it was either one thing or the other, and I guess one of the things, in that too, I had to struggle with personally within myself, was whether I was being a good mother and that was very painful at times, and I think you have to actually deal with the guilt that you feel because you embarked upon something that's not a precedent for it in many respects and that took a fair bit of emotional energy to begin with, but I see now. I actually think part of the issue, and when I look at senior people, well just a lot of men, I think part of the issue is not so much just children, it's also somebody being at home to run the household and it's the issue of how to re-shuffle that and I think that the options were not fully explored at that time and I think that a lot of men had the expectation that you could only have one or the other... I think it was a culture shock for everybody because we had so rigidly seen the pattern set for a number of years with our own mothers.*

The power of the work environment, organisational culture, and structures exerted a significant impact on career development and expectations of most participants. This was the context in which assumptions were shaped and the contradictions between the roles of subservient female health professional and mother with the role of a manager who was developing a career path were brought into sharper focus.

On reflection, expressing concern about the different attitudes to women, a participant from another country and organisation stated:

P25: *You know that ten years, fifteen years ago, when people asked me "do you think that as a woman it is harder for you" I said "no, I've never experienced that" but I think that's wrong, I think many things would have been different if I had been a man, within my career, not as a person. I would definitely have been getting better education, and I'm sure that I would have more easily, ... gone onto higher positions. You can see the man, ...how much quicker they advance within the same organisation. But they seem to be more influential, they seem to take top positions more easily.*

This same participant, when considering the difficulties, barriers, or obstacles in the workplace, suggested:

P25: *You can't squash them. You can't ignore them. Obviously that depends on what kinds of problems. If I look at work, I think I usually try to work with the people, I usually try to discuss with the person and I know I'm wrong sometimes but very often I believe that when people, when you have problems in relations with people its very often because people misunderstand*

each other and that's what happens at work and if you can sit down and you can work it out properly, things are usually better after that.

For many participants the male power structure in the context was difficult to understand. For example, this comment summed up their perceptions:

P15: *I think the male power structure at the University was definitely a barrier and it took me a long time to figure out how to get through that so that we could have our proper influence and I'm hoping that I mean I'm not there any more but I think the new generation of people in the department are paring out that spirit and I think they've managed to continue to have even a stronger influence.*

Another participant considered her work was taken advantage of by the male doctors in her workplace:

P22: *They talked me into collecting their data for them from the children I was treating which was fine until I realised that they were getting PhD's out of it. I'd done all the bloody work and they actually cheated on the results; it was published with lies in it. I mean they are still there and at that point I thought if they can do research like this, which is so awful I can do better so I decided to head off and I looked around at where I could get research training and decided to embark on an honours degree.*

Being the only woman in the organisation she was given a social, informal role as counsellor:

P22: *You see a lot of my male colleagues, when I worked at the Department of Employment I was the only woman in a department of 20 men and it was quite fascinating to me how they functioned and I learned a lot from being alongside them so that what was aggravating was never knowing whether I got the job because they were so embarrassed they had no women on the staff I was a token. ...the men there wished me to be a woman and used me as a repository of all marital and family problems and I found that, part of the reason I left, I was becoming the woman counsellor on the staff and I thought why should I do this for you lot.*

Furthermore, this same participant when discussing another organisational context, commented on limited advancement for women in a conservative university context:

P22: *They have very few senior female academics. They have three women professors, one of engineering, one in social policy and the other one I haven't even met in education. Social policy is leaving which leaves us only with two out of you know 50 or 60. They wanted to appoint me and my partner, the physiotherapist, at professorial level, but the professor of the region he refused to agree to that. But the attitude towards women getting on is frightening. We have just appointed a senior secretary who is incredibly able and we have money for an administrator and we said we would actually promote her over to that position. She hadn't got a degree so we registered her for a course and they were outraged. Secretaries can't ... good God they refused to pay her fees so we were going to pay them for her. Do you know*

that sort of attitude is very aggravating, we thought they were over by the 1990's. No, secretaries aren't allowed to do degrees.

However, there were different responses and conditions applied for her male colleague who was a physiotherapist and on the same level of appointment.

P22: *Their response to him is very different to how they have responded to me and yet on paper I have published, done much more research, he has published nothing but the research committee recommend they go to him just because he is male and they are all male. He and I laugh about it because he is very aware, I've got this colleague who is extremely sensitive to people, he knows all about it and he is a very good ally that at the moment we are being entertained by it, but I think it could be difficult.*

In her experiences, it was hard to interpret the messages from that context as they were inconsistent and confusing:

P22: *I mean, it's like everything, I've met some men in the university who are difficult and others who are clearly prejudiced and I don't know whether it's gender or the way I'm putting things or what, it's very hard to interpret isn't it but I know that the professor of sociology certainly found me terribly threatening and told people so afterwards and it had gone around and it came back to me afterwards, because I said a number of things in a few committees which have been repeated ad nauseam. Saying something about this woman who has wandered in, speaks very loudly, and they are not sure how to feel or react yet. You see I think if I had been a man and gone and said these things I doubt it would have raised very much of their interest. You can't tell.*

The impact of working in a gendered context usually took participants a considerable time to understand. Many of them found it difficult to deal with the inconsistent and different work interactions they appeared to experience as women.

One participant reflected on the situation of having less power, autonomy, and resources as a female head of school. She made the following observations:

P15: *Well, this is purely speculative, and never having been a man and been in the same position, but just based upon my observations, I think that I had much less power and autonomy than male Chairs had at the University and I'm quite certain that I had less resources, but it took me quite a while to figure that out, because I was in a sort of an isolated unit where there was just physiotherapy and occupational therapy. And then we had this male Dean over us and then our whole hierarchy from there up was male up to the Vice President. I learned after a period of time that, I don't know so much whether it was really male/female or if it was health professionals versus liberal arts - they all kind of get mixed up together. But I did note that other chairs, most of whom happened to be male, often had administrative assistants, who did the day to day kinds of managerial tasks which I did myself, or tried to do or tried to delegate as much as I could to other faculty members and things of that nature, but, looking back I think that I really needed to have a lot more in the way of resources than I had and if I had it to do over again I would know. Demand them, for conducting the kind of program that we had which was a*

very high quality program and it was well recognised in the university and we had to really struggle sometimes to do all the things.

Also, from this participant's perspective, the gendered environment meant that she did not have the same visibility and status as men:

P15: *I can remember sitting in chairs meetings, and making a suggestion or an observation and it was just like I was invisible. I'm sure it's still going on. It's perhaps covered up a little bit more than it was in those days. And then what would sometimes happen would be one of the male chairs would say a very similar thing that I had just said and everybody would say "yes, great let's do it". You have to learn to say the same thing several different ways during the meeting and at one point you might get heard. I remember a couple of times calling, say another Dean or something at the University to make an appointment and his secretary would say "who is this appointment for" and I would say "it's Dr..." and they'd say "what time is he coming". They thought I was his secretary. That would happen quite frequently. I think I got a good understanding of it. I wished I'd had it earlier because I think I would have perhaps obtained better resources for our department than I did, but better late than never.*

Having spent years of being in the university system she commented further:

P15: *I thought when I went in that the system operated on a rational basis and it doesn't. It really operates on an informal, irrational basis and a lot depends on - a great deal I think - I think you always have to have a quality program.*

The concept of the gendered organisational context with its associated limitations for women was evident from further statements. Reflecting similar views from other participants, she found the need for powerful alliances at the level of other chairs and deans in the university context. In common with other female health professionals starting in a university context, she expressed this view:

P15: *I tended to be so task oriented at getting the job done that I thought, initially, that say attending the cocktail parties and going to the faculty club were just too time consuming and I thought they were frivolous. Well, they're not frivolous. That's where the business of our University, at least, that's where it's conducted. No question about it. And good things started happening when I started to break out of my shell and make those contacts and make those connections. Really good things started to happen for our department.*

In the beginning, she had found the male traditions and male networks difficult:

P15: *Very uncomfortable. I had to just force myself. Part of it is because, deep down, I'm really a sort of shy person, so I had to fight that battle with myself, and then the other thing is that I felt like an outsider.*

It is interesting to note in this situation that the participant needed a male advocate to ensure her acceptance in the university hierarchy. Across a wide range of organisational contexts participants discovered and confirmed the strong influences of male traditions, values, clubs, and informal networks. With reference to this in a social context, another participant described her experience within the organisation:

P04: *I don't find it easy as a woman manager to socialise with the groups in this organisation. It's funny. Just a particular example. This bar here - I hate beer and I don't like drinking out of cans. That's what's there. And the first time all of the executives sat around here and all the blokes got a can out or a tinny, I just indicated that I didn't like beer, so there was lemonade. And I said could you please get some wine in the fridge and some nice glasses and the comment was "Oh can't get any wine in his fridge or his wife will think he's having an affair".*

It seemed these traditions were widespread in most workplaces that participants had been in:

P09: *I had another experience recently of going back, if you like, to the middle levels when I went back to a law firm. That I did in over a period of about 15 months and right back to that same feeling of being invisible, powerless, and of no account in the organisation, because you were a woman, and I got very much back in touch with those feelings again when I was in that law firm. It was one of the reasons why I left. I actually couldn't cope with it. I hated it. I was miserable the whole time I was there. You know they still call the secretaries girls and flirted with them and the male partners used to line up at lunch time and use their binoculars and make rude remarks about figures of the secretaries eating lunch on the lawns below. All of that was still there and I hated it. Although, there's a lot of women in the legal profession they, I mean I think they regarded it as something they had to get through I think. They were not about to challenge the system, because they saw their compliance with the system as the only way they could progress.*

The data reflected the lack of female influence at senior levels as indicated in the following statement:

P10: *You see within this organisation I think that, yes, equal opportunity has made an impact, but if you look at the senior management, there are no women in senior management in this organisation. The top layer is men. There are a couple of Directors who are female, but other than that there's not and when you look at the numbers there it's quite extensive.*

As the first woman on the executive, another participant summed it up this way:

P19: *Interestingly enough in the first few weeks that I hear a number of people approached me and said "We are so glad that there is a woman on the Executive now. The very fact that I was there was seen as a positive and it was also seen as an indicator of the kind of change that was coming in this organisation.*

In these gendered contexts there were problems of finding support, overcoming lack of confidence, and changing the contexts to be more accepting of women being represented at senior levels. One participant found that she had received support and help from some male members of the organisation, but also commented on the need to prove herself and on the sexist language:

P10: *There is still a hesitancy and an issue of "How do you respond to people that are not of our own gender and how do you intermix". I suppose one of the things that I realise too is that one of the ways in which you succeed is to develop mentors for yourself and to work with those people. Well there are not a lot of women in senior positions, and so it's very important to develop mentors who are men. I think one of the things that I've discovered is that I've actually been taught an enormous amount and that's been very helpful to me. There have been some men who have been very supportive towards me and who have been very encouraging and helped me in fact to break down my own prejudice at my lack of confidence within myself, and that's been invaluable, so I think women need to break the barriers down too. It was interesting too, and I noticed that here at different times, I suppose it's the sexist language and the things that are said to you and the expectations of your behaviour.*

With the organisational contexts requiring equal employment opportunity through the implementation of legislation, there were requirements for learning to cope with the changes:

P24: *Subtly there are still some limitations for women and I don't know how those things change. I think it's as hard for men as it is for women with this equal opportunity and vice versa. Like I said it's all mixed in together and I think it's your own perceptions of things that make it difficult and I think that there has to be a level of tolerance from everybody and I think part of the issue is starting to get rid of the gender component and look at people as individuals. And that's, I guess because of the lack of equal opportunity, that's an issue and I think everyone gets threatened in different ways. I suppose if you pooled it all you would find that it's people's insecurity and anxiety about changes, but people would give different reasons for that being there.*

Gender Issues in Organisations

Marshall (1993) and Still (1993a & b) suggested that in male dominated and led organisations, gender stereotypes, as well as patriarchal work cultures, adversely affect workplace norms and foster sex discrimination. Gendered organisations have meant that masculine values and attitudes have predominantly created and influenced the contexts, especially in institutional cultures (Robbins, 1989). Women were like migrants, seen essentially as outsiders to organisations and management. It was as if they do not officially exist in management culture (Still, 1993). In families and schools, universities, and workplaces, patriarchal structures and attitudes have prevailed. This meant many women struggled to establish an identity for themselves other than the one they were offered. Roles were patterns of acceptable performance

and existed in the context of what people were requiring from one another, therefore not in isolation:

Often roles are conceptualised in terms of positive and negative prescriptions, related to various role genders. Role is, of course, no more than a metaphor derived from the theatre, although its application to every day life has profound significance, and its ancestry is of long standing. Correctly used in social theory, it certainly implies that there is a part to be played. (Kitwood, 1990 p. 166)

The construction of gender happened through socialisation and consisted of the meanings and evaluations that were attached to being female and male. Organisations confirm the gender identity that schools and family contexts have created (Kitwood, 1990).

There has also been the struggle due to lack of power in the organisational structure which often means that women have difficulty accomplishing tasks or achieving access to resources and top level decision and policy makers. Women often report stress because of the prejudiced attitudes of others. They frequently receive less pay for the same work and status (Korabik, McDonald & Rosin, 1993); do not receive similar training opportunities, face more barriers to promotion (Morrison, White & Van Velson, 1987), and have stereotyped roles imposed on them by others in the organisation (Davidson & Cooper, 1983; McDonald & Korabik, 1991). Even when male and female managers were in equivalent positions, they may not have equivalent authority. "Gender is a salient characteristic of individuals and often influences other's perceptions, and, in our society, roles and status are often sex-linked" (Korabik, McDonald & Rosin, 1993, p. 149). In addition, women experience role conflict because the executive role is perceived to be more appropriate for men than women. Male managers hold negative stereotypes of their female colleagues and see leadership and assertive behaviour as inappropriate behaviour for women. In the workplace women in senior managerial positions were likely to be in a minority lacking same sex role models and mentors, along with exclusion from "old boy networks" and access to "inside" job related information (Coe, 1992).

Hearn and Parkin (1987) considered that there had been a "booming silence" and neglect of gender issues within the study of organisations. It had been regarded as a personal and private issue but should also be considered as a public issue and issue of power.

They stated that the visibility and invisibility are central to the study of organisations:

They are just as important in the academic study of organisations and management, as they are in the everyday perception and (non perception) of sexuality, and its construction through ordinary language. Organisation

theory's ignorance of sexuality is in these terms a very similar phenomenon to that everyday language which says sexual harassment is "only a bit of a laugh really". Both phenomena are products of deeply-rooted power relations between women and men, that deny major and huge elements and aspects of reality, along gender lines. This process may be called "patriarchy". (Hearn & Parkin, 1987, p. 5)

These writers added to their description of gender influences in organisational contexts:

Men tend to dominate explicitly in the public domain and more implicitly but not less powerfully in the private. Organisations both constitute part of the public domain, and are themselves structured in accordance with the "rules" and ways of that domain, for example, in divisions of labour and hierarchy. Men accordingly dominate twice over, in the public domain over the private, and within particular parts of the public domain - that is, organisations. (Hearn & Parkin, 1987, p. 6)

Even limited observation of senior areas in organisational environments will usually provide sufficient visual cues and conversations confirming masculine dominance. Certainly, the culture of "grey suits" and influence of sporting terminology can be easily observed. Bryson (1990) commented on the Australian public sector where support for the advancement of women was a case of two steps forward and one step back. An example of insensitivity occurred when launching an action program for women, the stage was occupied only by "grey suited" men. Bryson (1990, personal communication) said "never mind the reality, feel the myth". In a later article, Bryson (1993) discussed gendered cultures needing new approaches for the structure of work with increased flexibility in organising public and private responsibilities. The gender construction of social and organisational structures was also raised by Acker:

Gender is obviously a basic constitutive element in family and kinship, but, less obviously, it helps to frame the underlying relations of other structures, including complex organisations. Gender is a constitutive element in organisational logic, or the underlying assumptions and practices that construct most contemporary work organisations. Organisational logic appears to be gender neutral; gender-neutral theories of bureaucracy and organisations employ and give expression to this logic. However, underlying both academic theories and practical guides for managers is a gendered substructure that is reproduced daily in practical work activities and, somewhat less frequently, in the writings of organisation theorists. (Acker, 1991, p. 168)

Gendered cultures came under close examination by Maddock and Parkin (1993). They identified issues in public authorities in Britain during the early 1990s. They stated:

Women tend to be more aware of gender culture at work than men, precisely because they are aware of how it restricts their behaviour and expression... The fact that powerful gender cultures persist in the public sector even after 20

years of equal opportunities programs illustrates the power of gender cultures. (Maddock & Parkin, 1993, p. 3)

They felt it was essential to give women a voice, not only about the organisation of work and service delivery, but also what they wanted as far as career development. They recommended challenging existing cultures, not only for women but also for black minority groups. They talked of the "gentleman's club" and that this culture was not hostile to the women who conform. That was the "gentleman" expected the woman to be caring and nurturing, but if they were demanding and assertive, asking for change and promotion, the "gentleman" became difficult. The traditional stereotype was projected onto all women:

One manager commented that they have a tendency to think of all women employees as white, middle class, married with children. This creates a myth about women and hides the reality of black women, single parents and people who need full time employment irrespective of domestic arrangements. (Maddock & Parkin, 1993, p. 4)

Coe (1992), from her study of women in management in the United Kingdom, found that the existence of the "men's club" network attracted the highest vote as an influence on their organisation and this was also viewed as the greatest barrier to progress in their career. "As one woman manager commented: Old boys networks are alive and strong" (Coe, 1992, p. 14).

Maddock and Parkin (1993) go on to describe other organisational cultures with vivid terms and analogies. The Barrack Yard or authoritarian military style was said to be reflected in many public service organisations. In these organisations "as women rarely have senior status within organisations their interests and comments are ignored and they are rendered invisible" (Maddock & Parkin, 1993, p. 5). A comment from a participant highlighted her perception of the influence of gender and the old boys "club":

P09: *I don't think being a woman per se, because I don't think they would have dared. But I think one of the reasons I didn't get appointed, and I don't think this is just sour grapes, was because I was not part of the "old boys" network. I had a conversation with a friend of mine who's director of the Australian Institute of Management, after that exercise and he looked at me and he said "What you have to realise, when you get up to that level, is that it's every man for himself" and he said "merit really doesn't have a lot to do with it". He said, "you know everyone's fighting for the power and the status that goes with those senior jobs and they'll use whatever influence, strings they can pull, and all the rest of it, to get them". So I suppose to that extent I was disadvantaged... The period of my life when I felt I suffered the most discrimination and the most degrees of put-down because I was female was when I was working in the University environment.*

Other types of cultures described by Maddock and Parkin (1993) included the "locker room", "gender-blind" which ignored women's identity and experience, and the "feminist pretenders" where new forms of oppression develop, and finally the "smart macho" where competition, long hours, and performance are valued. These authors found from their equal opportunity audit trails that many women in these public service organisations did not find it unusual that there were few women in senior management. The embedded patriarchal relations were so strong that individual women found them difficult to challenge. The lack of opportunities for women was a result of women's own sense of place as well as male managers' resistance. Male managers felt that the paucity of women in senior positions was mainly due to lack of ambition and this was due to their commitment to domestic life. The possibility of pregnancy was seen as a convenient excuse for not developing women managers. This phantom of pregnancy was an example of social prejudice which was reinforced by the gendered culture. They suggested that changes will occur when the power of gendered cultures are acknowledged by both women and men.

From the Australian perspective, many authors and feminists have discussed gendered cultures and contexts (Long, 1993; Walster, 1993; Still, 1992; Watson, 1990). At the Women in Leadership Conference, Long (1993) considered the complexity of gender relations, the different discourses of female language and cultural relations:

Even where the cultural relations are those of friendly co-existence, the dominant culture requests or demands that people of the submerged culture play a role within its cultural rules. In the dominant male culture women are to play a role - perhaps that of the "other half" or man's shadow; his anima or his fantasy. (Long, 1993, p. 6)

At the same Women in Leadership Conference, Walster (1993) identified some of the barriers facing women in the corporate environment. These included stereotyping, conservative management, double standards, drinking with the boys where women were frequently left out of the decision making and bonding sessions, and women's lack of familiarity about how the male dominated environment works.

Symons (1992), from Canada, offered the view that the gendered organisation provided the explanation as to why the glass ceiling persisted in limiting the penetration of women managers into the top echelons. "Relationships of power and dependence are interwoven in a complex tapestry throughout the social structure. We see a hierarchy of male dominance and female subordination replicated in institutions, organisations, language and practice" (Symons, 1992, p. 19).

According to Acker (1991), Mills (1992), Sheppard (1992), and Symons (1992), people were expected to accept that men are managers in the office, women are their subordinates. The decisions were made by men, carried out by women. Women would follow the lead given by men. This was the daily reconstruction and enactment of gender inequality evident in occupational structures in organisations. The power of gender needed to be considered in the organisational context and, as Symons said, "gender as an analytical category provides a perspective that helps make sense of many strange encounters" (1992, p. 22). These perspectives from the literature helped make sense of the contradictory and inconsistent experiences and events participants had in organisational contexts. Furthermore, the interview data from this study contributed many similar experiences related to the strong influence of gendered organisational contexts on their roles as women managers.

In summary, the implications of the gendered context for women in organisations were that:

- more value was given to male authority and activities
 - career choices and development opportunities were limited
 - there was a narrow range of recruitment and promotion of women to management positions
 - that women remained peripheral to the organisation in their involvement and advancement
 - women managers existed in a context of dominance, conflict and contradiction
 - that women managers were frequently excluded from informal social networks.
- (Mills, 1988).

Perceptions of Being in a Managerial Role

Further evidence to support the core problem of women managers developing contradictory assumptions were in inconsistent behaviour and interactions with colleagues in organisational contexts. Participants provided many statements and comments about the influence of their organisational culture and context along with their perceptions of being in a managerial role. Some described it as the "double disadvantage", not certain whether they were seen as not suitable for management positions because they were from a health professional background or because they were female. There was strong support for this in the data:

P14: *It comes back to that old problem is that a lot of people turn off when someone from the Nursing starts to say something. What I find is often a big struggle is to try and say something, not say too much, say something that's very appropriate and not be defensive, because hopefully that will stop people turning off. It's problematic but it's very hard to separate whether it's a historical thing, nursing or all mixed up together probably.*

P07: *And I'm not sure whether that's a nursing thing, or a women's thing.*

Many participants described the barriers and obstacles to achieving similar recognition and educational opportunities. In summary, other issues included in the following extracts cover:

- negative attitudes, lack of support from senior staff, difficulties finding a mentor;
- "slogging" - long hours of consuming work;
- persuading other people that you are the right person for the job;
- "blooding" - the experience of being terrified in a new situation and then trying to overcome the intimidation;
- recognising the "boy's club, games and network";
- coping with conflict and the effect of being a woman in a context which has been patterned to accept and reward male styles of management.

For example, commenting on a health work context, one participant spoke about the power of the system:

P06: *One is that it became very clear to me, when I stepped in here and it probably is clear out in the other systems, but more so in here, is that one has a very male oriented institutionalised system of the public sector. I mean that is a very strong male institution, and it's almost latched into Government and politics. I mean very, very powerful. You know forces that shape it and, in health, we have the medical as well. And that makes it doubly difficult in health care. The other, I believe is that the whole health care issues are driven by a very powerful medical lobby in Australia. I can't talk about other departments, but it's an impression I get, that more than perhaps women in other departments have had to still use female approaches to even get them to where they are in the system, which is mainly in consultancy roles. They are still the major positions for women, they are still those where they are facilitating the management positions of men and that's true of all the women in this area which are the senior ones.*

Commenting on the organisational context of a health service, another participant described it in the following way:

P39: *It's secretive, it's secretive and a bit shambolic actually but it's difficult to know the extent to which its shambles at the minute is because we are going through one of the restructuring, without enough staff and you know with a lot of expectations on us to be delivering a whole lot of other things at the same time as actually going through the preliminaries which is something you've got to do, that and with a lot of people who feel unhappy because their jobs are changing or going and that just adds to the difficulties.*

By contrast, another participant found the context to be positive because of her privileged position:

P09: *I'm actually quite enjoying it because the position I hold in the organisation is relatively privileged, but I can see that it would be a problematic organisation for others to work in, because the organisation tends to operate through a small number of fairly elite senior people who do most of the decision making and most of the talking about where things should go and there's not a lot of communication between those people and the mass of the organisation. I mean, I'm in the fortunate position that I'm one of that small group of people.*

A participant taking on a senior managerial role added another view of going into an academic organisational context without support for her new position:

P15: *Oh no, fools rush in. I took the position of the chairman of the department and so I went right into an administrative role and I was extremely naive about it. I didn't know - I mean my whole experience had been clinical. I had certainly had administrative responsibilities but it wasn't the same at all as being chairman of a department. I was pretty well expected to learn on the job I think. I had a dean over me. It was funny, I had known him - he had been the Chief of Psychology at [place] when I had been a young therapist so I had known him for many years, but now he was an academic Dean and, basically what he wanted, I think, was for me to do my job and bother him as little as possible. So, he wasn't a source of support. I think that probably the greatest source of support that I had were old friends with whom I could talk and tell them about what was going on and also some colleagues who were in similar positions. I had to do a lot of it on my own and sometimes it was a very lonely place to be.*

Another participant spoke about her lack of training to manage in another educational context:

P22: *They would need to know their way around finance. I mean, in an odd way to start but I've decided that one of the things that makes a successful Occupational Therapy school in this country and getting research money is you have to be very politically and financially astute and I feel a lot of Occupational Therapists are not. They are naive when it comes to politics, they need to know how to manipulate. Knowing how to be astute about the dynamics of what is going on under the working roof. No proper training. I learnt on the job so when I was the head of the school there was some millions in the budget. Of course there were people that I could ask and I didn't do it completely on my own but I still had a big influence on it.*

As head of school she went on to describe the influence of the conservative culture:

P22: *Pretty conservative. We are going to be probably the course that is challenging the established values. We worked, I was head of the department in the University. We were constantly coming up with ideas that were new and what happened we hit on a negative reaction when we first raised it, for example, we did a student profile and which everyone went "oh dreadful," within four years the entire institution adopted it.*

For most participants the organisational context caused them to feel inadequate, uncertain, and intimidated as these participants summed up:

P09: *Recognising that other people weren't really any smarter than I was, and that also if you spent your whole time being terrified of what was going to happen to you it would make you very ineffective.*

P07: *I happen to believe that women are stronger when it comes to the crunch... Their ability to cop an enormous amount of flack is quite incredible, so I think they bring that strength, because I really believe that women in top places, it takes a lot to break them, but by God people try.*

Sofoulis (1993) stated we lack an enabling myth and research was required to investigate the "mythic" that collectively or historically determined that women don't make good managers and don't want careers. Not only were organisations, institutions, and social structures defined by males but also the genres of power and language. Luke (1993) called "for us to recover the muted voices of women" (p. 56) through feminist research. As suggested by another participant, intimidation will need to be dealt with by learning the language and where the power was located:

P09: *When I start in an organisation I stay very quiet in terms of asserting my own views for the first little while. I concentrate on learning the language so you sound as though you know what you are talking about, even though you don't, and on meeting as many people as possible and talking to them about what they do and listening to them talk about their organisation and their role in it. I usually spend a fair amount of time doing that in the first two or three weeks. I remember that was a particular issue for me when I moved into a health job, because I'd never worked in the health field before and there were a lot of people who said that it was quite outrageous to appoint somebody who didn't have a health background to that position. So I had to be very careful, because if I had to be very careful to show credibility and I basically did that by listening, not talking, and by learning the language. Literally learning the language so that I knew to use the right buzz words in the right place, even though I wasn't too sure about what they meant for a while.*

Another participant spoke about locating the power:

P05: *There's the "who you know and the what you know" and I've seen too much of people who don't perform getting into high places. Because of one particular thing that they may have done a long time ago or because of past relationships.*

In the health context knowing how to obtain the resources that go with the position became the goal for this woman manager. She told of her experience:

P06: *I had to find chairs for the job. I mean it wasn't planned for, you know, in any way. I've had to find my own equipment. It was not seen although I was Level 9 and every other Level 9 has a car, so that was my first challenge. How to get accrued to the position, the things that normally go with the Level 9 position, because if one doesn't, one's colleagues in the area, in the*

public sector, would not regard one having a real position. So, while there are a lot of professional things I have to address, I've given a bit of attention to addressing these things, because I know that they matter, and if they are not addressed in this initial phase, they will never happen.

Consequently, she went to the Chief Executive Officer to raise this issue:

P06: *I think I've been very patient, I can't see any signs that anything is happening, I keep getting the same story, I really feel that if some action isn't taken, I will have to start taking some action. Is it because I'm female, is it because it's predominantly female profession, and I've done some research work on it all. So the senior executive didn't know of any other Level 9 position in the public sector that didn't have a car. So I had the keys to the rumble one and I had an order in. But I did things like - They said "someone will be coming to see you sometime about what sort of car - because there isn't one available, it will have to be new" so I made sure I stepped on the gas and did my own research and told them what car. I didn't wait for someone to come.*

Another participant provided an example in the health context where there was the expectation of long hours of time-consuming work required by the organisation. She reflected:

P09: *About a year to 10 months into my career as a senior public servant, back in about 1980's I realised that, if you let it, the work will always, you could always expand the work to fill up 24 hours a day, seven days a week, therefore the cut off point is bound to be arbitrary, therefore you might as well make it at a cut off point that you could live with, and that gives you some quality life outside.*

These expectations of long hours were confirmed by many, such as the following participant from another workplace and region:

P39: *I reckon, I try, what is it I try to control it, I try to control it, I try, absolutely, I think I try to limit it to 60 hours a week but I can't, it's 70 and 80 hours and there was two years when I didn't have any holidays either and that was really, that was disastrous and I was sort of almost crumbling at the end of that so it's simply long hours because the volume of work is huge.*

A further example comes from another organisational context which expected people to be around until late for those who wanted to be involved in the decision making:

P10: *I'm not quite sure what gets achieved by working those longer hours. I think I'm becoming more recognised as being someone who needs to participate in things, because a couple of the directors have come up and said "Oh we were here until such and such a time last night. You should have been involved in that too". So that there's an awareness that I need to be involved, but I thought well I haven't got that option really to be there until that time at night. I don't have that leeway and so I recognise that that's a bit of a frustration. It's trying to be there and getting yourself on to the agenda or on to the list of people who participate, but some of that participation takes place at*

times that are impossible. So that's probably the frustration, but it's also, it's the art of trying to work out how you resolve it too. It's a bit of a challenge to work out how to resolve that.

The masculine managerial culture was summed up:

P27: *It's an ethos in the private sector as well. It was an ethos in the firm that I worked in. It used to turn me off like hell because it's a very masculine ethos. Because it basically denies that people have families and family responsibilities and women have to be disadvantaged in that culture, because they are more caring and they do care about their families, and are not going to spend their whole time at work.*

The issue of long working hours called for more flexibility in working hours without paying the price of limited career progress (Bryson, 1993). In Sweden, a participant had been able to have a permanent part time (30 hours per week) senior management position whilst her children required care.

There was also intimidation and being made to feel in some way that women managers were inadequate for positions in senior management. This was revealed in the following extract:

P06: *I had just done the whole thing with hospitals, he felt that he needed someone with - now what did he say - I got the impression he needed someone who was bigger, not just in profile, but physically, in size. I really got that impression. To deal with the difficulties of some of those executive you needed someone big. I got the impression - bigger and pushy. I mean I felt quite demoralised. Which, if you confront those people they just go wham. I mean it's not about confrontation, it's about negotiation.*

Similar views about being demoralised were expressed by another participant who described her introduction to an organisational context:

P09: *I mean, it's actually quite terrifying when you are not used to that level of responsibility and also pressure, in terms of everybody's watching you in a situation like that. And I remember for the first three months I went there I was almost paralysed with terror, until I realised that really, I couldn't go on being terrified, it was absolutely useless and I would just have to stop and I did. In a sense that was a bloodying, I think, because I've never really been intimidated or frightened by a situation since.*

Another comment showed the dislike for difficult and tense working environments where there was limited support. The woman manager said:

P39: *I find hassle and I find these tensions difficult, not hard work, I can cope with hard work; tension, and different philosophies. Having to find a joint solution to different philosophies, there are times when you find that just a bit unbearable but if you just keep quietly at it and I don't know how anyone would manage without a supporter, without somebody who helps to pick up*

the pieces every now and again, you know, in a supportive way. Yes, it's interesting, this other woman director, is executive director, I don't actually share all her philosophies by any means but she's also a doctor so we've got a common currency there which makes communication very easy but I can address differences with her quite straightforwardly, we can agree to differ on certain things and respect each other's view and in a meeting I can support her right to feel differently than most of us and she does the same for me. That's actually quite important to have that relationship.

Other participants supported the need for helpful relationships to manage the context. Although not having a mentor, participants talked of people who assisted them:

P09: *I haven't a mentor in the classic sense, I don't think, ever, but I've had a number of people who have been fairly influential in terms of me listening to them and learning from them and acquiring them as allies and if they are in positions of seniority over me, I suppose to some extent that makes them mentoring me. Mostly I've had to do that on my own. I mean, I can't think of a single job that I haven't learned myself as opposed to having someone else teach me how to do it. Which has been quite stressful, I find. I mean, I think, Oh wouldn't it be wonderful to go into a job where somebody else knows how it's got to be done.*

Many participants found being in a managerial role placed them in difficult circumstances. One participant described it this way:

P05: *It's been very difficult. I don't need a mentor all the time in my experience. I need somebody to bounce ideas off and then I'll go to it and spend time with them, but no, I haven't in the Department. I've found that I've probably got pretty disillusioned with what I see there and I guess I haven't found any one person that I could say Hey, that's my mentor for the next bit. Yes and is a person that I respect. Has skills that can help me develop, to share and can bounce off and be fairly open. And I haven't found that in the Department which I'm disappointed in because I think that may have helped me move a bit quicker had I had a mentor.*

Participants went on to describe coping with conflict and the effect of being a woman in a masculine context. Several participants provided these views:

P14: *There are some men who treat you like you're a female and a sex object. But they do that to everyone and I've been able to abort that. I want to scratch their eyes out.*

Summing up many of the participants' views of organisational contexts a participant commented:

P09: *Well, I've got as much access to the information and decision making as anybody else has. That's not saying a lot because it's not a very good organisation at sharing information. So I mean when you work in the bureaucracy you just have to accept that it's always three steps forward and two and a half back and if you have a shopping list of things that you want to achieve you would be doing well if you achieved 5 percent of them. So yes,*

of course there are barriers, and the barriers are to do with inherent conservatism, people who have an interest in maintaining the status quo, powerful interest groups who will oppose change. There's a whole range of things.

In this section the focus has been on examining the context of health care service organisations and health science faculties in university environments. The purpose was to explore, analyse, and compare the dimensions of these contexts and the impact they had on participants' managerial career decisions, and their perceptions of their place in management roles. The culture of health related organisations has been found to be characterised by medical patriarchal structures and rules (Abbot & Wallace, 1991; Fleming & Mattingly, 1994; Irurita, 1992) where health professionals (predominantly women) have difficulty achieving power and status. The power and status which men hold enabled them to define situations, to define what is "real".

The ways in which women are defined away or portrayed in particular ways through legal and medical discourse are examples of the diffusion of power which we need to unravel, for example, the ways they are defined in terms of their sexuality, and the ways in which the skills they possess are not considered to be of any importance. (Abbott & Wallace, 1991, p. xii)

The representation of women in powerful decision making and resource allocations positions in health systems was found to be limited. "Women are not well represented in top hospital management. One of the many reasons for this is that men dominate top level administration, making decisions regarding who is promoted and hired to the upper levels of management" (Borman, 1993, p. 34). It is usual in these circumstances to select applicants based in part on a perception of similarities and shared understandings (Borman & Biordi, 1992; Wieneke, 1991). Organisational socialisation has usually meant that men have set the role behaviours, group norms, desired work skills, and abilities. Women seeking senior positions will differ in critical ways due to their prior experiences and socialisation in organisations.

There was said to be a similar situation in the university environment (Blackmore, 1993; Bryson, 1993; Caplan, 1994; Luke, 1993; Neales, 1989; Yeatman, 1993). The majority of the people in senior levels are men and conditions were difficult for women to obtain senior academic positions. Two examples, one from 1989 and the other from 1995 confirm these conditions:

Professor Gale is convinced that the problem is so severe both because there is active discrimination within universities against women and because historically women have fewer higher degrees, women are less mobile and are forced in and out of the workforce due to family commitments. But it's also much more than that. The main problem is that the procedures in tertiary institutions are geared along traditional ways of selecting and promoting staff, and women don't always fit these rules. And the majority of the people

making these decisions are men, who inevitably have a male image of the job, and it's these images, male culture and perceptions that must be broken down. (Neales, 1989, p. 83)

It was said that this discrimination still exists in university employment, and although there has been an increase in women taking academic employment, this has not been translated into tenure at higher levels (Gale, 1995; Lewis, 1995). Along with barriers due to discrimination the female academic exists in a fairly hostile culture:

Similarly, employment in higher education is not "women friendly". The traditional university employment structures, from recruitment onwards, were designed for and by men. Change is slow to occur if it does at all... the higher education culture is steeped in requirements which work against women in many ways, whether they be students, general or academic staff. (Rutter, 1990, p. 256)

It is essential to acknowledge the importance of these dimensions in the contexts as well as the dynamic interplay between structural or cultural organisational contexts and the individual (Long & Kaplan, 1993). The complex relationships and multiple realities were reciprocal and continuously unfolding. The ability of women managers with clinical backgrounds to understand and use the context goes some way to assisting or defeating their capacity to exert influence and potential to achieve promotion.

Many of the internal assumptions held by participants about their ability to be a competent manager in these organisational contexts were reinforced by the external culture. It was not until they had embarked on the metamorphosis process that they consciously examined and observed the negative messages received from the organisational culture. Their position in the context and perceptions of becoming a manager who could be confident in their different style added to their progress towards revising and creating an assured place in the organisational structure. In many organisational contexts, they had to overcome more inconsistent and incompatible assumptions about achieving a senior position. Frequently, the barriers and obstacles became challenges and opportunities to demonstrate leadership.

In general, institutional and organisational change is believed to fall behind individual change. The women in the research by Freeman (1990) coped with mostly traditional organisational structures and conventional paternalistic behaviour and attitudes. Institutions still operate on the premise that male employees have a wife at home to take care of domestic needs. As women were increasing their participation there needs to be reorganisation of structures and reform in attitudes.

Home and Family Contexts

This last section on context delves into some of the comments on relationships, families, and activities used to offset the demands of work roles. The emphasis in the interview conversations was on the work context. However, some participants discussed critical and significant events that contributed to their personal and career decisions. Many participants were married or had long term partners, but for a number, divorce or break-ups in relationships became turning points for both their personal and work lives. This was perhaps due to breaking the expectations for their future lives of being defined in terms of wives and mothers, and following their partners as they pursued their career. In addition the women's movement and changes in society contributed to marital tension. It was assumed that the woman's career would take second place to her male partner. Only in recent times greater flexibility has allowed some women to pursue their own career without having to take the choice between a move up the ladder and their relationship (Bryson, 1993). Several participants described living arrangements which for periods of time meant they lived in different towns or countries while each partner took advantage of career opportunities and experiences.

Almost all the women had continuous working lives. For the ones with children, either part time work or short breaks were used to handle the child care of their babies and young children. There was said to be much greater opportunity to be career oriented in the current workplace where there had been some consideration of providing maternity leave and increasing the options for childcare. For most of the women, their career advancement to a managerial position occurred once their children were older and were becoming more independent. Because of the age group of participants, they had not been faced with the difficult choice of when to break their career to have children. An example from the Scandinavian data described the difficulties of combining work and mother roles:

P28: *My private life, because I married a man who also went to the same school and we had our first child in 1974 and then I realised that if I didn't have the same rights as he had, because he was a man and although I was even more qualified than he was, in fact, but all the same never felt that he had the responsibility, the main responsibility, I had it and therefore this made me very angry, so I divorced him and I was so mad. I was very active in the women's movement and I was active in the day care movement in [place], we were a pressure group and we tried to make the politicians get more day care centres and we succeeded too but then in the end of the seventies I got together with a lot of persons who thought the same way and we started a new party. ... So I have been very much aware what has happened inside as a whole and I have tried very hard, because I thought that if my position was so weak, although I had this education how would it not be for other women who were weaker in some ways, so I've always tried to fight for other women.*

Another participant from Scandinavia expanded on the difficulties experienced by participants who had young children. Although women could retain their permanent senior position and work reduced hours, she still felt stressed. She reflected on the experience:

P25: *Certain periods of course have been stressing, when you feel that you're not a very good mother, you're not a very good head of the school and you don't seem to do anything properly. No, but on the whole I find it very stimulating to have it all and I wouldn't ever like to have it differently. You know during when the children were small I could work 30 hours instead of 40 hours and that's by law, that's regulated until the children are ten years old which is good. I worked three quarter of a week, every day but I could leave a little bit earlier. I think that many women will try to work part time [in other places]. It is only here it is regulated by law so you don't have to, you can stay in the same position, you don't have to move out of that because you want to work shorter hours, otherwise sometimes you have to leave a position and take another one. That hasn't happened here, so I have been able to stay in my senior position. But in a way I think you do almost the same amount of work even though you have more flexibility. You know you can leave a little bit earlier if it's necessary but usually I think that you work just as hard.*

Certainly, participants from Scandinavia talked of more support for parental leave, permanent part-time work in a senior position, and a greater level of acceptance of mothers continuing to work while children were young. In 1968 Sweden was the first country to frame government policy with the aim of achieving equality between the sexes by providing parental leave for men as well as women (Summers, 1991).

Consequently, the 1970's saw a series of path breaking changes in Sweden which indicated a commitment on the part of the state to a policy of intervention in an area which had previously been widely held to be outside the jurisdiction of the state: the family. Family policy in Britain is a much less explicit affair than it is in Sweden, primarily because of the very different attitudes or at least rhetorics concerning the "private sphere" and state intervention which prevail in each country. (Summers, 1991, p. 25, 26)

The British government in the 1980's believed that the arrangements for parental leave and leave for family reasons were best dealt with through voluntary negotiations between employers and employees, rather than statutory entitlements. Summers (1991) suggested that these policies reflect the "familial ideology" which sees the position of women as unpaid carers for children as the normal and natural position for them to occupy in the family. In Australia, maternity leave followed by parental leave has been available since the 1970's.

Providing child care has been another feature of Swedish family policy. Municipal childcare has been available with the demand increasing rapidly since 1966. By 1991 59 percent of all pre-school children were in public day care. Swedish child care was considered important not just for the social needs of the children but also for the

parents as individuals and society as a whole (Summers, 1991). This formal support and resources for care provided Swedish women with much more freedom to remain in employment. This system in turn makes it possible for women to have children while maintaining continuity, and has implications not only for the economic position of women but makes it supposedly less difficult for women to achieve senior positions. In Sweden, and other Scandinavian countries, there has also been an increasing number of women taking part in politics. This has also had a positive impact on reactions to women as politicians, political culture and discourse, placing positions of women on the political agenda, changes in policy, and in the empowerment of women. In the long term, changes facilitating unbroken participation in the workforce should improve the opportunities for top level decision making and influence for women. Continuous employment patterns and a more flexible labour market will in turn benefit the next generation of Scandinavian women (Summers, 1991).

Once again, it is essential for women to have an active citizenship role in policy development and implementation, and to avoid the passive "client" role. Interestingly, two of the career narratives (Appendix C) selected as identifying the core problem, stages in the core process, and as rich examples for strategies used in managing were both without children. One was single while the other was married but had no children. They both had had career continuous working lives.

In contrast, an Australian participant described her experiences. She had three children, and explained:

P04: *I actually applied for a permanent position at [place name] and had been offered the position and then found out that I was pregnant. So I went back and said "Look, I'm still wanting to work. I'm only about a week" or, at that time I guess it was about four weeks, but then it wasn't offered to me. I was told that I couldn't have the job, so I looked for a temporary job and then retired to have that child.*

When asked about how long she was away from work she replied:

P04: *A very short break really, when I think about it. I was not well when I was pregnant so I didn't work for about 6 months of my pregnancy and then, for a couple of months after that I didn't work either, but after that I had this urge to work again and I went off and set up the [name] Community Health Centre. That hadn't happened before so that was an opportunity for me to develop a new service and I was quite interested in developing new services. So I did that for about 12 months I think and meantime my husband and I had moved to [country town] I was travelling up there each day and all I was doing then was waiting for a job to come up which eventually did, so I transferred.*

Along with the participant above, the following woman was one of the few Australian participants to have more than one child. She described her situation:

P09: *I mean I've brought up two children as a single mother which has added to the stress, probably. But I haven't had a steady, serious live-in relationship, well really since I was divorced 12-13 years ago. Whereas I don't know many men who've been bloody single for 13 years. ... I'm a single person on my own and whatever decisions I make about my life, about my work, I can carry into effect. But I think that's too high a price.*

She talked about the difference to her life once the children were gone. Before that, there had been little time for leisure activities. She explained:

P09: *I go to the swimming pool which is heated, indoors. So I try and do that one or two mornings a week. I walk along the beach, I swim, I try and swim two to three times a week and take a good long walk a couple of times a week, but I mean that's something that I really feel very strongly that I'm able to do because I don't have responsibility of the children. When I was younger - I mean part of the reason I was not very conscientious about taking exercise was that I just didn't have the time. You know, when you are caring for kids and working full time, when do you take it. I mean you can hardly go off at 7 in the morning when you've got kids to get up and get off to school, and similarly in the evening when you've got to pick them up and come home and cook their tea. How the hell can you go off to the pool and the squash court or whatever it is. So in one sense it's a luxury that I now have because I don't have the responsibility of child rearing.*

Also evident in the data from participants who were married and had children were the conflicting demands of work and relationships with a partner. These demands were clearly reflected by a participant:

P39: *How I cope, I just do it, plod on because I get more stressed if it's not being done than by doing it. It does lead to conflict in the family, my husband is extremely tolerant but every now and then he gets frustrated and sort of bursts out, so I then have to sort of be terribly jolly and spend time with him, pacifying him and nurturing him while at the same time I know something's building up.*

She liked her work but recalled planning to have a break when she had children. She explained how she juggled roles and responsibilities:

P39: *I liked work but I was planning to stop after I'd had the baby but what happened was that the other person who was a graduate member of staff could not continue so we worked and if I hadn't come back to work after the baby was born and gone on, the lab would have had to close, so I did that and I brought the baby with me and all was fine and it all seemed to be not too difficult. I was running the lab, had the baby, running home, everybody seemed quite happy and then we found this super baby minder just by the hospital and it still went on being right so I just sort of went on and then came the second baby and I would stop after that but then the person who covered for me while I was away, she also had two small children and she said I quite like this so we talked about it they tried to find a full time replacement for me*

when I said I was going and they couldn't find one so we said well, we really both quite like it actually, why don't we do it together and so it worked like that and so one's fitting everything in and it all seemed to work alright and I mean, in fact my year when [name] was born I was running the lab full time, my husband wasn't terribly well at the time, I had one child, was pregnant with another and I wrote my MD thesis, it was amazing, I just don't know how it happened, but it did all happen and seemed possible, so then there was the part time which was more to make sure I had half the day when I could be with the children because what I did, I worked morning, had the afternoon with the children, came back to work in the evenings, actually to do research ... and did that for a few years, so though I was effectively working full-time I was paid half time and then people said it was ridiculous, you might as well get paid full time and so when [name] went to nursery school I came back to full time and just went on from that. So the only bit that actually then led me into a career happened without either being intended or planned or anything, I had expected to depart when I had children.

Summary

In all these organisational contexts across health care services, health departments, and universities there was a similar perception that women were facing barriers and obstacles to achieving a place in senior management levels. From their early conditioning and socialisation it appeared that the climate was set for what happened later to women and men in the workforce. It appeared that organisations needed models and plans to assist them in being creative and successful in dealing with the issues that face women (Burke, 1991). The participants in this research had received perspectives of their capacity to perform competently as managers from the range of contexts that they had travelled through from early days to current times. It was during these experiences that they developed assumptions; it was dealing with these contradictory assumptions about their potential to be senior managers that was the core problem identified by this research. The contexts in which these were received, shaped, and formed were important to understanding their depth, power, and strength. These assumptions took the confidence away from women, in particular women from health professional backgrounds, to inhibit them from seeing themselves as becoming occupants of senior management positions. This in turn deprived many organisations of the potential of their women employees. However, while this shared problem was revealed in this research, the process for solution and future development of women in management was there as well. The next chapters address the following questions.

How did participants make their career choices? What were their career experiences and how did they start a career path in management?

How can organisational contexts and perceptions of current senior managers be changed to provide opportunities, career structures and environments which will encourage growth, learning, and change?

Earlier research by Freeman recorded in "Managing Lives" talked about developing self-confidence:

How do these women develop self-confidence in themselves? Their assertiveness grew through interaction with people and contexts that encouraged and reinforced it. Therefore, it is not surprising to find women's self confidence developing as a function of experience and exposure to others' belief in their competence. (Freeman, 1990, p. 114)

It is from the women and their wealth of experiences in myriad organisations that we can learn strategies for managing. Finally, based on experience, a note of optimism:

P09: *One of the advantages of my fairly eclectic background and variety of areas that I've worked in over the last 15-18 years is that I've become reasonably adept at getting very quickly into a new organisation because I've done it so often. I'm reasonably adept at picking up the cues very quickly, learning the language, learning my way around the organisation, learning where the power is and where it isn't and things like, so I didn't find it difficult.*

In addition to contextual influences, re-inforcing contradictory assumptions about participants' capabilities to be senior managers, the limited expectations concerning women's career potential confirmed their perceptions that they were unsuitable for senior managerial positions and long term career advancement. The next section presents the findings related to career experiences and career development.

Research as a Personal Process

(November, 1995)

The influence of contextual issues

I have been constrained by the dominant culture where I lived and went to school. The choice of becoming a health professional, the lack of thought about having a direction for life even less for a career, where I worked - health and health science education, the type of research process to fight for, the desire to add interest and life to a long thesis document. This is a valuing of the personal issues, giving it positive features rather than remaining in silence. How can I deal with these contexts now? Now I am aware of the strong influence they have. Is this the start of recognising the influence of the assumptions received from the context?

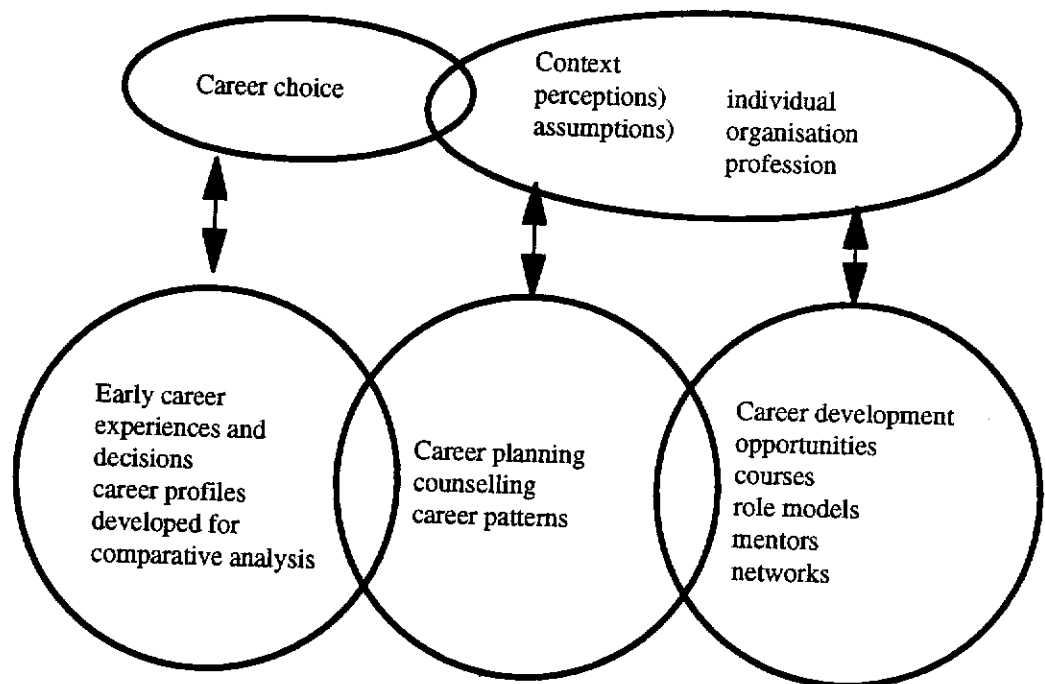
Limited Career Orientation Adding to Contradictory Assumptions

It was evident in the data that the category of limited career orientation was linked to that of negative or inconsistent contextual influences. Furthermore, a limited career orientation contributed to the core problem of women managers' struggle, particularly those with health professional qualifications, to overcome contradictory assumptions about their potential to become occupants of senior managerial positions. These

negative contextual influences and limiting career orientation provided difficult conditions for personal and professional career growth and leadership in health related organisations.

This section describes the concept of having limited career expectations which was identified in the data. Examples provide evidence of the causes, conditions, and consequences of these expectations. It also examines the various aspects related to women's career choices made following the achievement of their professional qualification. The initial career choice and educational experiences during their professional education have been covered in the previous section. The focus in this section is shown in Figure 22.

Figure 22 Career dimensions and links to context



Women's Career Orientation

As we saw in the section on context, female health professionals in particular, and women in general, did not commence work thinking about their future career. This was in contrast to the long term or life long work expectations and plans for career advancement associated with most men. Career was defined as the sequence of a person's work, the related activities, associated values, and aspirations over the span of their life (Garwood & Lutek, 1987; Storey, 1979; White, Cox & Cooper, 1992).

For most participants, their choice of a professional qualification did not indicate that they had either short term or long term career plans or expectations. Their future lives were still defined in the terms of being wives and mothers with a limited and temporary period of time as workers. Along with the expectation of being married was the belief that she would follow her spouse as he pursued his career. This assumed that any career plans she may have took second place. If her partner moved, the woman would be likely to accept any available job which would bring money for the family, irrespective of career plans or interests in a speciality (Brintnell, 1985; Madill, Brintnell, Stewin, Fitzsimmons & Macnab, 1986).

Only one or two participants consciously planned their work experiences in an effort to create career opportunities and a pathway to more senior levels in their profession. In the early stages, these opportunities frequently just appeared. Sometimes, there was no one else willing to apply for the senior clinical position or they were in the right place at the right time. An example from the data of this situation:

P12: *Probably an early interesting one that had some effect on me would be my experience where the senior in charge of the department retired and the job was vacant and it became apparent that nobody wanted the job and I couldn't quite understand that. It seemed like a good idea to want the job and so I applied for it and took it on and that was my first opportunity to supervise staff in any major fashion. We had a staff of about six or eight - it wasn't very big. I thoroughly enjoyed doing that. I came to blows with the administration and began to realise why other people didn't want the job. I was more naive than they were but it was good experience and it taught me something about keeping staff motivated and trying to deal with the pressures of administration which didn't necessarily have the same objectives as the individual staff members.*

Another extract described a common feature of many participants' career moves:

P14: *It was very much a matter of being in the right place at the right time. I would suggest that if I had had different family experiences I very likely wouldn't have gone in that direction.*

And this recurred with others:

P04: *I made sure that I did the right things at the right times... I think I'd done the right things at the right time.*

Also displaying a limited career orientation another participant confirmed she had also been in the right place at the right time:

P08: *I mean I think I've just really moved along in life and been in the right place at the right time and just made the most of the opportunities, really.*

Most participants aimed to be competent and good clinicians and did not consider becoming chief therapists or managers of their department. Although most participants had no specific career plans, they aimed to gain a variety of clinical experiences:

P18: *I certainly saw myself as a clinical therapist, to work with patients and become a good clinical therapist. I also knew that I enjoyed working in psychiatry and a position was advertised at [name] hospital, and I was lucky enough to get the post.*

P40: *I mean I wanted to be a good therapist, that was my ultimate aim but I didn't think about being a head or I didn't actually think in those terms, you know, it was much more to do with my own personal satisfactions. I actually moved from a basic day post to another basic day post to get the experience that I wanted. I did then get subsequently promoted within the job but initially, no, it was more to do with how I wanted to see myself as a good therapist.*

In fact, for most therapists there were not many opportunities for career development or a career structure available for advancement. As this one stated:

P25: *No not really because when I came back from [country] I started here in [another country] you couldn't really have a very long career, you could only, at the most, you could be a head and when we started, really, there was not a proper hierarchy within the [health profession] either, it was mainly just a single position you might be a small group then perhaps you would be the head for five or something like that, there was nothing beyond that.*

They had not contemplated planning to achieve senior executive positions in health departments, health related organisations, or even working in health science education faculties with the prospect of becoming head of school or head of a health science division. Women's career patterns and advancement were characterised by differing goals and expectations, such as, according to Lee (1994), two basic drives; independence and individual achievement, plus the need for attachment, relationships, and belonging, for interdependence and intimacy, which would flow through life stages without any predictable pattern. The added dimensions of children created further uncertainty. Describing the impact of children on women's careers, a participant confirmed the limitations of contextual structures and different career orientations:

P02: *I think it's still set very much on a male model, and I think that's evident in the work load and the work ethic. If I were to say, "I'm going now to pick up the kids at 4.30", my chances of promotion would be severely limited and I think that is a big problem within the department. Those jobs are too big, and there's too much work in them, the only way that you can possibly do a job like that is to work very long hours, and the only way you can do that is to have someone looking after you at home.*

In addition, she commented that you need flexibility and to have support at home:

P02: *Have a spouse who's prepared to stay at home and cook your meals, and do your laundry, and get you ready to do that incredible workload, and I guess women don't usually have a spouse that does those things for them. Someone to run after the kids, and pick them up and, so you can't do a job like that and be a contributing partner at home. Yes, you couldn't do it with a family.*

Many of these issues of separation and attachment were based on assumptions. Women usually start with the assumption that relationships were more important than individuality and productivity. "For some women the drive or inclination toward finding a partner or close relationship comes early and strong and overshadows the drive or inclination to launch an ambitious career" (Lee, 1994, p. 256). Janet Holmes a Court, now Australia's wealthiest woman and successful business manager, stated that she was willing to play a supporting role and only became involved in Heytesbury Holdings when her husband died (Walker, 1995). Through a difficult and painful process she has restructured the business and changed the corporate culture. In contrast, the need to be productive and autonomous may overcome the desire to marry and have children. There is increasing evidence that both goals may be strong in the beginning. These variations require the partner, community, organisations, and government to identify multiple solutions to support women and men in their careers.

Career Patterns and Decisions: Conditions Governing Women's Choices

In a world where women work more than ever before, but are paid less and denied appointment to the most senior positions in every country in the world, we cannot be surprised that ambition and high career aspirations are unusual. "We are still conditioned to hide ambition and apologise for success - precisely the qualities politicians are expected to boast about" (Stott-Despoja, Federal Senator, 1996). The International Labour Organisation report issued in August 1995 stated:

That it is estimated at the current rate of progress it will take women 475 years to reach parity with men in top management and administrative positions. Women's progress in the workforce over the past 10 years has not meant greater access to quality jobs, nor has it brought an end to discrimination. Despite gains in some areas, women earn an average of just two-thirds of men's wages and they are often denied access to opportunities leading to the best job." (Chinery-Hesse, ILO deputy - director, 1995, p. 16)

The report also said seventy five percent of women workers were employed in insecure poorly paid jobs, often part time, in a narrow range of sectors. It is claimed that by the year 2000 women will make up at least half of the paid labour force in most countries, compared with one-third in 1990.

Along with this description of world and labour force conditions, the impact of socialisation and the expectations are that for many women marriage and children will put an end to their working lives, if not permanently at least temporarily. The word career has implied a long working life with steps up a promotional ladder based on measures of success or length of employment as valued by the organisation (Marshall, 1993). Whilst some changes in social values have made it more possible for women to seek long term careers, this has not yet changed the expectations of organisations, modified career theories or had a major impact on the thinking and expectations of health professionals. Many women have grown up thinking of a career as a contingency plan as they "entered a profession idiosyncratically rather than as a result of deliberate planning" (Hooymann & Kaplan, 1976, p. 376).

Patterns of divorce and large numbers of single parent families, availability of contraception, rising age of first time mothers and marriage, provision of child care facilities, and more women in higher education have all contributed to increasing the opportunities for women to aspire to financial independence and wider career choices and levels (Horsburgh, 1995). Entrenched social and subtle attitudinal barriers still exist in organisations (House of Representatives Standing Committee on Legal and Constitutional Affairs, 1992; Still, 1989, 1993b), as well as women's own psychological barriers (Pauvels & Winter, 1992; Ross, 1994b, 1995 a, b, & c).

The following evidence from research studies indicates that attitudinal differences, different life circumstances created a negative environment which hampered the career prospects of women in management and their opportunities to advance to higher levels. Davidson and Cooper (1992, p. 16) suggested "that some women may be more concerned with the intrinsic aspects of career progress than with getting on", which may make them less inclined to identify the "hoops" and right ways of jumping through. Furthermore, these hoops may discriminate against women which was an added disincentive for women's managerial career progression. Hirsh and Jackson (1990) commented on the difficulties for women seeking promotion:

Promotion may look like a mysterious upward drift, but in many organisations it is influenced by quite complex processes, often formalised as personnel procedures. The processes are hoops that employees have to jump through to gain access to management jobs. To reach management, employees have to meet the criteria set by the organisation (which may be implicit - "the face fits") and also understand the nature of the hoops and jump them in just the right way. (Hirsh & Jackson, 1990 cited in White, Cox & Cooper, 1992, p. 160)

The stereotypes and gender roles have clustered women into a range of occupations labelled as women's careers. The characteristics of managers have been linked with men, aggressive, dominant, powerful leaders and career commitment while women

were characterised as caring, service providers working in clinical roles without career commitment. This was reflected in a participant's view:

P12: *I sit down among small men. I learned that a number of men react rather better to the female stereotype than they do to competency and that depresses me no end because unfortunately I don't feel I can compete. ...What I found within the University setting though is that I certainly don't seem to count. Now whether that's because I'm on a remote campus and people don't know me very well, or whether it's because I'm female. It's quite difficult to judge. It's probably a combination of both because when I look at say the influence they might have from [another campus] you know it seems to me that it is greater and therefore I've come to the conclusion that it is probably sexist rather than being off campus.*

There was a parallel comment from another participant in another organisational context:

P05: *Also as I say being a woman. It's mainly since I hit the Health department that I found obstacles that I could say "Oh, that's because I'm a woman or because I'm an allied health person".*

Language, workplace communication rules, and meeting structures frequently make it difficult for women to be recognised for their contribution. It often renders them invisible (House of Representatives Standing Committee on Legal and Constitutional Affairs, 1992; Marshall 1984, 1993; Pauwels & Winter, 1992).

Because career paths, patterns, and choices for women were said to be more complex and less well documented than career choices for men, there was evidence of a general need for information on career models and theories for women, especially those in the female dominated professions. The consequences of limited career orientation meant that the women did not expect to make long term career decisions, as well the social and organisational contexts in which they worked, did not provide opportunities for career development. An added factor influencing career decisions for some of the women were the demands of family responsibilities. In the period that most participants were commencing work they expected to work until they were married or until they had children. Life was seen as unfolding in the context of other events rather than career oriented events and decisions. There had been considerable changes over the years. However, there was still a widely held expectation that women would not be as ambitious and career oriented as men. In a recent study, "Work and Family Life - Achieving Integration", (Wolcott & Glezer, 1995), it was found that there was a dual standard when women take advantage of family friendly, flexible work, or leave provisions; they are seen as being on the "mummy track" and so less committed to a career than men. "Provisions such as part time work, flexible working hours and parental leave are open to both men and women but are rarely taken up by men"

(Gunn, 1995, p. 3). Wolcott and Glezer also found that women were the ones who provided the solutions to balancing paid work and family demands. This was usually achieved by working part-time and being responsible for the dependent children. In addition this study of work and family life recommended that social pressure was needed to bring about change and greater acceptance that some women may be equally committed to pursuing their career as well as juggling family roles. Many professional women who choose to combine family and career find both roles satisfying. However, they have many conflicting demands. Furthermore, besides workload and time demands, professional women with children also have to cope with societal values and their own beliefs about what was required of the "competent professional" and "good mother" - values which were sometimes incompatible (Elman & Gilbert, 1984). A study by Elman and Gilbert of 97 women in dual - career families measured coping strategies for role conflict. People who were combining family and career roles faced several struggles. The internal conflict, as well as the influence and impact of prevalent societal attitudes, and existing organisational structures, affect the individual's career development through the life cycle. All participants with children commented on career decisions and the impact of family responsibilities:

P09: *Well, until 86/87 when I did some very serious re-evaluation about where I was going, my career choices had been largely based on the need to meet my parenting role as well as to get some money and work. So in that sense the work/home conflict was very real for me.*

Another participant reflected on her career decisions and the assumptions she made:

P10: *There was no direction. It was more that you needed an education to a certain level, so there was no sense of women having careers at that point in time, or if you did, you had a career until you got married and had your family. I finished in 1967 and I think it was just at that point that that sort of focus was starting to change. I guess the things that I know were that I wanted - that I had quite a degree of energy for a career - that I always wanted to be satisfied in the work that I was doing, and somehow, at that stage, believed that if I had an incremental approach to things that I would actually achieve well and that I would move towards a goal that was maybe one where I would finally be in a senior position, but I had never actually anticipated that in my early years. I never thought that aggressively about it, I don't think. I was married. I'm not married now, and I think probably that was intermingled with it. Not being quite sure how marriage would have an effect on that and my husband, although he didn't inhibit my career, was fairly conservative about it and his career came first. In fact, one of the reasons for going to [country] was based on his desire to do that.*

The consequences of being influenced by other demands meant that, as many participants stated, it was assumed that family, and career was incompatible. For example it was:

P39: *Assumed I would stop work when I had a baby but kept working as there was no one else.*

As with Elman and Gilbert (1984), Marshall (1989), recommended that people should be encouraged to view their career as an integration of work and life roles. In another study on married professional women, Gray (1983) found that professional women were taking their careers far more seriously than in past years. It was also clear that these women faced frequent strains between home and career. Many reported fatigue, personal conflict, role conflicts and divorce, but also demonstrated that although conflicts were complex and there were difficult issues, creative coping strategies could be developed. Many of the 232 married women doctors, lawyers, and professionals agreed "that the rewards of combining a profession and a family are well worth the effort" (Gray, 1983, p. 242). Traditional gender stereotypes, while helping people to make sense out of their world and to organise their experience, can limit relationships and career development. For example, in an extract from the data:

P09: *Their visibility - the fact that they are a visible minority and the fact that we are inculturated to be deferring and perfectionist in an environment where we are supposed to be assertive and, you know, all the traditional things. You are punished for being assertive if you are a woman, that kind of stuff. You tend to forget it actually as you go through your day to day life, but you shouldn't because it is more stressful to you when you've got a senior job. And I suppose it's a bit depressing in the sense that there is absolutely zero, zilch, no insight from men into what it is to be a women in a man's world. Absolutely none.*

The limiting nature of traditional assumptions was confirmed:

The realisation that a number of the assumptions about gender and relationships are in error is an important step toward change. Rather their agency being seen as the exclusive domain of one sex or the other, these traits need to be reviewed as human qualities that are necessary for both sexes. (Gerber, 1989, p. 63)

Work Experiences rather than Career Experiences

It would be more accurate to describe the early experiences for clinical practitioners in this study as work rather than career experiences as they were not thinking or making long term plans related to developing a career path. The first promotion or opportunity to move into a senior position with some management responsibilities often just happened. In the early discussion on career, participants described being in the right place at the right time or that on one else wanted the position. In general, there was no career guidance or counselling and participants had no career plans. Much of this behaviour can be attributed to the clinical role selected by participants, attitudes by existing practitioners, colleagues, senior staff and managers, as well as society. From

the study by Coe (1992), many men expressed strong views about women taking positions as managers:

Successful management requires commitment with no outside worries. For women to succeed they must therefore be single or have adult children. With unemployment we don't need to encourage women into the workplace when they already have a role as a mother. (p. 17)

One woman in Coe's study took the view that the "culture still sees women as having jobs rather than careers" (1992, p. 17). This was certainly the experience of one participant of this study who was a doctor. There was lack of career advice and assumptions she was not available or interested in pursuing her career:

P39: *I mean in a way that's somehow been one of my personal frustrations, although my father and husband were both doctors they were neither particularly encouraging about planning and remembering to prepare for graduate exams at a certain time. I think neither of them assumed a career... So you know, you felt a bit guilty doing it at times because there was all this stuff around about children being deprived. It was influential I thought of a lot of women at that time ... and I think it takes a strong person to maintain a career and have young children.*

With similar perspectives, it was not surprising that many participants had no definite career plans. Rather, they had set short term goals of becoming competent in specialist clinical roles. This was echoed by another participant's experience:

P22: *I worked in temporary jobs for three or four months filling in because I didn't know where I wanted to work. Went to [name] for nine months just because again I couldn't think of what else to do and I remember the first Christmas after I had graduated sitting at home thinking I've got to do something with myself. I didn't want to marry the present boyfriend who wanted to get engaged and I decided I would travel. I was more interested in what I could do with myself, and travelling around the world was something I wished to do.*

Another participant in another region said:

P05: *No, no way. I never did have a career plan. I just wanted to be a good speech therapist or good at whatever I did and it never occurred to me to start going up ladders or things. But I think I like to be in charge. That comes naturally. I'm the eldest of three daughters and so I enjoyed being able to make my own decisions and not being told what to do.*

This lack of career planning occurred throughout the interviews:

P18: *I wonder at my lack of ambition, I really do think that I'm not ambitious... and it worries me. That is because I was a female and grew up without any expectations that anyone had of you other than that you would become a wife and mother.*

And again:

P19: *I didn't begin to think in terms of career, or career planning until my mid-thirties. It was opportunistic entirely. I mean I would love to say that I planned it and that I thought about it and all the rest of it but to be honest I didn't.*

It is not unusual that these women had not considered their career in the early stages of their working life. The research on career patterns of successful women (White, Cox & Cooper, 1992) "showed that 54 percent of successful women made a late commitment to their careers or had no coherent direction in their early working lives" (p. 101).

Although a participant was choosing her first position, she felt a lack of confidence about her skills and selected an unpopular practice area. However, she found this an unsatisfactory way of working and took action to determine some future goals. She reflected:

P04: *I wasn't actually confident that I had passed with the skills required to get my choice of job. My first choice of job would have been in the psych area, but there were a lot of other people that wanted to be there. So I looked around for a niche that I thought I could move into that not very many other people would want to move into and that was seen to be in the hand therapy section of [name] Hospital.*

Eventually, the lack of thought about career planning led her to enrol in a motivational course and to make some resolutions:

P04: *I think that was a real problem for me because it was quite soul destroying, knowing that I was doing something I didn't want to do for six months and finally I went to a personal motivation course. I took a week off from work. And what that did was help clarify some of my real goals in life. Knowing full well that I had to get out of where I was and I made myself some sort of personal commitment that I would never ever work in a situation unless it was exactly what I wanted to do, again. Because the last six months had been really quite destructive to me personally.*

Setting goals and making this resolution were critical points for this participant. Having established this pattern she went on to become ambitious, setting higher career goals and expectations for herself.

In another situation, a participant reflected on her working life. For her, it was not until completing a higher qualification that she started career planning:

P15: *No I didn't. I can't believe it. No, in fact, for the first part of my career I don't think I even applied for a job. I mean they were just offered to me. The first job I had was offered to me after I finished my clinical internship and it was kind of like that, that the jobs just appeared and sort of reached out and grabbed me instead of the other way around. That's very interesting, because it was sort of like, whether it was inappropriate for women in those days to actually plan a career, or whether you just waited until you got married and let things unfold. I don't know, but I really didn't start to plan until I finished Graduate School and got into an academic life. Then I did do planning, but not until then, and that was like the last 14 years, so there was a long period of unplanned work moves.*

Moving from Clinical to Management Roles

The opportunity to apply for promotion or managerial positions were often avoided by health professionals. For example, a participant preferred to leave the organisation and this option was often taken by other participants in difficult work situations. She observed colleagues who declined senior positions but also wanted to remain in their clinical roles saying:

P02: *No, they were actually avoiding promotion. I left [name] at a time when there was a lot of turmoil in the senior positions, and a bit of pressure to take a senior position myself, and I just wasn't interested in that after 18 months and wanted to be a clinician, and also wanted to travel, so I decided it was a good time to leave.*

Another participant described occupational therapists and their assumptions that they would not work long as they were not interested in management positions. She suggested they were:

P23: *Overcaring, fairly vague thinking lateral broad, wishy washy. I challenged during my education, fought with tutors. Being a woman and an occupational therapist - individually there is an assumption that they will not work long and do not want to be a manager. The course has a lot of clinical not enough management. Women have to be competitive pushing themselves forward, health professional women even now are slow starters.*

Another participant emphasised the point that many health professionals were not generally interested in management positions. These positions were viewed as leaving the valued real world of clinical practice. She said:

P21: *I'm not convinced that I ever actually had a career planned out and I think I decided to go from one step to another as I came to them. I got to a point after a few years where there was fairly strong pressure to go into management. I did not want to be a manager.*

Neither the expectations nor opportunities to learn management behaviours and skills were available for most participants; if they were available, health professionals were

still seen in helping roles even if they had not practiced as clinicians for a number of years:

P05: *What's been fascinating is that all along I have been looked upon as a speech pathologist. Even though I haven't practised for over ten years. But they always remind me. When I say they, the medicos, the administrators, everybody in the bureaucracy, I'm a speech pathologist. The appropriate stereotype to put you back in a place and you won't be a threat.*

Findings from other studies support these views that, in association with limited career planning, health professionals moving from clinical environments to new management roles lacked the required skills and preparation. Prideaux (1993) found that these clinicians making the transition to management felt they lacked not only skills in budgeting and financial management, but also in negotiating, managing people, and political skills. Harris, Ross and Tapsell (1993) and Prideaux (1993) found in their reviews of the transition from health professional to manager, that clinicians required support from health organisations, professional associations, and academic programs.

In the health science education sector, progress was usually hindered by initial levels of appointment and opportunities to participate in the valued areas of research and publication. As with Allen's (1990) study, academic women as a group had a greater distance to travel before reaching senior positions. It also seemed possible that men who entered faculties where women predominated (staff and students) had greater encouragement and opportunities to pursue promotion. The importance of personal contact in encouraging people to apply for positions was demonstrated in research as Allen (1990) suggested "that there are some powerful channelling influences at work at least in the initial selection" (p. 97).

In the above studies it was found that making the transition to managerial roles required making difficult adjustments which many participants were not adequately prepared to take. Prideaux (1993) suggested it was similar adjusting to a new world, new tasks, new roles and relationships with many surprises which included lack of support from other senior managers, lack of information sharing, and that organisational politics pervaded everything. It was recommended that, to facilitate this transition, health professionals required supportive supervisors and supportive organisational systems. Furthermore, it was suggested that enrolling in formal courses in management would provide opportunities for discussion, gaining confidence in knowledge and capabilities, as well as credibility. Informal discussion groups were said to be formed during courses which greatly assisted students to share problems and develop solutions. This article by (Prideaux, 1993) and the case study

about a group of psychiatrists moving from clinical to management roles have been useful for health science graduate students studying management issues.

In this study, however, several participants who were health professionals decided to move into management roles. Unlike many other participants, this key informant made her decision early and deliberately by developing a career plan:

P23: *When I qualified in OT I had a fair idea of what I wanted to do in OT. I knew then that I was quite good at the leadership role and actually, purposely organised for myself to be placed, because we were placed for two years in, we were seconded to the government for two years, I was actually placed in a [country town] which had limited competition and so I looked around the country and whether I actually thought I wanted to be in a management position, I can't remember but what I thought was I wanted to succeed, so I was quite ambitious and I think I must have wanted to be the boss because I headed for an area where, within six months, I was actually the head OT. I didn't have enough experience to do it but in those days you got promoted just because you were sitting in there and I worked hard in those six months and when the head OT left I then picked it up and so a lot of my management I originally learnt from practice on the ground, getting my fingers burnt basically.*

Several other participants identified the further skills they required as managers and enrolled in management courses or executive development programs. Another participant recognised the need for financial and business skills to add to her health professional background. By doing this study she opened up career options. She gave this explanation:

P02: *I'm doing my Postgraduate Diploma in Business, then going on to my Masters at [name] University and I chose the business course because it had the financial management in it that, I think, balances quite well with the more softer options of my first degree. I think occupational therapy gives you a very good background in personnel, managing people, motivating people, leadership, all of those sorts of things, but in the area of finance, in the area of industrial relations, a few of those tougher areas, I don't think we've got the skills, so I wanted to get a qualification that balanced that and the business qualification I thought, also, would open the doors into the private area as well. At the time I was unsure whether I'd stay in the public sector.*

In addition, she attempted to stimulate more management-oriented thinking for other therapists. She set out:

P02: *To get occupational therapists a little bit more aware of the management of the services in which they worked, to make them a little bit more active in the decision making role of the service unit where they were working, not just to work as a clinician and not to look up occasionally to see what was happening around them, so I hope that I tried to make them a lot more aware of their role and the importance that they did have a say in the direction that it was going. Also encouraging them to get management experience, especially those in senior positions. I thought it was important to play a more active role in managing their own services, and also in having*

better skills themselves. That's one thing I put a lot of emphasis on. I also hope I broke down some of the barriers of, some of the role, and the protection of the role and the problems that that then causes in working with other disciplines. I'm not sure how successful I was in doing that.

However, this was not always enough to overcome barriers. In the next section on career development we consider the barriers for another participant as she attempted to gain the financial skills considered necessary to obtain a senior position.

Problems with Career Development

The opportunity for career development came after most participants had made the move into a management position. Even then women were not well supported and encouraged to pursue further education with a view to promotion and long term career goals. Moreover, there was limited availability of female role models in senior positions as well as mentors, sponsors, or support networks. Over recent years across the three regions studied, in an effort to improve the access of women to senior positions, some government organisations had organised executive development programs so that selected employees could identify and work on specific skills for development. These programs had the added advantage of encouraging participants to identify career goals and plans.

Career development required time and financial support to attend courses or to upgrade qualifications, experience at higher level positions in acting capacities, and being given challenging and visible assignments while receiving recognition and support. Frequently, women moving up to middle and senior management required financial and budgeting skills but were generally discouraged from seeking career and education experiences that provided specific training for success in financial management. Even when one participant gained financial skills in an executive development program there always seemed to be more skills required before gaining acceptance as a suitable candidate for a senior management position. One participant battled over a number of years with the assumptions held by senior level managers in her organisation. She outlined the frustrations in this way:

P05: *I was being encouraged. You know, "come on you'll be unique, it's just the sort of person we want," an allied health person who has got this special qualification that they all revered at that time, so it was "come on, come on". But, at the time I sensed that they didn't believe I would finish it. I mean it was just the thing I needed to keep on going. So I finished and I have never known such deflation in my life, because all those that were encouraging me didn't want to know me, because I'd got there. It was an incredible experience. So then I fronted up to [name] and said "well, here I am, I've done what I've set out to do and you people have encouraged me, are there opportunities to get into hospital management". [They replied] "Oh, no, you don't know anything about financial and budgeting matters."*

After some reflection, she refuted this assertion:

P05: *I thought well wait a minute, "yes I do. I've been in management for seven years, yes I've been doing that but I've also had the experience in managing a state wide service." "Oh no, but you don't know anything about it". It was generally finance, because I wasn't an accountant. I said "Yes, I've been managing a budget. I'm very aware of the management reports that managers have to put in because I've sat with them and worked with them on it. I've done accountancy. I've done health economics, I've done the works". "Oh, but you haven't had the experience". I said "Well that's what I'm asking for. May I have the experience. Please second me" and the wall went up again. Another excuse was "Oh but you haven't ... You can't do that until you've got the skills." I mean ridiculous things until it was almost laughable, the excuses that they put forward. I asked to be seconded into the finance department so that I could actually get the finance experience. "Oh, no, you'd be bored to tears, no that wouldn't work. We'd have to move you every day to a different section because you would be too bored if you sat with somebody for two weeks". So what else do I do. So it looked as though all doors were closing and, at that stage I was placed as an Acting Director. I thought maybe this might help me to move up a bit. But the barriers were still there. There was no way they were going to let me through and of course I was negotiating with males, mostly doctors. So I found that, OK, they keep throwing this financial experience at me so I'll go and do something about that. I applied for executive development.*

As a result, the above participant claimed that the department heads made her feel she had been sent away and was someone who was difficult to work with in the organisation. In spite of some surface changes, senior members of organisations are said to have difficulties placing women in senior executive roles. It appeared that male managers held assumptions which contributed to limited career development opportunities for female health professionals. Ferrario (1994, p. 121) confirmed this experience by saying "women managers in the 1990s are still subjected to negative attitudes and sex-role stereotyping which hampers career development". The same participant's pursuit of further career skills unfolded this way:

P05: *Goodbye, you don't belong to us. And of course right in the middle of the reorganisation of [the organisation] My first place that I took with the [department] because I knew that I'd be surrounded with money, finance, and although my particular project was corporate planning, I actually prepared the first run of their corporate plan, I was included in the executive team so I was involved in all the decisions on money and what have you. That was the first six months. The second six months I had to fight to get to Treasury. Treasury didn't want anybody and I didn't want to go anywhere except where there was money. So I got a place at Treasury and I actually got on the initiative and program management, so that was a fascinating area to be in with all the legislation as well as all the Health budgeting and whatever, so, having completed that I thought I had the right experience.*

A survey by Davidson and Cooper (cited in Davidson & Burke, 1994) of 696 female managers reported significant levels of discrimination and pressure relating to career development. This research showed that being a woman was a disadvantage for promotion, career prospects, and adequate staff development when compared to men. Furthermore, men were treated more favourably by management, while women found they had to manipulate the system by more planning. We hear about the pressure of taking on new functions from one participant:

P02: *Everything that I took on I'd never done before and it was all new. The pressure is full on if 100 percent of your work you've never done before, what if you fail or if you don't do it right, and there's a lot of people looking and waiting to see if you would fail, so that certainly is the pressure. It means that you spend more time, you're more careful, you put more time into your work to make sure that you succeed.*

Even in the nineteen nineties, employer attitudes continued to be barriers as they believed women were poor training and promotional investments because they were not dedicated or may leave work on marrying and/or starting a family (Coe, 1992; Speedy, 1990). This was detrimental to those who work continuously after marriage and to single women who do not marry. While having children exerted downward pressure on management career opportunities, the profile of many women managers showed that they work more or less continuously after marriage or children. These assumptions do not take into account single women and those making deliberate choices not to have children (Coe, 1992; Davidson & Burke, 1994).

Morrison, White and Van Velsor, (1987) identified factors which assisted women to achieve top executive positions. Several factors related to career development including issues of mentoring and role modelling or support and help from above, a desire to succeed, and a willingness to take risks. Receiving recognition, support and encouragement, being given training and development opportunities, being accepted by the organisation, and having challenging work and visibility were perceived to be critical experiences for achieving senior management positions. These researchers (Morrison, White & Van Velsor, 1992) completed a follow up study with one third of their 1987 sample and found that although some women had made progress, many were blocked or stuck at the same level. As a result a framework for successful career development was proposed which included three interacting elements: challenge, recognition, and support. It was found women learn to manage challenges and overcome obstacles.

Unavailability of mentors.

Education and training were seen as both offering stimulation and challenge, as well as support. Support in the work environment for career development may be provided

by mentors, sponsors, and network. Participants in this research had mixed reports on the availability of mentors and role models to provide career counselling and information on the organisational culture and systems. This lack of support and guidance was a problem for most participants' career development. During one participant's working life, she remembered only one senior colleague ever raising her career progress as an issue:

P02: *I can recall quite a few years of feeling as if I had nowhere that I was going and I can remember feeling quite concerned about that. The first person that did that with me, and someone who really impressed me was [name] when I worked for [organisation] in [place]. That was one of the things she was very good at, actually, and we talked a lot about what was important, and where you were going, and I learned a lot from [name] in that career development thing. But that's probably the only person that provided that for me.*

However, later in her work experience as a senior policy consultant in a large health organisation context, she felt there was no mentoring or counselling available:

P02: *It's important to anyone, and that's what was lacking in the old department. There was no-one to go to. I couldn't think of a soul to go to talk to about where I wanted to go and how to get there.*

A similar view came from another country where other participants commented on limited availability and use of role models:

P40: *I mean she was quite an assertive lady, she made her presence felt and that kind of thing, so I suppose that in a sense, that was a bit of a mentor, I think we don't have enough mentors in Occupational Therapy. I don't think we've got enough people that can do it.*

This view was confirmed by a participant from a medical background:

P39: *But the lack of a mentor was something I did feel and I've certainly tried when younger women doctors have sought help, I've always tried to provide that sort of help because I think it is needed ...to ensure that they keep doors open for having a full career.*

It was believed that mentoring relationships can help reduce stress, provide increased self-confidence, and credibility (Johnsrud & Atwater, 1993). While several participants reported support from male mentors, this was not usual as there appear to be cultural and organisational biases in establishing cross-gender relationships. It appeared more acceptable to have a patron as an inexperienced new graduate but less likely when participants were seeking promotion.

Further support came from another participant who did not recall any assistance with her career advancement:

P03: *I mean, I applied for positions which I thought were promotional or gave me different experience, so, perhaps, yes there was something there, but I can't actually think of any one person who actually said to me "Now look, you better do this, or do that," and so forth.*

Low levels of interest by senior staff and lack of support from organisational contexts was widely reported by participants. As most participants did not consciously plan and develop their careers as work for women was mostly seen as an interlude (Speedy, 1990). This meant there were limited opportunities for career development. In addition, the role of gender permeated and influenced socialisation (Speedy, 1990) of women's behaviour in their work roles; participants struggled with their assumptions when they were considering potential applications for senior positions which included managerial roles. For participants there were further problems caused by the limited availability and use of networks.

Limited networks.

Networks, however, were frequently quoted as being sources of support for career development, information, and access to powerful allies. Networks of peers provided a range of developmental supports for professional and personal growth at all career stages. Participants received psychological and social support when they shared experiences. In one academic work environment, a participant described being left to find her own way after taking a head of school position. Although she found the help of old friends useful, she felt isolated. She explained:

P15: *I was pretty well expected to learn on the job I think. I had a Dean over me. ...but now he was an academic Dean and, basically what he wanted was for me to do my job and bother him as little as possible. So, he wasn't a source of support. I think that probably the greatest source of support that I had were old friends with whom I could talk and tell them about what was going on and also some colleagues who were in similar positions. ...but I had to do a lot of it on my own and sometimes it was a very lonely place to be.*

It appeared that these informal networks were made up of women from similar professional backgrounds rather than internal organisational networks. In several of her working experiences, another participant had been fortunate to have the same colleague around. They were friends and shared problems:

P40: *Rather than a role model I suppose a confidant is [name]. We have worked together, not just here but also in the hospital and we'll always, I suppose share troubles and that's quite important.*

This meant these women managers had less access to promotional and political information, and resources within the organisation. Their networks were not integrated with the powerful male networks which would ensure influence and access to sponsors and privilege. The time available and time of the day for networking (usually evening or weekends) were factors for women when they had family responsibilities that created added barriers to being involved in networking. Some participants used good contacts and these women recalled the ones who gave them trust and confidence. These participants conveyed some advantages for having support:

P31: *In charge of my work and they were two very different persons, they cannot be compared and I have very good contacts with both of them and do appreciate it and but with the first one I do admire and she gave me so much freedom to do what I wanted and she sort of trusted me very much, "of course you can do that, you can do that, you can do that."*

Opportunities to discuss career goals and outline long term plans were limited in the organisational contexts of participants. In this next example, there was no career counselling or mentoring program, but she described her attempts to seek guidance:

P19: *I've a friendly ear where I wanted to discuss things and discuss perhaps where I wasn't being successful, how I might develop more successful methods of operating. I have been very fortunate in that I have the best people to learn from and they have been free with their time, very generous with their time in that kind of development, but never the formal career counselling. Although admittedly in the oil industry we did in fact have appraisal sessions but those tended to be task-oriented rather than necessarily career orientated. There was a little in career ... it was very short-focussed rather than medium or long-term focused.*

Without support for setting long term goals or career development opportunities, all participants had been confronted with internal and external barriers to advancing their careers. Personal doubts, low self-esteem, lack of confidence, and limited career expectations, combined with poor preparation for managerial positions, few mentors or networks to guide them, all contributed to participants having negative, false, and contradictory assumptions about their potential to be managers.

More barriers to career progress.

The majority of participants had continuous working lives as even the group who had children only took short breaks. Having achieved a senior clinical position as department head, many of the health professionals then started to consider their career prospects and future goals. One such participant realised that she enjoyed leadership and was motivated from her first experience of managing a small department to seek

career advancement. When she travelled overseas she searched for the best working experiences. She summed up in this way:

P12: *I had enjoyed leading a department. I did it quite well. Some of the things I wanted to do we managed to do. The staff certainly were good and when I left a number of the staff left as well which I thought was very encouraging. Not very good for the department but at least we were of the same mind. I certainly didn't want to go back to just taking whatever job was about; I wanted to have a direction and when we decided where we were going [overseas] I tried to find out what the opportunities were there and once I got there I pursued them relentlessly until, in fact, I got the best out of them. So really I had made up my mind without perhaps saying to myself this is going to be important to me for the rest of my life. Certainly I was sufficiently well motivated then to chase those opportunities and make them happen. And I go on from there. I also found I was being rewarded for doing it because, in fact I finished up in charge of the department at the university hospital and that happened within about four months of our arrival, so that was a very good experience.*

Often, after achieving satisfaction by making decisions about employment situations, participants were more prepared to take charge. Nevertheless, as we hear from one participant, once again it was very much a case of being in the right place:

P16: *It was again I think just being in the right place at the right time. I left [organisation]. People knew that I was unhappy and [names] approached me. By that time I had a small child and they said at that time "We can't offer you a full time job, but we have a half time job looking after the [name] group". So it was a very specific thing they wanted me to do. I made it plain I didn't want to be a "dog's body" around the place so they had this very specific role for me.*

When they decided to move out of their profession and clinical management positions, participants often had difficulties obtaining initial interviews and several participants described having to overcome the labels given to female health professionals aspiring to move ahead towards senior management positions. As one participant explained clearly in her career story, she had to take her therapist qualification from her applications in order to be taken seriously (Appendix C - Narrative One - Lucy).

Whilst the percentage of women managers had improved since the 1970's most significantly in the USA, due to strong legislation affecting the employment of women, they were still mostly found in traditional female occupations in service organisations (The Economist, 1996). Here, it is said, they will frequently occupy certain managerial positions, such as staff development and personnel. Positions of higher status were more likely to be held by a man as a generalist, while female managers were more likely to be specialists. In the USA, Australia, and United Kingdom the percentage of senior female executives was small, one to two percent (Davidson & Cooper, 1992). In addition, representation on public bodies was limited

but “women are most under represented on the most powerful executive bodies” (Davidson & Cooper, 1992, p. 13). From recent media reports women from minority groups including blacks, aboriginals and Asians were said to be at a double disadvantage in terms of upward mobility (Allen-Mills, 1996, p. 33).

Many more career barriers are said to arise for female managers once they receive their first management position and attempt to work their way up the organisation. These barriers to advancement have been described as the glass ceiling (Davidson & Burke, 1994; Morrison, White, & Van Velsor, 1987; Still, 1988a & b; The Economist, 1996). “This glass ceiling is invisible but women experience it as a real barrier when they vie for promotion to top jobs” (Davidson & Cooper, 1992, p. 15). In spite of barriers, some participants in this study found that through changes of positions, working interstate or overseas, they took advantage of the opportunities available. It was often through being in the right place at the right time and recognising and seizing the opportunity that they found out they could be managers. One participant described this as being “*serendipity*” (P.40).

Although there was limited support or involvement from role models, mentors, or other support networks, it was perceived also as not appropriate to display too much ambition or a desire to reach a powerful position. Even as they attempted to make career progress, participants did not receive or seek career counselling. However, one participant decided herself that the time was right:

P40: *I received no advice about career counselling, it was serendipity. It was just that I was interested in the job and so I decided that the time was right for me to apply for a senior post and so I did and I got it.*

This same participant looked on her career as individual development. She identified areas in which she needed to learn new skills and set about achieving them. This indicated that she had reflected on the work roles and decisions to learn what she required. Again, she described it as “*serendipity*” that the skills matched the valued research contributions required by her health science education context for career advancement in academic roles:

P40: *I've always done things to help me develop as an individual so that when I looked at myself and decided that the areas that I was lacking was research and research abilities. I had a good clinical grounding, my teaching skills were fairly sound and I began to look at well, what did I want to do for a higher degree qualification and I decided that I didn't want to go back to a more knowledge base seeking things, I wanted to expand my research skills. I decided to skip stages that other people haven't. It was serendipity, yes, it was, it did match, so that what I was doing for myself was also helping, as you say the profession and the school as well.*

Other factors which contributed to participants' career decisions were family circumstances, marriage or relationships, and children. For example, one participant described focussing on her career:

P17: *It has been as a result of family circumstances that we have moved, I've been in an area where I could start student teacher qualifications, we moved again and went back to clinical work, we couldn't have children so I suppose a lot of my energy went into my own development.*

Gradually, the assumption about not needing to be career oriented and ambitious was modified and altered as participants recognised they were developing career perspectives for a life long working role. In contrast, however, several participants knew early in their working lives that they had strong forces driving them to be successful and career oriented. One participant described this:

P23: *I wanted to be successful, I was very active right from the beginning as a student representative and later in the association. I wanted change and started to challenge and fight with my tutors. That was probably the beginning of saying I can question. I think most of my career was planned. I wanted to get into management.*

For several participants, it was difficulties they experienced which created conditions for ensuring that they took carefully thought out, sensible, and focused steps to achieve career progress. Several participants outlined these difficulties and the ways they proceeded:

P04: *Well there were a couple of things that happened all at once at that time that was a trigger for me actually taking that step. One of them was that I'd applied for a position that I wanted and then I didn't get it and I was feeling that my time in management was going to pass me by unless I did something very quickly. That I had taken the time, quite an amount of time to have children. It doesn't seem like much time to a lot of people, but in terms of career advancement, I was concerned that I had taken the time to work part time and no work at all to have my children. Yet I still wanted a senior management position, and that I'd applied for something that wasn't perceived to be senior management, but, not got it in terms of lack of experience, and I didn't have the postgraduate qualifications in business skills. I decided that rather than work and also study, that I would work in a way that would demonstrate that I had management skills. And the way I decided to do that was that if I couldn't get a senior management job in the profession we were in, in the hospital we were in at that time, was to run my own business and that would demonstrate my management skill and that way I could come back in at a senior management level after I had demonstrated that and I just thought that that was a better option for myself at that time. I could do something quick in that time.*

In this situation, this woman manager talked about her difficulties and how it was much better when she made another career move. The next time she applied for a job,

she approached her job interview with confidence using mental preparation techniques to be positive:

P04: *I can recall as I was actually driving down from [suburb] to go to these interviews that I kept saying to myself over and over again, "this is my job. I've already got it, all I have to do is go in and talk about it as if I've already got it, because there wouldn't be anybody else that's got the qualifications and the skills required for this job that I've got". So I really talked myself into assuming that I already had it. It would have been disastrous if I hadn't got it.*

Being employed in a large organisation, another participant's experience described how difficult it was to secure promotion:

P02: *When I was first at this level which was the Director's position, I found it very difficult to break into the scene. It was a time when everybody was being very protective of their jobs and of the coming competition for a less number of jobs, so they certainly didn't want another person in there, and certainly didn't want a woman in there. It was difficult then.*

Describing the next career move to a senior level management position, she said:

P02: *In this department I don't feel any problem with that, I'm encouraged to be ambitious and to go wherever I want to by my colleagues and my supervisor. I certainly felt a bit of negative stuff coming from my profession and I think that there's a bit of criticism there in the loss of senior people in the profession, or what's seen as a loss. I don't actually believe I am lost to the profession. ... Certainly from my family's point of view, there's very little understanding of "what on earth I wanted to do that" and my dad often says "why don't you get a real job" ...interesting jobs, as far as I was concerned I didn't want to stay in the confines of my profession, I wanted to use my professional knowledge, and I wanted to use it in a broader context, which I can do in this sort of job, so yes, definitely, loads of opportunities. A way, too, of challenging some of the things that have been happening in the health professions for so many times. I think we haven't had the opportunities to get the broad experience that the people who've got those jobs have had, and that's certainly a male/female thing. Because they're male they've probably been given those opportunities. I think that there are a lot of women at Level 7 and 8 area in those jobs, and I think that's where we've progressed to. We've had the opportunities below that to get us to this level. I would hope that the experiences that we're getting at this level would make us attractive into the higher positions in time to come. I certainly don't see myself as having the skills yet, to make that jump. I'd want a much rather wider experience if I ever attempted that next step.*

From these data, it was apparent that organisational contexts, professional attitudes, and personal assumptions constrained career progress even after initial career moves had been made. There were disadvantages encountered by participants as they moved into managerial roles. Excessive workloads, turbulence due to organisational restructuring, and stress created difficulties. The following examples from the data reveal the costs of moving into senior positions in organisational contexts patterned by

male experiences. Many participants felt the emotional price was higher for women. One participant reflected on the costs of moving into senior levels of management. When asked why, she replied:

P09: *I thought about the high blood pressure and the sleeplessness. But I think emotionally, if you put it in the context of relationships, yes, I think so. I really do believe that women still have to choose and that it's a very rare and very unusual woman who manages to work at that level and maintain good emotional relationships. Most of the women I know at senior level are single. I mean it's outrageous, when you think about it, how threatened men are by senior women and how unable they are to meet those women's needs and not demand from the women themselves that they meet their needs. Maybe it's a generation thing, I hope it is. The fact that we don't have the sort of nurturing caring environment at home that men simply take for granted, that contributes significantly to a woman's stress.*

It was stress, depression, and tiredness, associated with organisational change and politics, which caused another participant to decide to have a break from the pressure. She gave up the head of school position explaining that:

P25: *Yes counteracting the reorganisation, change and politics, and at the same time I felt that really I wanted to do something else and not just work. I wanted something for myself and by then, being there 14 years I felt, I started all over again every half year so in a way I also felt I was getting tired and in a way I think I also probably was a little bit depressed so I decided to quit that and start something different and then there was a position at the hospital. I could do that in part time, half time. I had done a few courses before but I continued that line... and I think that was a good change because coming back now to lecture to the school, I really enjoy that. You don't have to have the worries, you know, the economy and the staff involved.*

Another participant commented on the difficulty of achieving some balance between professional demands and personal energy levels:

P15: *Well, of course, I've never been married. I've never had children, so I just look in awe at women who are balancing those things and I think "my God I can hardly take care of myself sometimes, I don't know how they manage". I mean I really have the greatest admiration for women who do that balancing. But I think that for me I think the greatest problem of balance has been to try to assure that I didn't short change myself in the sense of depleting my energy too much or threatening my health or, you know, to get totally out of balance in terms of getting over fatigued. And my mountain house has probably been the saving factor there because if things just go so exhausting and out of balance at work I could go up there and I could get restored. And nature and the beauty of the world have always been very restorative to me, as have reading and beauty that I find in literature and things like that. Music. But, as I say I'm just amazed at women who can balance all these roles because I didn't have to do that.*

As Stone (1989) pointed out, it is time to re-assess the logic that equates long hours with superior performance and workaholism with commitment. For some

participants, it depended on whether they had family commitments. As stated above, walking the tightrope between work and home demands was an additional stress related to career advancement. One participant had addressed the situation of long hours and life being dominated by work:

P40: *I think I've got quite a balanced lifestyle in that I give a lot to the college but I don't give my total being that I have a social life, I also enjoy playing some sports that I do, so I think now, I've got quite a balance in my life and I will devote some evenings to [name] University and I occasionally will devote a weekend but I don't do it all the time and constantly so yes I think I've got it under control quite well at the moment but there were times when it hasn't been and it's been sort of work has been all dominating and all consuming. I think it's a lot better because as you say of a couple of things that made me sort of look at what was happening to me. It could have been quite serious and I actually preach that to people. Yes, I think the first person's health you've got to look after is your own, before you can look after other people's. And sometimes long hours doesn't mean that you do a job efficiently, I mean, you know it could be that you are the most inefficient person on earth and you having spent the hours there just be get on with things.*

There were advantages to remaining single, and more female managers were half as likely as male managers to be married, and less likely to have children (Davidson & Burke, 1994). "In respect to organisation attitudes, the married male manager tends to be viewed as an asset, whereas the married female managers are a liability" (Davidson & Burke, 1994, p. 133). From participants' comments on their socialisation, not many recalled their father's involvement in family tasks. However, one participant discussed her father as an influence on her career:

P10: *Probably in most respects my father was another model. I got on extremely well with my father in my growing up years and I still do and I think that he was probably a great supporter of what I did and was always there. Almost like there was a joint model for me. Because my father was that person who shared home responsibilities quite considerably, even though he was out working and had a couple of jobs at times, he also participated very much with the household, so I had an expectation that it was possible to marry two things together, because he was the person who was out to work and, yes, he was just a very supportive person. Both of my parents were there for me in terms of my career. But probably my father more so than my mother in some respects because if I survived in a career I guess it was a little bit painful that it was possible to have two options. Two different paths.*

There have been changes to the lives of husbands and partners as women moved out of traditional career patterns of short term jobs in serious pursuit of a career. This situation has been vividly captured in an article by Condren on "hubbies groomed for doom". "Have pity for the middle-aged man who goes to sleep with an obedient wife and wakes up as a 1990's feminist waves goodbye" (Condren, 1995, p. 11). Not only women, but society also needs to be re-thinking what constitutes a successful career. It was suggested that we need to be thinking of an integrated non linear career

progression which overcomes women's self-doubts and if necessary breaks the rules. White, Cox and Cooper (1992) examined career patterns of successful women and discussed the importance of being open and flexible and "if you can't win by following the rules, then ignore them" (p. 104).

Traditional career patterns.

Another major barrier to career progress experienced by many participants who had children was the expectation that career promotion followed a particular pattern of sequential steps. In describing her different phases and life patterns, one participant summed it up as "bumbling along" due to the effects of socialisation. Eventually, she arrived at a critical decision point:

P09: *I spent about two years in that job when I resigned. At that time I had no real commitment to a career in the public service. I really hadn't quite figured out what I wanted. I guess I would have been 39. At that time I had been in the workforce for ten years, since I was 29, but without any clear idea of what I was doing, where I was going, or why I was going there. So that was the time I took some time out to really sit down and think about what I wanted to do and work out what my personal goals were in terms of a professional career. It was a combination of things. I had a length of time working and I felt that it was time to re-assess where I was going because I had never really done that. I'd been content just to sort of bumble along, and I realised that you couldn't keep bumbling along forever, that you had, at some stage, to make a commitment to what it is that you wanted to do and work out what it is that you wanted to do. I suppose it's part of that woman Cinderella complex. It takes a while for a woman to realise that Prince Charming is not going to come riding over the horizon and save her from having to make firm, hard decisions about her own future. And many women are like that and it's not surprising, given that through centuries and generations we've never been in a position where we can make those kinds of decisions because we've always had, lurking in the back of our minds, the idea well our husbands might get a job somewhere else, or we might have a baby, or whatever. I mean it's part of our socialisation, not to think in terms of planning for the future. So that was part of it. Another part of it was that my career choices when my children were young were very much packaged around the need to focus a lot of energy and time into child-rearing, hence, for example the choice of an academic career in the first instance and it was about 1985 when my youngest child was 14 or 15 that I started to think, well now I can make some decisions for myself that don't include them. That are not focussed around the need to be there for them when they need me. So I think that that was a major factor in the re-assessment as well.*

It seemed that women need to recognise the range of factors determining their life, family, and career roles and counter the "hidden curriculum," as well as examine traditional gender roles and career orientation (Hotchkiss & Borow, 1985; Poole & Isaacs, 1995). Other perspectives of career guidance were required as:

We need to develop the conceptual sensitivity and language to map and value the range of considerations informing an individual's life choices including health personal growth, affiliation, challenge, creativity, opportunities to

influence, geographical location and so on as well as financial reward and social status. (Marshall, 1989, p. 289)

This would call for different organisational criteria for success and promotion, so moving towards more self-assessment, personal responsibility, and goal setting, with organisations recognising different patterns of individual career development. Marshall (1989) sought to make sense of women's experiences in employment and complex interactions between individuals and the structures and contexts in which they operate. Her two key proposals were that we need to "move away from linearity in career theory and practice and that we learn to perceive and value diversity" (Marshall, 1989, p. 275). Here we have commitment to radical approaches which aim to develop social and organisational foundations that value women and men equally. From this viewpoint, Marshall recommended re-vision of the established definitions of career as these had been developed in organisations dominated by men's experiences, needs, and life patterns. This meant valuing female experiences and values. Using a feminist perspective means giving equal value to female and male aspects of being and doing. Marshall (1989) warned us that this work cannot be half-hearted as we are "always in the shadow of patriarchy's impressive power to shape and re-shape society in its image. Inequalities of power are still embedded in the deep structure of society and in its organisations and academic activities" (p. 282). By suggesting a move from linear and sequential career theory, Marshall challenged fundamental assumptions that success could be judged and rewarded based on cumulative phases, achievements, and continual improvement. Her re-vision of career theory considered cyclic life patterns and different paths of individual growth. This would consider periods of growth, learning, and reflection, valuing life creation roles as well as work roles, also valuing flexibility and diversity. Similarities with this view were evident from participants in this study.

Connell (1990) also contributed to the discussion. He called for changed thinking about traditional masculine definitions of career. He used life history as his method for studying the lives of six men. These six life histories were traced through three dialectic moments: engagement with hegemonic masculinity; separation focussed on an individual remaking of the self; and a shift towards collective politics. In remaking the self, he talked about the symbolism of giving up a career. It was interesting to read the importance given to this event and to reflect on the expectations that are held for people carrying out traditional roles prescribed by organisations and society.

Renouncing a career separates men from the masculinizing practices of conventional workplaces and results in a lower income on which it is difficult to support a conventional family; survival depends on the income - sharing practices of collective households. Renunciation means giving up masculine

privileges and styles, for instance, by consciously trying not to dominate discussions and decisions. (Connell, 1990, p. 467)

Summary

This section on the second major category of career and its many dimensions has given evidence of the circumstances and assumptions in which these women made their career decisions. It can be seen that individual assumptions and expectations about their career pattern, the lack of counselling and planning, the difficult organisational environment, and the assumptions of colleagues and family all contributed to the core problem of contradictory assumption which they had to overcome during their progress towards senior managerial roles. Although these participants represent an older group of women and health professionals, it is possible that their thoughts, feelings and experiences of their job, and more lately their careers are similar for many female health professionals and female health science students of today. These participants revealed a lack of preparation and support for making life and career decisions. The expectations of traditional career patterns and acceptance into the career track for traditional organisations did not match the experiences of these women. Many women have been conditioned to believe that the vertical career path is the only one possible, while others did not accept until later that alternative tracks and characteristics would enable career development (Still & Guerin, 1991). There is admiration for their achievements, and their successful negotiation of an unknown pathway towards senior positions in management. The data on career provided many insights into the difficult intervening conditions, as well as revealing ways of assisting managerial career development for women. It was found that within our educational qualifications and staff development programs, within our organisations, as well as our professional bodies, we need to develop networks, mentors, and role models who are involved in career counselling and career development. "All women need encouragement, role models and networks to enable them to fulfil their potential" (Ryan, 1993, p. 110).

These findings have indicated also the need to change organisational structures, patterns of employment, selection criteria and promotion procedures, and finally the recognition that many women's lives and career paths have alternative phases. Frequently, the data highlighted that career advancement was modelled on male life cycles. The definition of academic work and success has created the male bias as neutral (Blackmore, 1992). Career structures tend to overlook other life roles and cultural valuings, while educational planners use straight roads rather than recognising that women often choose winding roads (Elgavist-Saltzman, 1988; Holton, 1988; Marshall, 1989).

Thus, from these data, it became apparent that contextual issues and lack of career orientation and career development opportunities were major contributors to the core problem of contradictory assumptions held by both the women and their organisations about their potential to become senior managers. The barriers and problems related to these negative and contradictory assumptions limited participants' confidence about developing managerial careers. To overcome these inconsistent and incompatible assumptions, participants had to acknowledge they existed as barriers and develop strategies to overcome their influence. These strategies are presented as the findings of this study in the next chapters on the core process.

Research as a Personal Process

(March, 1996)

During the writing of this chapter on career my concentration and industry have been interrupted. I feel the chapter is fragmented. The structure was started the week before and seemed logical and coherent. I used this structure to try and complete small chunks of work. Fragmented. An interstate visit by my daughter and her two small children. On reflection, they interrupted my writing, my system, my concentration. Just as my daughter's career was sidelined. Just as most women have experienced when involved in partnerships, relationships and the arrival of children. There are other facets and types of outcomes. Productivity is not just work output - there are other occupational roles. Society, the community requires people, and it's more likely to be women, to care to spend good time (not just exhausted time) into fostering contact, networks, support systems, mentors, role models. While feeling pressed by the demands of writing I also have to acknowledge her need (my daughter) for support during the demanding time of motherhood. She now appreciated my past role and wonders what I learnt from managing similar requirements. Separated by distance this is the time to listen, confide, and help guide. Boosting her confidence. Managing with confidence as a mother and wife while still being herself independent and interdependent.

Reflecting on this fragmented chapter on career, it is surprising to once again experience the choices, the conditions, and decisions being made. As women we must hear the experiences of others, we must value our internal voices, and we must consider our options, while ensuring that there are supports for a range of options. Society, the community, the family, the workplace, needs good carers, good mothers, good managers. Not tired cynical women who are unwilling to give their thoughts, feelings and emotional strength.

PART FOUR

THE CORE PROCESS

Metamorphosis as the core process used for overcoming contradictory assumptions as women managers move from quandary to confidence.

Chapter Five: Metamorphosis

Chapter Five: Metamorphosis

Overview of Findings

The main aim of this study was to develop a theory for women's managerial career development that explained how women with mainly health professional qualifications in health related organisations and educational institutions achieved senior management positions and developed their careers. Following in-depth examination and interaction with the data, as prescribed by the grounded theory method, it became apparent that the basic social psychological, or core problem that women managers had to deal with was overcoming the contradictory, inconsistent, and incompatible assumptions received during their life and educational experiences, and from their organisational contexts, in order to achieve an influential senior management position and career progress in an unaccommodating contextual environment. The core process which participants used to overcome their problem was labelled as metamorphosis. This metamorphic process consisted of four stages and helped women recognise and cope with this problem.

The gendered context of health care organisations and university educational institutions contributed to the lack of career aspirations and career progress of women who usually held health professional qualifications. Throughout many organisations and notwithstanding large numbers of women employed in health, limited numbers of women had succeeded in gaining senior management levels. The influence of these contexts and the career expectations of the women themselves, and society in general, had affected the ability of women to access powerful decision making and resource allocation positions.

This part presents the basic social psychological process, also called core category or core variable (Glaser, 1978, 1992), which participants used to challenge and overcome the core problem during their career advancement. Within the various contexts of the health related organisations where participants held positions, they described the strategies they used to move from being in a quandary and managing without confidence towards the transition to managing with confidence and assurance. There were several significant factors, including that of having a health professional qualification as well as being a woman and working in an organisational context patterned by male values, which contributed to the problem.

This movement from managing without confidence and overcoming assumptions to managing with confidence and assurance was the core process identified in this research. Overcoming personal, then professional, and organisational assumptions provided evidence of participant's movement in a dynamic flexible spiral process

which has been labelled as metamorphosis. Participants had reached different levels of confidence and, although all were holding management positions, some had more influential, powerful positions than others exerting greater control on decision making and resources allocation. Each participant, in occupying a senior level management position, has made a contribution to creating a picture of women managers in health contexts. Their place and presence in organisations should begin the transformation of the male-dominated context and provide opportunities for an increasing number of women managers.

Their evidence, interpreted by this research process, should give sense and meaning to the many similar experiences of other women with health professional backgrounds. Each stage of the process has connections and features of the preceding phase and foreshadows the next one. There were unclear boundaries as participants moved towards gaining the necessary skills and confidence required to overcome doubt about their ability to become managers and to believe that they could manage with confidence. Frequently, participants returned to previous stages in the process. This happened when they were confronted with pressures associated with their internal assumptions or external barriers, overt and covert, due to other people's assumptions or the structural and contextual patterns. Once again, they had to address the issues of being seen as clinicians or practitioners who had limited potential to move into managerial career tracks.

The attempts by one participant (23) meant that she had to remove her health professional qualification from her job applications for management positions. This was her strategy to overcome the perceptions held by others about the health professional's potential to be a manager. In many participant's struggle to become effective managers in their organisational contexts, they were gradually making the transition towards disregarding the messages received during their childhood, school, and university experiences. Recall the comments from one participant and the impact of these messages on her confidence:

P18: *Doesn't that trivialise my decision. And you know obviously I remember these were very hurtful and you know I still vividly see it.*

Another participant also described her lack of confidence:

P45: *It's probably a combination of a number of factors. I think I was very shy when I was a teenager and didn't have a great deal of self confidence.*

Another manager remembered the negative attitudes to her obtaining further qualifications and of being frightened of consultants:

P22: *I can't think of anybody through my OT career who took an interest apart from a negative interest. I mean I remember them taking a bet in the department, when I started work on a psychology degree, started to bet that I wouldn't last the first term. They all lost, but there was a very negative feeling about anybody trying to do something supposedly out of one's role. I used to be frightened of consultants, I mean I laugh now when I think about it.*

Furthermore, there was pressure to avoid the stereotypes and to walk a fine line of not being too masculine and not too feminine in displaying suitable characteristics within a narrow band of acceptable management behaviour (Burke & McKeen, 1994).

Overview of Metamorphosis

The core process for overcoming assumptions emerged from the transcripts using charts and maps to change the open coding through second and third levels of coding (Hutchinson & Wilson, 1995) into categories and eventually the stages. Some of the participants' words have been used to name the stages, their dimensions, and characteristics.

Metamorphosis for overcoming assumptions is the term selected to describe the process of dealing with internal and external influences that enabled the women managers to be transformed from managing without confidence to managing with confidence and assurance in the gendered contexts of health-related organisations. There were four levels or stages of metamorphosis for overcoming assumptions within the managerial career development process. Each stage is built on the previous one and each spiral or rotation contributed a piece to their picture of themselves as women in management. In most contexts and for some women, they had to battle to overturn other people's assumptions, as well as challenge the structures of the organisation.

During this metamorphic process the participants challenged existing attitudes and assumptions, organisational and societal structures, and expectations. The stages are labelled as: firstly, being in a quandary where they acknowledged the existence of their uncertainty about becoming a manager and were struggling to understand and deal with, the confusion of contradictory, incompatible, inaccurate, and inconsistent assumptions. This was joined by an awakening desire to develop a career path to becoming a manager and leader. The next level of observing, examining, and reflecting meant realising that opportunities existed and that people, systems, structures, and conditions could be influenced. Participants reflected on their contradictory assumptions and the assumptions of colleagues, especially other male managers, in the organisation and society. The third stage of this fluid, rotating, dynamic spiral process was learning and re-framing ways of seeing themselves which meant negotiating internally that women managers do not require the same characteristics as male managers. With this growing confidence they were learning

ways to behave which could start overcoming and re-framing the assumptions and perceptions of others.

The last stage of the process, changing and transforming, was the critical time of throwing out previous assumptions, so making contributions to the picture of being a woman manager, while developing a managerial career path moulded by their choice and decisions. It was in this final stage that they were developing women's presence (Tanton, 1994) in management and defining women's ways of managing with confidence and assurance. Participants had increased confidence through acquiring management skills and freedom from timidity, having overcome much of the self-doubt about their potential to be senior managers. The level of overcoming assumptions and successful metamorphosis depended on each woman's ability to change her internal picture, raise her confidence and assurance, and the availability of positions for promotion.

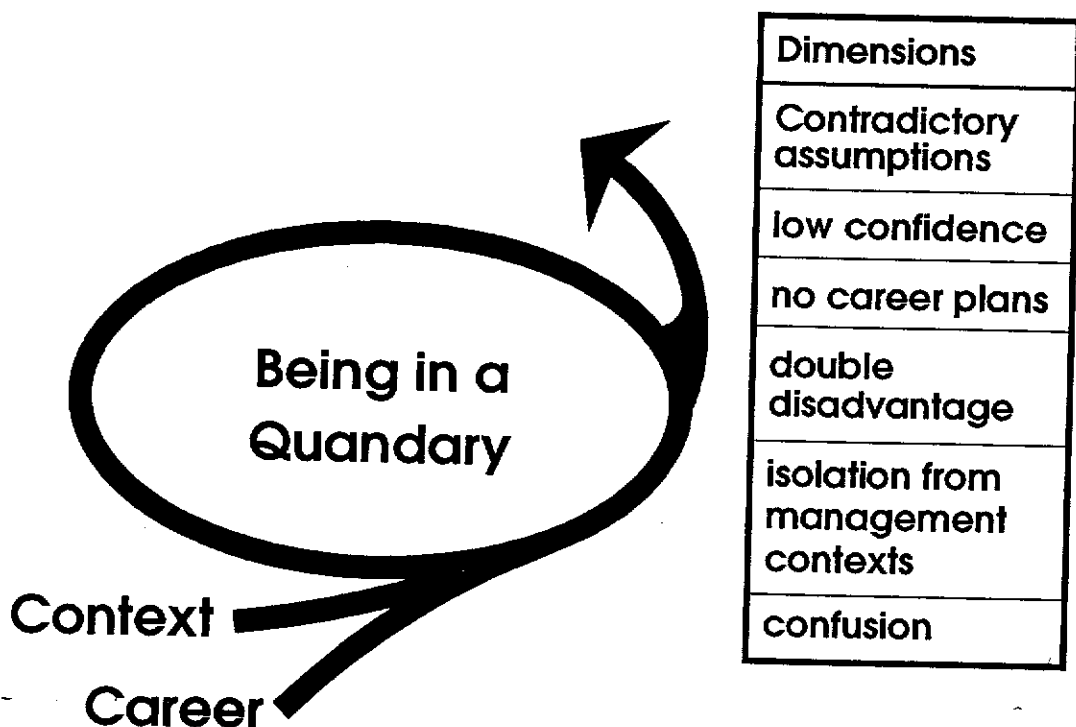
Each stage had a range of experiences which participants used to overcome their assumptions about their abilities and capacities before they moved on to the next stage. All participants went through all the stages and some participants several times, while others advanced rapidly through the first level and described spending most of their time in the next stages. These participants usually came from a background having an initial non health qualification where their career choice appeared to have reduced the strength of negative contradictory assumptions. However, they still had to acknowledge and determine strategies to overcome the assumptions about women managers embedded in health contexts. The stages of this metamorphosis process, the conditions and strategies will be described in the following sections.

Stage One: Being in a Quandary

Being in a quandary was used to describe the first level in the metamorphosis for overcoming assumptions. This happened when participants realised that their dilemma and confusion over taking a management position, usually in their clinical department, was related to their inconsistent, contradictory, and incompatible assumptions. As a woman and a health professional they perceived their work orientation was towards helping and caring attributes and these did not fit with the traditional capacities required by managers. Sometimes managers were seen to be the practitioners who took those positions because they were not skilled in treatment and dealing with clients. This confusion and reluctance to be a manager resulted in being in a quandary and finally led to recognising and acknowledging assumptions. There was also the external limitations of others' assumptions. It is not surprising that women perceived many limitations to their achieving senior positions in the executive ranks of organisations. Although many expected barriers to be reduced with the large influx of women entering the workforce, little change had occurred in the most senior ranks (Burton, 1992; Still, 1993b; Bass & Avolio, 1994). In most sectors, women were said to comprise between two percent and five percent of directors or corporate managers with even more limited numbers in the senior executive service of health organisations or universities.

Figure 23

Being in a quandary



Influences of Stereotypes

Being confused and uncertain about taking on managerial roles came from the assumptions that women, particularly health professionals, would remain as clinical service providers. These stereotypes appeared throughout the data, for example:

P20: *Responded with laughter when career counselling was mentioned and felt tied due to her husband's position and business.*

P05: *There was the assumption that you need to adopt male attitudes, games, policies and rules if you want to succeed. You need to overcome the imposed stereotype. I had trouble with prejudices. I was an allied health person. It wasn't that I was a woman so much but that I was an allied health person.*

Nurses and therapists described their double disadvantage as being seen as women and being associated with the traditional images of nurses and therapists when it came to seeking promotion into management positions, particularly if these positions were outside the nursing hierarchy or senior positions in allied health. The struggle came through vividly in these statements from one participant:

P05: *Prejudice, preconceived ideas, labels. I had never struck so many barriers until I came to the department. It was a new thing and I had to learn strategies to deal with them. I probably had more trouble with prejudices. I was an allied health person. What's been fascinating is that all along I have been looked upon as a therapist. Even though I haven't practised for over ten years. But they always remind me... the medicos, the administrators, everybody in bureaucracy, I'm a therapist. Oh, but you don't know anything about financial management.*

Eventually this participant organised the situation to gain experience in financial planning and corporate development but still received setbacks. In spite of that, she stated:

P05: *It was very painful at the time. I look back now and think that year was probably the best experience I've ever had for growth and development and being aware of what goes on.*

She was becoming aware of the struggle with internal and external assumptions that influenced her move into a management position. The lack of women's discourse and experiences in management literature and research had meant being accustomed to seeing life through men's eyes and so adopting male experiences and life as the norm:

Implicitly adopting the male life as the norm, they have tried to fashion women out of a masculine cloth. It all goes back, of course, to Adam and Eve - a story which shows, among other things that if you make a woman out of a man, you are bound to get into trouble. In the life cycle, as in the Garden of Eden, the woman has been the deviant. (Gilligan, 1982, p. 6)

There had been limited representation of women's experiences in management literature, particularly for women who made career choices that placed them in positions as service providers. A key issue for women in health services was that they had converted social and feminine roles of nurturers and servers into public roles of caring (Raphael, 1988a & b). These caring roles were in conflict with the traditional characteristics associated with top managers. The socialisation, career ambitions or lack of career expectations, and assumptions about females had contributed to the obstacles and barriers within organisations (Brintnell, 1985; Muller & Cocatas, 1988).

Pearlmutter (1988) suggested that women in health professions, while experiencing opposition and discrimination in society, face double-jeopardy. "For they are women in male-dominated society and female professionals in a male-dominated health care delivery system" (p. 151). Health professionals, including nurses, social workers, psychologists, teachers, occupational therapists, speech pathologists, physiotherapists, of which a majority are women, were largely viewed as "powerless, predominantly white, middle-class females thought to be submissive, docile, and pleased to be governed by men" (Pearlmutter, 1988, p. 151).

The contexts in which women operate are said to be highly resistant to change and largely have fundamental patterns of values and behaviour that are male-dominated, meaning male - positive, and female - negative. These are the images and language which surround women in the workplace, according to Marshall (1993). The power of assumptions in the workplace were described as:

The encoding of male positive, female negative in organisational symbolism is often subtle... It may, for example, appear in a rhetoric of rationality or organisational commitment. But women experience such environments as antagonistic or disconfirming. Their, and the organisation's, attempts at change are likely to be futile unless underpinning assumptions can be addressed. (Marshall, 1993, p. 94)

Women in this study encountered the devaluing of their characteristics which they had come to symbolise. This came from women's long history of having to read the dominant culture in an effort to survive. Many women felt they did not have sufficient knowledge and this created feelings of low self-confidence as they were measured against male managerial styles and performance. Some statements which reflected lack of career planning and experiences with systems dominated by male attitudes and control placed one participant in a struggle to deal with the difficult circumstances surrounding her research degree:

P20: *My first feeling was that I wanted to do something that would be obviously useful, therefore I did not see myself in academic research. Applied*

research perhaps but most specifically service work and it really became fairly obvious to me early on that there actually weren't that many openings to do that. I guess I had had very little career advice ... I started off in the hospital pathology laboratory and actually quite quickly became frustrated with the role and returned to the academic environment to do research work more quickly than I intended. By the time that I had finished that I was married, ... I got married very soon after graduating and was really quite keen to have a family, so I did not consider my prospects really carefully as I should have at that stage and the research work was quite fun to do, but I didn't achieve as much as I should have because we had a professor, he came from Australia actually, at that time, he insisted that for a PhD the research findings must be a significant contribution to knowledge and I was working in an area which produced negative results and negative results he did not consider to be significant. And yet it had taken, interestingly enough, this is in the area in which I am organising a conference now because as a result of those negative results, which were published, but for which I did not get my PhD, I'm internationally known, so the worst thing was knowing I had achieved what I was attempting to do. So that was actually quite a stumbling block and I think, because I was female, and because I wasn't committed myself, to a career track, although I attempted to fight the decision, because his decision came about half way through the research project and he said I couldn't use it for a PhD only for an MSc and by the end of the research project he was saying that he hadn't realised that I had done so much work but by then it was too late and I think that if I had been male he wouldn't have taken that line because it was too important in terms of career development. But certainly I wasn't sufficiently orientated, universities at that time were actually, they were still very old fashioned and traditional. I did try to take my case to a postgraduate studies committee and the chairman, who was another medical professor, said that he couldn't go against a colleague.

Froehlich (1992) contributed to the discussion of women being undervalued workers especially in health professions such as occupational therapy. "Sexism contributes to low visibility and status of occupational therapy and conveys that professions predominately made up of women are less capable, less intelligent and essentially less important than men" (Froehlich, 1992, p. 1043). The effect of sexist messages was to cause the participants to struggle with their identity, internal negative beliefs and assumptions, and to be self-questioning. Throughout the data these messages started early and continued to be received during early work experiences:

P40: *Yes, and I think I probably didn't feel I was scientific enough or academic enough to do medicine. Yes I think it was but it was partly from a perspective that my father took a very traditional Scottish working class view that women get married and have children.*

More examples appeared throughout these data:

P11: *I saw myself as a woman, and I saw myself as trapped in a role, a career never occurred to me. I just saw myself as this thing that was a female, but I didn't see any way of interacting with the rest of the world. I was just my father's daughter, and my husband's wife and I was my sons' mother .*

In professions where the clinical work was seen as the main task health professionals were not seen as having other contributions. Another participant confirmed this assumption from her experiences in an academic context:

P12: *I think that the basic problem that we face is that people don't see us as having any other skills. They see us as being good therapists and great for delivering those services that a physio or an OT might deliver but they don't see that in fact we might be able to contribute to graduate studies in a wider sense and to the organisation of the university, to committees. They don't think that we might have bright ideas. They don't even give you a role in preventive health. It seems to me when they talk about prevention and they talk about promotion they go to people who basically have no clinical skills and it would be wise to perhaps identify with people with clinical skills that they could include in the team. I'm not suggesting that we should run health promotion by any stretch of the imagination but it always surprises me that when they put together an effort they don't say well some of those senior people down at [place] obviously would be good to have here and if you are talking about occupational problems how you really would have to jump up and down to get an OT involved and that frustrates me. I think we are devalued because we are mostly female.*

The difficulties for women were raised as well as some other questions regarding labels and assumptions about managerial behaviour that needed to be questioned:

P07: *I think it's more difficult for women than men, but I think the gap is narrowing, and I think that if, in fact, we perhaps have not recognised just how difficult it is for men. For example, medical staff or general admin staff, men are great ones for this, on a one to one basis you can discuss a difficult issue, get agreement, get them together in a group and they will pussyfoot around patting one another's back and trying not to upset, even to the point of rescinding the decision that they had before. So I think we have assumed more than anything else, that they were better at it. I'm not sure that they are. Some are certainly, but not as a general rule.*

These beliefs promoted a sense of doubt and powerlessness which may explain the acquiescence of women to mainly occupy subordinate roles, particularly in the patriarchal systems of medicine and health care (Froehlich, 1992). In addition, these beliefs may create negative attitudes and lack of support for successful women in leadership positions. Women tended to be defined as not tough, caring, sweet, pretty, passive, and nurturing without a strong identity. For women to achieve managerial roles, it has been as Still stated: "the result is that women have overcome to some extent, the cycles of disadvantage and powerlessness that plagued them since they first entered management" (1994, p. 173). These research findings suggest that considering the impact of assumptions on self-esteem and confidence to become a leader and manager will go some of the way to providing the pathway to a solution. By challenging the presumptions that female health professionals do not have the

qualities or interest in senior executive positions will start changing individual, professional, and organisational attitudes.

The ability to question social pressures resided in having personal confidence and sufficient self-esteem to take action and risks. For many participants, the trigger or crucial event appeared when they heard about a position at the "right time while they were in the right place". It was by taking opportunities to take a more senior position that they commenced to challenge existing contradictory, incompatible, and inconsistent assumptions held about their capacities to be career-oriented woman within senior managerial roles. This meant consciously challenging existing assumptions in organisational structures and cultures, setting career goals, and taking risks to achieve them. For these women, the pattern of short term jobs became the limited pattern of career development and advancement. To change these perspectives and open up opportunities they needed to commence the metamorphic process.

This first stage of metamorphosis was characterised by confusion and being in a quandary about their career direction and their potential competence for having a managerial career. Participants described being unsure, believing others' negative messages, just managing to survive as a manager, and having a poor self-image about their capabilities. This often reflected a lack of certainty and direction which had been experienced while at school and growing up as a female student. There were assumptions that specific experiences and positions were necessary for career development and promotion. Often these positions were not on the pathway taken by women in health organisations. In fact, one participant described the culture of learning not to be a leader:

P25: Women were not expected to be assertive and leaders in those days... We had the movement in the 60's, we shouldn't have leaders and I was really a very strong leader at that time but had to learn during the 60's and the 70's not to be too much of a leader. You know there were always groups, you always had to discuss with people, you all had to listen to everybody. Have a consensus, yes and you compromised and so on and you were not really allowed to exert your own power as a leader, that came back again in the 80's but I think that it's not just me, I think quite a few of us, who were actually working in the 60's and the 70's we were so influenced by that, that it is difficult for us to take the lead now in the 80's.

Activities and words used by participants to describe this stage were related to doubting their ability as a manager, plus a lack of confidence in being able to fulfil the ascribed role. While they believed others' negative messages, they were also frightened to move out of the safe, small clinical environment. They were living with the assumptions, labels, and images received without sufficient questioning of their accuracy and validity. In discussion about her career direction, one participant said:

P05: *I never did have a career plan. I just wanted to be a good therapist or good at whatever I did and it never occurred to me to start going up the ladder or things. Again things happen by accident.*

The data revealed career planning was not usually part of the participants' working lives. In their pursuit of being a good clinician however, many participants enrolled in courses to improve their clinical skills. It was unlikely that, at this point in their working life, heads of department or the organisation's senior managers and leaders would be encouraging and providing opportunities for career and management development. The lack of challenge caused some participants to enrol for alternative, additional qualifications. Frequently, their energies and interests were focussed on other activities and the potential of travel or marriage. It was when they had the opportunity for a senior position, usually in the clinical realm, that their doubt about being in charge and needing management skills had become apparent and they became vividly aware of the different demands of managerial positions. One participant confessed:

P25: *It's more easy with patients in a way because you know you are a therapist but the staff, it's slightly different because you can't treat staff the same way as you treat patients.*

There was confusion and lack of expectations for the future:

P18: *I wonder at my lack of ambition, I really do think that I'm not ambitious and it worries me. That is because I was a female and grew up without any expectations that anyone had of you other than that you would become a wife and mother.*

The lack of career structure and limited expectations of becoming a senior manager were described through many years of work experience in these extracts from another participant:

P25: *No not really, because when I came back from [country], I started here in [country], you couldn't really have a very long career, you could only, at the most, you could be a head OT and when we started, there really was not a proper hierarchy within the OT either, it was mainly just a single positions. You might be a small group then perhaps you would be the head OT for five OTs or something like that, there was nothing beyond that, not if you wanted to stay in OT.*

It required the persuasion and prompting of the director of the rehabilitation clinic to encourage her to apply for the senior position. This lack of planning and limited expectations continued influencing work experiences:

P25: *When I came to do a locum for somebody who was away and then the head of the school wanted to move, so she moved out and there was nobody else - so I had to move in and take over, so that's where I started, so I didn't really apply for it, I more or less sort of fell into it.*

Furthermore, she commented on feelings about being in a visible leadership role and experiencing a lack of confidence in other roles:

P25: *I'm not terribly good at that, you know I'm not really outgoing either. I prefer other people to be at the front and I'm in the back and I'm willing to support someone. ... Well it's been, certain periods of course have been stressing, when you feel that you're not a very good mother, you're not a very good head of the school and you don't seem to do anything properly.*

This participant however had a local, national, and international leadership profile. In an examination of why capable women feel inadequate as leaders and managers, Ryan (1993) found that it was not until women reach maturity, feel confident in their place in the organisation and feel strong without being supported by a male figure that they perceive themselves to be competent. In education and health it was not until women in this study struggled with their own contradictory assumptions, the limited access to managerial responsibility, and precedence that suggested men should fill certain positions, that they addressed their ambivalence and then the restrictive context of their institutions. Mattingly and Flemming (1994) also described the conflict and confusion associated with moving out of the clinical comfort zone where different levels of performance were required.

Some participants had no career plans and realised that they became managers by accident:

P45: *I think where I learned that I really was a manager. Again things happen by accident. I don't suppose they are, you are sort of building bricks and things, but I wasn't heading anywhere... I was pondering on what am I going to do with myself and had no idea where I wanted to go or what I wanted to do.*

Many participants described feeling reluctant and overwhelmed about applying for management positions:

P13: *I was a bit overwhelmed I guess, I wasn't really sure, it was a bit of a funny situation.*

Although, later in her career the costs of a senior position were weighed up with the lack of opportunities for progress:

P13: *I'm equivocal at the moment. I guess I'm not sure of the cost anymore. If I'm being totally honest, yes, I do see it as a stepping stone and I would very much like to do more, but I'm also a realist and when you look at the opportunities for promotion they are not all that great unless I like to move interstate or overseas.*

Another participant expressed her struggle and viewed with trepidation breaking the links with practice when she had been an educational manager for a number of years:

P17: *I may say that it is with trepidation that I do that because I see that as a breaking of my ties with practice which is not an easy thing but for a long time I have been more an educational manager than I have been a therapist and I couldn't practice any more anyway. You always have these visions that you can go back and practice but I don't think I could.*

As participants spent time in more senior positions they started to challenge their beliefs about their abilities as health professionals to be managers and to advance to higher levels. Most participants had limited views and understanding of their personal power and organisational power. Colwill (1993, p. 74) presented three perspectives on power. An example was provided by this participant who, in the beginning, felt lacking in personal power:

P04: *At the end of two years I was getting really unsettled and quite demoralised because I wasn't doing what I wanted to do and had a lot of difficulty resigning, because I had this funny feeling of guilt. That if I resigned I was letting the team down or something. So I struggled with resigning for about six months before I finally did. Interesting that we all learn how to get jobs.*

For another, the issue was the dilemma and confusion about her personal role and feeling in control:

P18: *I certainly think that one of the women shuns all that, you know, "I'm the boss" and the other one is actually courting and saying I'm not going to join the men and I'm sitting there wondering "I don't know which way I am".*

Colwill (1993) presented perspectives on power, personal power "feeling in control of one's environment, feeling good about oneself". (p. 74) Interpersonal power was viewed as the ability to influence another, and organisational power as the ability to mobilise resources, the ability to get things done. Personal power was described as a belief; interpersonal and organisational power were abilities to influence and mobilise resources.

As far as participants had views of their interpersonal power, they felt that they could influence patients but had difficulties with exerting control over colleagues and others

in the organisation. These were the expectations and skills provided to health professionals during their courses and the other skills of management were not presented or if presented not highly valued as they are not perceived to be necessary in short term clinical jobs. An example from the data showed fear about influencing others and making decisions:

P11: *I do get frightened at times of failure or of making mistakes. I don't have any difficulty acknowledging that. I am just getting better at it, that's all. I think people's perception of me is that, you know I'm cool and totally controlled, but that isn't how I feel, most of the time in myself. I am quite afraid of getting things wrong, but when I actually come to the point of making a decision I feel - I get a good pump of adrenalin.*

Many participants continued to demonstrate uncertainty about their position and place in the re-structure of their organisation; for example:

P03: *What I do regret is that it came at a time when the Department was being re-structured. When on-one was really clear as to what this position was or the others. I think it's been a very unhappy year for me. I used to work within a team management with medical and administrative people, and all of a sudden, just about everyone at the top changed here and I think this is perhaps, where I would say, perhaps women have not really counted in this department. They have been used to fill in a gap, and having been told very early, now remember you're not a health professional anymore, and I accept that, fine, OK, when a difficult health professional problem comes up, it comes to me and I think that perhaps, people want their cake and want to be able to eat it too. But whether it's being female, or whether it gets back to this being a health professional. Really how to convince these people. I mean, we were seen and not heard.*

Employment patterns in health service professions and community services where women were found were said to generally lack career structure, have low status, and expectations that women's employment patterns must accommodate other activities (Burton, 1994). If men were employed in these positions they rapidly move into managing positions. The patterns were set by the young male worker who was:

Inclined to put work demands ahead of family demands, particularly in relation to working more hours at the workplace than they are paid for. They commented on the importance of a supportive and understanding partner, a partner who understood that their work was "their life". Women with family responsibilities, generally speaking, were not as able to make that choice. On the contrary, they were more likely to seek reduced hours for periods of time in order to balance work and family demands. Men in community services do unpaid work at work, in order to get on, while women go home and do it there. (Burton, 1994, p. 4)

Turning Points for Participants

It was not surprising that participants were in a quandary about having appropriate abilities, ambition, confidence, and characteristics of even a low level junior or clinical

manager. For most participants, the steps towards a position involving more management activities were not planned, rather it was available and they were in the right place at the right time. This participant added more support for being in the right place at the right time for several advances in her career:

P17: *I haven't had a grand plan, and every step has been a sort of a natural one or the research post I was invited to apply for, the directors post up here I was more or less forced to apply for, you know I haven't had, I look back and I think, you know, How did I get here without sort of any plans? I suppose I said "Yes" at the appropriate times, to call the challenges. I mean there was nobody else around to take on the challenges when you think of it. Again because I was in the right place at the right time.*

However many examples from the data identified turning points, critical events, or influencing factors which created the conditions for participants to examine their assumptions about their suitability for promotion and a managerial career. The following examples were included in these events or circumstances:

- senior or department head left the position (P12, P23)
- someone, possibly a mentor, suggested they apply (P05, P18)
- missing out on a position they applied for (P04)
- death of husband or divorce, children grown-up caused increased emphasis on career (P02, P06, P08, P09, P13, P28)
- re-structure of the organisation (P04, P05, P06, P10, P11, P28)
- going to graduate school, completing higher qualifications or executive development (P05, P12, P13, P14, P15, P18, P19, P21, P40)
- attending a course on motivation and career planning, reflection on achievements (P04, P09)
- frustration during undergraduate course (P23, P18)
- experience while working overseas (P22, P23, P24, P25)
- had completed a non-health professional qualification and did not hold the traditional assumptions of women in caring professions, such as subservience to males in senior positions, particularly medical people (P09, P19)
- the realisation that being a woman meant it is difficult to achieve the top position "you see there is not a female sitting up there" (P03).

Associated with these turning points, participants were increasingly acknowledging the powerful influence of their personal assumptions and starting to overcome some of their uncertainty about becoming managers. As a consequence participants were able to take advantage of opportunities, thus gaining increased visibility and confidence to apply for more senior positions. Having challenged some of their internal

assumptions, they were prepared to persevere and challenge the assumptions of others.

It has been suggested that almost all successful women can identify significant events or turning points which had an impact on their working lives (White, Cox & Cooper, 1992). Coping with challenges helped them increase their self-confidence. In their study, White, Cox and Cooper found "as women acquired evidence of their competence and gained experience of psychological success, it is possible that their career sub-identify began to expand" (p. 130). Career progress was said to be linked with self-efficacy. They found that once this had developed, barriers or occasional failures were less likely to have a negative impact. In other research findings, according to Kitwood (1990) increased self-efficacy was crucial for change. He confirmed that if a person believed they could function successfully, had a positive impact on others, and could be productive, it would change the limiting thoughts, beliefs and scripts; reversing personal beliefs such as "I am female, and therefore dependant and stupid" (Kitwood, 1990, p. 201).

Once participants in this study occupied positions as head or chief of their clinical department or section, they were placed in different roles as managers in varied contexts. This established conditions for moving into the second stage of metamorphosis making observations about behaviour, skills of other managers, examining the decisions and political influences, and reflecting on the ability to influence and exert interpersonal and organisational power. With differing experiences, research participants gradually confronted their confusing assumptions and gained stronger beliefs in themselves, as well as gaining skills in managing. Often it was the experiences of managing and seeing positive results that initiated some thinking about the next step for their career advancement. For some participants this took longer as they juggled family responsibilities. However, having moved from solely clinical functions, participants started to consider other possibilities and to enjoy the potential of organising and leading a department or section. They continued to acknowledge their contradictory assumptions and their problem with lack of confidence.

Throughout the data, participants provided statements about "being in the right place at the right time" which appeared to demonstrate a lack of planning and had negative connotations for me. But listening to a radio interview with a successful, vibrant, ambitious actor, who also used this term, but in a positive style, I reviewed my negative views. Rather, it could demonstrate that participants were flexible in a changing workplace and were motivated to take the presenting opportunity. As Hall and Richter (1990, p. 14) commented, in a rapidly changing and volatile work

environment this is an effective way to operate: "using solid, realistic, self-understanding skills, the individual is empowered to recognise career opportunities as they arrive". Perhaps, once again, this was viewing career planning and development from the traditional masculine perspective. In the future employment environment, all workers may need short term workplans, combined with a longer term sense of personal direction. Growth in a career was the development of new skills and abilities which combine personal and professional roles with growing satisfaction. Senior women managers in the study by Henning and Jardin (1977) also said they were "lucky" or it just happened or "somebody did it for them". Women's success was often attributed to luck rather than to ability (Burke & McKeen, 1994).

The writing of Josefowitz (1980) on making choices summed up the dilemmas and contradictions that faced many of the women managers, particularly those who were strongly influenced by assumptions associated with female health professionals.

Choices

Up front,

or last row

Out there,

or hidden

Speaking up for,
speaking out against,

or shutting up
into safety

Be heard, visible,
criticized, attacked
To shout the anger,
To cry the tears
To educate, correct,
confront

Be quiet, unnoticed
left alone, peaceful

To mumble in corners,
grumble with friends,
protect myself from
learning,
protect others from changing

(Josefowitz, 1980, p. 140)

This piece seems very appropriate for health professionals. I used this with fourth year students in 1995 to challenge some of their assumptions and behaviours. It really captured women's struggle with contradictory assumptions which characterised being in a quandary and seeing oneself as managing without confidence.

There were only a few participants who discussed rebellious and questioning behaviour during their professional qualification. These participants were usually the ones who had some clear ideas about their goals and were less influenced by the department or organisation in which they commenced work. It was more likely that the career choices of this group were not as therapists and nurses, but that these characteristics were already evident by not selecting traditional women's courses. They realised that they would have greater control and access to career progress by being out of gender determined careers. In this study, their choices were economics, marketing, and law. One participant, who had qualified in science and was working in a health organisation, considered this to be a disadvantage in competing with people who were medical graduates. She described this as a double disadvantage, that is, being a woman sometimes working part-time and having short career breaks due to child rearing, as well as not having a medical degree. She recounted her burden:

P20: *So I did have through the 70's and through the early 80's a chip on my shoulder about it, but certainly a bit of a burden in terms of not being able to progress perhaps in the way I would have done otherwise.*

This was also the terminology other participants with health professional backgrounds used to describe the confusion and uncertainty they experienced in health contexts. They felt they suffered a double disadvantage when facing the dilemma of being a woman manager in a male-defined organisational world, as well as being a woman with health professional background taking on a general management role. This was a predicament for women managers facing the contradictory demands of being a woman and being a manager, for:

Without constant vigilance regarding gender (and sexual) self-presentation, these women perceive that they run the risk of not being taken seriously, not being heard, and not receiving necessary information - in other words, of not being able to participate fully in the organisational system. (Sheppard, 1989, p. 145)

From their perspective, and with their assumptions, participants felt they were intruding into a competitive, uncomfortable arena, defined by masculine cultural norms and privileges with few role models and supports. Grosz and de Lepervanche (1988, p. 8) raised the question that "women have therefore had to choose between being regarded as scientists (manager) or as feminine". Many women have been conditioned to believe that being leaders or managers, making a contribution to science, being assertive, having responsibility for the work of others, and possessing autonomy are not valued "feminine traits". Nurturance does not seem able to coexist with aggressiveness. Schwartz (1989) suggested that the result of gender differences convinced some executives that women were not suited to top management. Tradition,

personality traits, and socialisation, combined with largely unconscious preconceptions, stereotypes, and expectations, were influential (Andrew, Coderre & Denis, 1990; Schwartz, 1989). "For decades, even women themselves have harbored an unspoken belief that they couldn't make it because they couldn't be just like men, and nothing else would do" (Schwartz, 1989, p. 75).

Also within the academic environment some students doubted the credentials of female staff. This was because both female staff and students had been socialised to believe that any kind of authority was incompatible with the feminine:

There are no ready solutions to the dilemma, but it seems to me we must both embrace a double burden and claim that this is an appropriate burden for all academics. To be politically and intellectually effective we must proclaim our credentials, assert the same claims to authoritative knowledge that male academics accrue. Also we need to value the "other skills" of communication, understanding and nurturance that these are not female-specific skills but for all academics. (Bulbeck, 1991 p. 35-36)

These challenges needed to be examined in order to address the lack of confidence found in female postgraduate students in research carried out by Moses (1989). This lack of confidence operated as a barrier for those women who doubted their academic ability despite achieving good results and professional expertise. The limited number of women in senior positions meant there was a paucity of role models, encouragement, and validation, particularly for those women considering marriage and family responsibilities. According to Moses (1989), female students need guidance about different career options and the art of combining career with raising a family. Marriage complicated the lives of ambitious women (Forrest, 1989) and children bring more demands and coordination of activities associated with the home. "As wives and mothers we are expected to be self-effacing and undemanding, listen to problems and frustrations of our husbands and children, and offer our emotional support" (Forrest, 1989, p. 62).

From the data it was evident that during the quandary stage of metamorphosis there needed to be continual questioning of the contradictory assumptions held by participants. They needed to confront the powerful controlling influence that assumptions had on their career decisions and managerial development. Developing this questioning behaviour would be similar to the process of living inquiry presented by Torbert (1991). Living inquiry was the constant circular activity of awareness, observation and reflection, followed by action and activity, which would confront the continuous thread of assumptions, predicting and controlling individual and organisational behaviour. According to Torbert, this active questioning linked with theoretical thinking was required to generate multiple ways of structuring answers. By

these methods it would be possible to "appreciate how inadequate is any single way of structuring language and social exchange to the actual cultural pluralism, cybernetic complexity and unique action demands of human situations (Torbert, 1991, p. 266). This discussion sought to remove us from "armchair theorising" which "results in one-dimensional, single - structure answers that disguise the scale of the unknown and disguise our participation in the reality" (Torbert, 1991, p. 266).

The participants dealt with contradictory assumptions and by their subsequent behaviour started to break the powerful messages inherent in the existing assumptions and rejected the existing models which defined managers as usually being male. Consciously or unconsciously, they brought their "femaleness, with its connotations and status in society with them" (Marshall, 1984, p. 4) when they moved into managerial positions in organisations.

Summary

Throughout this first stage in their metamorphosis, participants were confronting the self-doubt and uncertainty that they felt about taking on leadership and management positions. During the stage of being in a quandary, participants displayed that they were able to recognise some of their problems, the ones related to struggling with their negative assumptions and limited career expectations, and the ones related to identifying some of the barriers and obstacles within the organisational culture and environment. For many participants, once they were able to identify the hurdles they changed them into opportunities to demonstrate their capabilities. This increased as they proceeded through the second and third stages of the metamorphic process.

The influence of confusing mixed messages and limitations placed on women's roles and advancement were also evident in the struggle for the ordination of women within certain religious environments, the number of female politicians in Australian parliaments, and the representation of women in the judiciary and financial markets. These obstacles were exemplified by a senior female surgeon (6 percent of surgeons are women) who was required to change in the nurses' change rooms (Cribb, 1995, p. 6). By contrast, her male colleagues had their own change room, and a locker each. Besides access to space, she stated that she was routinely excluded from male colleagues conversations and their frequent social activities. A report on Women in Science, Engineering and Technology referred to this as "gender harrasment". Professor Mary O'Kane, Deputy Vice-Chancellor of Adelaide University and "one of the advisory group which suggested the term, said it is a step towards clarifying an unspoken but nonetheless real barrier encountered by women and men in pursuing their careers" (Cribb, 1995, p. 6).

From the activity of becoming aware of the strong influence of inconsistent and contradictory assumptions on their work place experiences participants moved into stage two where they more consciously observed and examined the consequences of being more active in managerial functions. Some participants returned to this quandary stage when further doubt and lingering self-doubts arose as they applied for promotion and higher management positions. They continued contesting presumptions, questioning, and crossing boundaries. As indicated in the data, it was the participants with health professional qualifications who found they had more doubts and challenges of exclusion and silence. It would appear that many health professionals remain in this stage, struggling with their assumptions, unprepared or unwilling to proceed with a managerial career. This research focussed on those that moved onto senior executive positions by observing and examining their organisational environments and taking steps to learn the strategies, so revising their assumptions and moving out of managing without confidence.

In this first stage of being in a quandary participants gradually took steps away from confusing, inconsistent, and anxiety producing assumptions. They had shown themselves and others in their organisations that they were capable of moving to question, examine and reflect their assumptions.

Research is a Personal Process

(September, 1992)

I read this poem during the research conference in Stroud. It summed up the conflict and confusion related to personal confidence and images.

The Quandary of Living

*I live my life in growing orbits
which move out over the things of the world.
Perhaps I can never achieve the last,
but that will be my attempt.*

*I am circling around God, around the
ancient tower,
and I have been circling for a thousand years.
And I still don't know if I am a falcon,
On a storm, or a great song.
Rainer Maria Rilke (1899).*

From Bly, R. (1980) *News of the Universe Poems*. San Francisco: Sierra Club Books.

Research as a Personal Process

(January 1995)

Seizing second wind - commitment and energy for the journey
Today we walked to Bald Head. Through a variety of coastal vegetations, varying soils, hearing small birds, past picture postcard vistas. This walk travels up various hills, along ridges and through tree tunnels with high stops and rocky ledges ensuring a variety of stunning water scenes. The open scene on one side, waves rolling in over walls of rock and sometimes sandy beaches, while on the other the blue water of King Georges Sound. There are some steep rises followed by rock ledges. After two and a half hours and around eight kilometres the vantage point of Bald head stands beneath our aching feet. There are times during the walk where it would be easier to stop, rest and return. But having set out the goal remains enticing and challenging. Although we set out well prepared, there are places where you need to sieze the second wind. Perhaps we can picture parallels with career paths. Along the way we need the goal, resources, and support to call up the second wind. The reward is the achievement, the arriving when there is no further point on this journey to travel. The views expansive, the sea continual and the horseshoe rock even covered with boiling water. The return is tinged with satisfaction flowing through which gives further help to gaining the second wind on the journey home. There is confidence to set out again and enjoy another challenge. Achievement contributes to being able to take the next journey. Starting to overcome limiting assumptions allows us to move onto new challenges.

Research as a Personal Process

(March 1996)

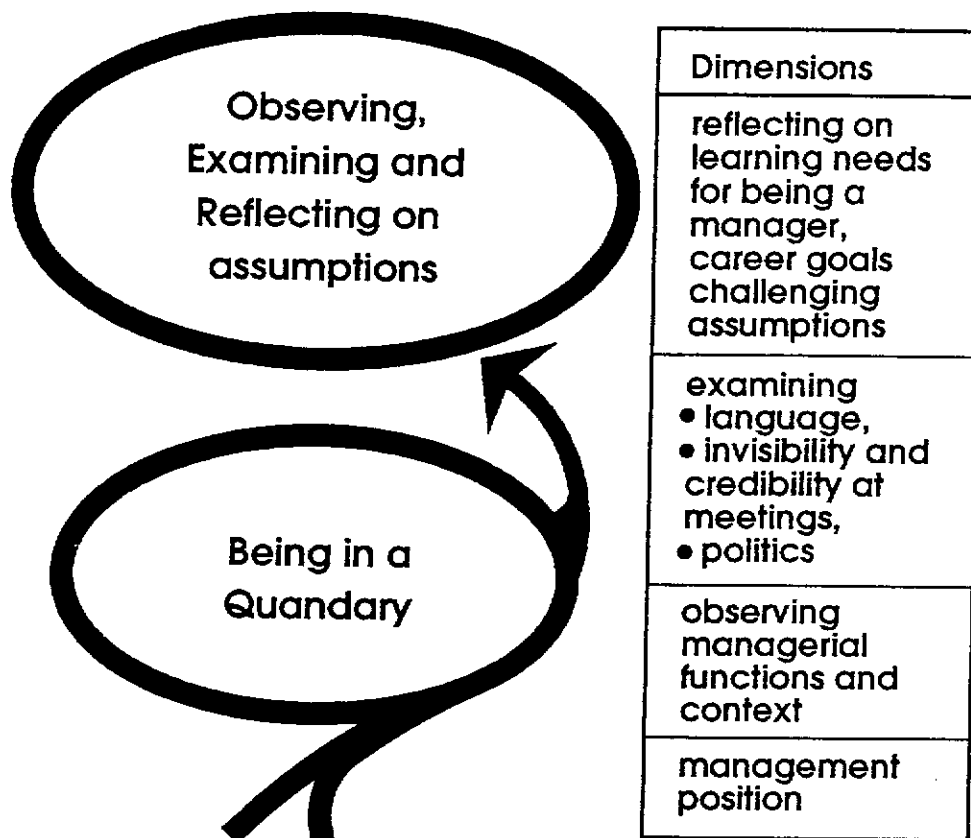
Once again I'm sitting with the blank page. The many articles, diagrams, jottings and fully written pages. Struggling, struggling to record the many findings, struggling to record the features of this research, within the context of today's struggles.

*The world, people divided
hating, killing, envying, wanting
something else, the things, feelings
they have not yet achieved.
Your fault, my fault, their fault
Questions, examinations, truth?
Changing the structures, rules
Overturning structures and forms
Established for past times by men
For male power. Destructive, creative.
Different. Where are the ways of overcoming
Assumptions? Trying other ways. Brave?*

Stage Two: Observing, Examining and Reflecting

This term of observing, examining and reflecting describes the second level in the core process of metamorphosis. The strategies at this stage were focussed on observing the organisational context and other managers' behaviours. The emphasis was on examining their surroundings, their interactions, the way that decisions were made, and reflecting on the barriers to achieving further career progress and managerial responsibilities. All participants were still actively reflecting on the influences of contradictory assumptions on workplace interactions. Stage two in the metamorphic process frequently began as the result of critical or significant events which caused the person to examine their progress and position. If they had taken a departmental management position or promotion which combined clinical and management functions, participants reported becoming more attentive and noticing features of the organisational culture, politics in the work environment, and managerial behaviours. The activities and features of this stage are represented in figure 24.

Figure 24 Observing, examining and reflecting



Observations of Managerial Behaviour and Contexts

Observations were undertaken in response to comments of other managers, the organisational context, actions or circumstances impacting on the woman managers or practitioners in their workplace or social context. Participants started asking questions, analysing, and reflecting on the skills required by managers:

P05: *It was very slow but I guess what actually made me start thinking about it was that reference from the Chief Executive at the hospital who said I was a natural administrator or natural manager, and I remember sitting down and thinking "what does he mean" and I had to actually think back, about what have I actually done that's management and discover that I'd done many phenomenal things. That I'd just done it because it was the thing to do. I had good planning skills, good organisational skills, interpersonal skills, communication skills and so on and it was more the technical side of it (management) that I didn't have. So it was really at the end of my hospital days, and looking back and seeing that, Oh, I must have been, I must be able to do it, that decided me to formalise it and find out what I'm told I do do that I didn't know I did.*

As career counselling and mentoring were limited, the decision to learn more about management was usually initiated by the individual. They described their activities as becoming more aware of themselves as leaders and managers, becoming sensitive to their surroundings, the political influences and activities which directed selection, appointments, negotiations, and successful promotion. For example, one participant questioned the barriers to her career progress:

P45: *I found it very exciting at the time, but once I'd done it I thought "oh God I've got to go through this all over again. There must be something better than this. Why should we have to be battling" and I think that's when I really started to question, you know, why are so many barriers put up to us and all through my career.*

Another participant questioned the perceptions of a significant person:

P40: *I wondered about their perception of me. I don't know. I think because I questioned. Yes I think that's right but she always saw me as a rebel.*

Once participants were actively observing the behaviour of other workers and managers, and reflecting on the consequences, they continued the process of challenging their personal assumptions about their ability to achieve senior positions in the organisation structure. It was during this stage that some participants began considering their own career progress and commenced planning or at least giving consideration to the future direction and possibilities of further advancement. Frequently this led to frustration:

P05: *I guess it was at that point that I discovered how much I had done and how far I had come without consciously working at it and so I deliberately set out to get myself a senior position and that was very difficult. But when I started at that level, that's when I started noticing barriers, it was alright when I related to female therapy issues, but once I started moving across into the management side I found myself negotiating with administrators that's where I found the frustrations and the brick walls and the blank faces and the no, no, no, you're charming people and your staff are lovely but, we haven't any money and you think "what rot" you know that others were getting it and why. It was always an excuse.*

The previous participant provided an example of a health professional who commenced questioning the dominance of male values which determined the character and decision making in health and medicine. It was a many faceted process as participants explored their assumptions about their capacities to take on managerial functions. This resulted in making observations on the power and decision making environment.

In contrast, there was less conflict as another participant considered her managerial role as being to support the senior executive decision makers:

P02: *The job I'm in doesn't involve that number of decisions though. It's more of a support position, the decisions get made by either the directors or the assistant commissioner and I'm contributing towards those decisions.*

Another participant offered these observations on her academic organisational context:

P18: *And I do find that there are differences in working in a male hierarchy, it's different, it's much, I found as you should call it, some of it, quite brutal, quite shocking in some of the ways things are done. It's far more directive than anything I've been used to. We get memos which are in essence pointers which I've never been used to.*

During an interview for promotion and a position in an organisation which was situated one hours drive away from her home, one participant was asked:

P20: *Much more recently I applied for a job in [place], which they were actually looking for a medical person but they had been unable to get a medical person and they had encouraged me to apply in my interest, so again it is difficult to separate the different barriers. The fact that I wasn't medical certainly went against, the fact that I was female also went against me in terms of the kind of questioning, I really did have some questions which had I been more assertive would have said different things. I am organised in my work activities, but they asked how could I possibly as a mother take on this job, that sort of question and finally how could I as a woman and a mother, contemplate doing a job in [place] which I don't believe is a question that a male would have been asked.*

Another participant observed that all the top executive positions in the large health care organisation where she worked were occupied by men. She felt:

P08: *I don't think it happened by accident, I think it was engineered. In particular the fact that there are males in the hierarchy positions in this department because I think people in these positions, they relate very much to men. You know, their wives are at home being wives.*

A further example of data described the obstacles entrenched in the organisational culture, and the male dominated competitive management styles in this health care organisation:

P10: *But I think the obstacles and barriers are going to be different personalities and people who have done things in a particular way for a long time, and I think bureaucratic structures are obstacles too, I think that cultures within bureaucratic structures become very entrenched, and as much as people don't recognise them being there, if you want to implement something you can sometimes be given a hard time, because of that culture that's in place. This is the way things are done in this culture, because it's been very male dominated. This is a very highly competitive reactive - them and us type of organisation and it's been built up over a number of years, and I think not a lot of different ways have been looked at to achieve things in that sense. It has [had structural changes], but that's also created it's own lethargy too. That's been a problem.*

Examining Assumptions and the Impact of the Environment

As participants were examining their assumptions they were starting to explore the impact that other people's assumptions had on their activities. They found evidence of their skills being ignored:

P05: *It was a horrible job, just horrible and it was a waste of any skills that I had learned in Management Program because it didn't tap any of them. It only tapped my interpersonal skills which I take as so automatic that it was really cushioning the rest of the department. It was for the people in the department that were falling apart. And yet, I was falling apart myself so there was nothing for me either. So we persevered with that but I found myself getting more disillusioned and fed up and sick of it all and started looking elsewhere for jobs.*

There was also evidence of feeling discriminated against outside the organisational context:

P06: *In fact I didn't know if I'd be able to cope with it and, in the course of my first couple of years, I had cause to go and travel by myself. In flight I found it excessive with the hostesses. That they would not serve you a drink until all the men had been served. They were all running doing everything else and I said well I just want a whisky and water. Oh look, can you wait a minute. I'd say well, why did I have to wait, but I noted that not until all these men all over the plane had got their things and then I received attention.*

The impact of socialisation on the experiences of nurses and doctors was contributed by another woman manager who suggested that the findings of a research study confirmed the contextual influences of gender roles and professional interactions:

P21: *A thesis from [name of university], it was looking very specifically at the socialisation of nursing as they went through their training and she did it in [country], which is possibly even worse than here, [country] and she is actually very interesting because she used different frameworks to examine the information. She identified what she called a pipeline status and throughout their entire careers nurses going through this pipeline status and have no real authority, nor do they ever perceive that anywhere they may arrive will give them authority but she looked at the training of doctors, who clearly, although they were subjected to similar socialisation processes in many ways, actually knew that at the end of the day they would be doctors who had very considerable influence and authority and demand it, but the nurses never quite knew where they were going. Certainly there is amazing socialisations like one of the hospitals she looked at it was very common for girls to do the nursing and their brothers, their friends, neighbours, the boys to do medicine and eat in the same dining room when they were student nurses and medical students seated at completely different tables and she sort of looked at it from the point of view, were they coming from different backgrounds and she discovered they were brothers and sisters who didn't sit together. They found that medical students didn't sit with the nurses.*

More examples appeared in the data where participants confirmed that examination of their career progress and level of appointment had been affected by other people's assumptions:

P20: *I would say it is career developments that the problems tend to arise but it is actually very hard for me in my position to separate which are the influences of it, which are due to being a woman and which are due to being a scientist. I can think through my career, of various specific experiences, in fact the very first job I applied for was not in the medical field, it was, in fact more of an animal research station and I was engaged at the time and the head of that particular establishment would only consider offering an engaged person a lower level of posting because of the probability of leaving and even in the 60's I found that an unbelievable attitude to be around, because most males wouldn't stay very long in their first job either.*

The assumptions that women would have short working lives and were less likely to be interested in long term career progress was commonly held by many male employers, senior personnel, and many of the female health professionals. In female dominated professions, such as nursing and occupational therapy, it was assumed that the limited number of men who qualified would have long term working lives and take on senior positions. A senior manager in government health services, who had a nursing qualification illustrated this:

P21: *Within the health science itself there is, if I go to a directors of nurse education meeting or a chief area nursing officers meeting it is striking how many males there are in what is in fact a female dominated profession, so though like I'm sure in every country in the world there are a surprisingly high*

percent of men in positions of authority in what is, should be a female dominated profession.

One of the study participants questioned her appointment at a senior management level because she was surprised to find that she was the only one in a director's position. Although one of the career oriented and more ambitious women, she confessed to soul searching and questioning her assumptions:

P04: *Well I'll talk about the [health organisation] first. I was initially quite amazed that I was the only woman. I didn't dream that that was the situation. And I think I've been through some sort of soul-searching in myself, wondering whether I got the position because I was a woman, and they were wanting to sort of balance the books at least a little bit, but I've since recognised that it's not that case, that I'm in fact recognised very clearly as one of the better directors. That I was actually chosen for my ability and not because they had to balance the books and put some woman in somewhere along the line. But I did go through a bit of that thinking "I think I'm only here because they had to put a woman in somewhere".*

By contrast, some participants were surprised at the extent of their influence:

P01: *Sometimes it surprised me how much it is. It's a bit daunting too, to think that other people want to do what I want them to do. It also surprises me sometimes, the number of people who ask my opinion on what they ought, or what they should, respond in this particular situation and so on. So that I know the power is there, it is a bit frightening.*

In this next example, another participant was surprised by her influence and the power of her ideas, saying she would not have done it if she hadn't been asked by others. By hearing other people's comments she appreciated the extent and power of her influence. As an international speaker and academic she explained:

P15: *Reading and speaking. I realised those are very important. Somehow people have asked me (I probably wouldn't have done it on my own). They've liked me to speak so I've done a lot of speaking and when I do that I take it very seriously and I always put my heart into it and I think that that's had a lot of influence on the profession and, in fact, it's been wonderful. I've run into people all over the world who have said "oh, gee you've really been an influence". In fact I had one woman from [place] who I saw and it just amazed me because she said "you've really changed in your thinking, haven't you in the last few years" and she was talking about my ideas about research and I didn't even realise how obvious it was but she had picked it up and it had influenced her, so I think speaking and writing have been very powerful.*

A further observation on the environment summed up the pressure and frustration many women managers. The impact of working in a large hospital environment was clearly conveyed:

P07: *There's a lot of pressure. I suppose in a way you've got to be a bit crazy and sort of I mean it gets back to whether I'd like to see it as a challenge. I mean there are, honestly, some days when I could cry with sheer frustration, you know I cannot believe and I think well why am I doing this. I should go sit on a bench somewhere and forget it. Then I think I can't let the buggers beat me. But I suppose I would term it frustration more than pressure. The frustration is the thing that nearly kills me. I mean I could punch a hole in the wall I get so frustrated because I can't but that's the way it is, so the frustration I find is the thing. The frustration of people being so tunnel visioned, so narrow minded, so protective of their own empire that they can't look at something that's, I mean I'm very much for that for the greater good, and the pedantic nonsense that goes on about something that is of minute importance, but that's the focus rather than look at the hard stuff. That's what kills me, and it doesn't get any better. It doesn't get any better.*

In addition, they felt the impact of usually negative assumptions of other organisational staff about women with health professional qualifications and experience seeking senior management positions. The need to overcome barriers created by these assumptions became greater when the positions were not in support, specialist, consultant or policy areas, but in line management. This ambivalence occurred in all the cultures where participants worked, even in the more advanced political and welfare countries of Scandinavia where the provision for women, childcare, and integration of work and family had been developed. It had been anticipated that the data from women holding management positions in Scandinavian countries would have reached senior levels more easily and there would be greater numbers. However, evidence was not found to support this in the fields of health care and health science education. Yeatman (1990) commented on the integration of work and family:

On the one hand the Scandinavian welfare state, by making developed provision for child care and other policies, has made possible women's integration into the labour market to a fuller extent than has occurred in other advanced capitalist societies. In this respect the state has contributed to altering the privately based gender division of labour and to increasing gender equality between men and women. On the other hand, relative to men, women have been excluded from the most decisive political process which occurs within the highly centralised corporatist structures of the Scandinavian state. There is thus a dual and gendered state structure in Scandinavia where men enjoy more access to political power, more effective state support and more rights than do women. Hernes (1987:72) argues that while feminists from other Western countries often look upon Scandinavian women with a certain mixture of envy and admiration, a closer analysis reveals patterns of under-representation, discrimination and subordination very similar to those elsewhere. (Yeatman, 1990, p. 145)

Although women in Scandinavia had increased their participation in parliamentary representation they tended to be limited in their representation in top corporate decision making. What was evident from participants with managerial positions in Scandinavia was the opportunity to work in a senior permanent part-time position while children required care. This provision of part-time work, while recognising domestic

responsibilities, had not changed "the maintenance of a dominant male norm in working conditions" (Yeatman, 1990, p. 147) and the barriers to women's career advancement to positions on commissions and boards of powerful organisations and institutions.

Importance of language and meetings.

When participants became members of management committees and decision making processes they found that they felt invisible and their suggestions were ignored. In fact, several participants were expected to provide the coffee or seen as secretaries or supportive consultants but not major contributors to the decision making. This participant described her experience of status-levelling:

P02: They are the experiences that I've had, and that's often coupled with the fact that my boss is a doctor, and if I'm accompanying him anywhere I'm often perceived as his nurse or his secretary. But that's not by people in this department, it's when you're dealing with outsiders, especially in the medical world, they expect to see a doctor with that person trotting beside them.

Much of the language of management reflects the hero's quest, military culture, and conquering the daunting external environment (Marshall, 1985; Yeatman, 1990). Spender (1980) and Still (1993a & b) demonstrated how female meanings were devalued in language often leaving women invisible and silenced. Marshall explained that "for the woman manager, this requires identifying themes, issues, and dilemmas her intuition signals as important, and expressing them through appropriate balance of clarity, ambiguity, and complexity" (Marshall, 1985, p. 178). These differences in language, style and communication which contribute to women being invisible and unable to exert sufficient influence to effect decisions was also carried through to management education. Still, (1993a & b); Gatenby & Humphries (1992); Maddock & Parkin (1993) and Sinclair (1992) all report "gender blindness" and that management education courses are based on assumptions that favour men. The language, the models and examples, and skills were based on men and their attributes rather than the ones women tend to exhibit.

In the following exchange, the participant was recognising the need to be visible and active in social networks, as well as the advantage of a powerful advocate to ensure she was valued and included in both the faculty club and university functions. She described being task oriented:

P15: Because I tended to be so task oriented at getting the job done that I thought, initially, that say attending the cocktail parties and going to the faculty club and things like we were talking about today, were just too time consuming and I thought they were frivolous. Well, they're not frivolous. Like decisions made on the golf course. That's where the business of our University, at least, that's where it's conducted. No question about it. And good things started

happening when I started to break out of my shell and make those contacts and make those connections. Really good things started to happen for our department.

Commenting on the faculty club and predominance of men attending the club, she said she felt:

P15: *Very uncomfortable. I had to just force myself. Part of it is because, deep down, I'm really a sort of shy person, so I had to fight that battle with myself, and then the other thing is that I felt like an outsider. And I think one of the things that broke through then, those barriers, for me was that I did get a powerful male advocate who was the Dean of Social Sciences and Communication, he was an anthropologist and he got to be very intrigued with what we were doing and he introduced me to all kinds of people and he had seminars where I was featured and things like that, and that was probably what made the difference. [Being valued by an eminent person helped her become valued] It was sort of like as if [Name] thinks I'm OK then I've got to be OK yes. And also the same thing at the faculty club or parties, if [name] was there it was always an opportunity to met other faculty members who I probably wouldn't have met on my own and he would make the bridges in the conversation and things like that so that I was included.*

In her study of formal discourse, Holmes (1992) found that in general men talk more frequently and for longer than women in public contexts. Women were more likely to explore topics described as "valuable talk" and status enhancing talk used by men was "valued talk". "Women do not get their fair share of the talking time in public. This means they have less access to potentially status - enhancing talk" (Holmes, 1992, p. 142). She suggested we need to be more aware of the patterns but that consciousness raising will not provide the incentive "for adult males to give up highly valued talking time in public contexts" (Holmes, 1992, p. 144). However she came up with some strategies for participants and chair people. These included being well prepared in advance, being confident to speak, and to hold the floor inspite of interruptions. As many of my research participants found out, visibility and significant contributions at meetings enhanced their position, power, and influence on decisions and status. Once their opinions were accepted and contributions valued, participants were given greater credibility in management roles, consequently increasing their confidence and assurance.

Participants made these observations on their acceptance and involvement in meetings. Frequently participants reported that as women they often had to say things more than once to be seen and heard. From experiences in a health organisation:

P01: *What I found is that, again in the [department], doctors talk to doctors at meetings, men talk to men and generally speaking women don't get spoken to unless they are of sufficiently high status. So what I found with meetings is that it's important to say what needs to be said when it needs to be said and, if it's not seen, and I know it's important, is to say it again.*

Another participant from education found it took time, status, and superior knowledge to have influence and credibility:

P14: *I think it depends on the level. I think my contribution is now totally accepted. I think in my early days at the University I seemed very much as the young new fry. I think it's probably in the early days in the university it was a bit harder to have your voice heard. You had to be knowledgeable about your subject matter to be seen on the same footing, now I think because of the length of time here and my present position that's not a problem. If we're talking about other women on committees as well as myself I still think the same applies. That if the person is a Professor or has gained a certain status they'll listen to them but further down the ladder they'll listen to a lot less.*

Again, within large health service organisations it seemed vital to know other male managers for a period of time and to have the power that goes with the position, even an acting title. Others spoke of similar experiences:

P03: *Especially if there's only one or two [women] in a group. I think you have to put your view across, although, I must say, that when I sit in at the executive, you know, when I'm acting [senior executive position], I've always found in that they are polite, and they will listen to what you say, but I guess that's probably because I've known a couple of them for quite some years. Another female may find that quite different.*

In meetings it was important to be heard and have a high profile. One manager considered that women had to learn to speak out, seat themselves strategically, and generally act smarter. She had developed these strategies from examining the environment:

P07: *I think women have to learn to deal with that, and that's often, I think in the past actually, that women have used that as a bit of a cop out, and they haven't spent the time learning how to function at meetings. I mean if you feel strongly enough about something, you'll sure as hell get heard. So I think that's an education thing. I don't really accept that that's a female thing necessarily. That's probably got something to do with it, but I think that's an easy one for women to remedy, and if you are smart, you'll learn sufficient strategies, like sitting directly opposite the Chairman so that you can do this when they are trying to ignore you instead of sitting on the side. I mean lots of strategies and women are very intuitively wily from a survival point of view, so I don't see that that's a big problem and I really think that a lot of women have used that as a bit of a cop out. That's generally. Now certainly, when it gets to the hard stuff then I think they use the fact, men use the fact that women are more sensitive and they really try hard to hurt your feelings or and if you are going to be thin skinned watch out.*

Recognition of their work.

Participants also found that their work, or documents prepared by them, were sometimes claimed as their own by men in more senior positions. Several women volunteered information on this practice which meant that they or other women did not receive recognition for their work. For example:

P27: *I always put that up as their work, with a note from me, because you could give people credit, but you will find that there are very few males in this building who will do that. They will have that re-written and put their signature on the bottom and it's one of the things that really urk a lot of the females underneath them in this organisation. They're really well known, the ones who do it, and, I don't say it's like stealing someone else's work, but it is a bit of plagiarism, really. That they won't give credit to the people that work with them.*

Other participants spoke about not having their work acknowledged:

P06: *The secretary who did all the work with me and the person in organisation who left that area quite quickly, because they said as soon as I was taken off to do something else, which was another problematical area, you know the context at the bottom, small wording changes were made and my initials were quickly removed from the bottom. It's quite interesting. I had no idea until later and the secretary wouldn't work for the person in that area anymore. She said, "well after the way they treated your work" and I said "what do you mean" and she said "well, no acknowledgement, and they quickly removed your initials and your name from everything". That was quite fascinating to me. I had no idea they would be quite so blatant.*

In addition, another participant raised the issue of status which doctors assume they have and health professionals have considerably less. She said:

P01: *Yes, even [male doctor] does that. He will give me credit later, but at a meeting he will take it, and meetings are not easy unless, as I said, you are of sufficiently high status that they must pay attention and that does happen. But, there again, most of the women who are of sufficiently high status are doctors which gives them a double edge. I'm not very good with doctors. I won't call them doctor. I'm not going to give them any edge over me that I know they will try and take.*

By increasing their awareness and making observations of the importance of language and visibility at meetings, these women managers were recognising ways of achieving influence and power. Not only did they need to have status, their ideas needed to be forcefully presented and their documents labelled and acknowledged. With astute examination of these experiences women managers in this study were also noting political aspects of their contexts.

Observing the political environment.

Participants were observing the political environment, asking questions, and noticing ways that others were operating in the organisational context. This experience resulted in one woman manager undertaking another degree:

P22: I was collecting their data for them from the children I was treating which was fine until I realised that they were getting PhD's out of it. I'd done all the bloody work and they actually cheated on the results, it was published with lies in it. ...I decided to head off and I looked around at where I could get research training and decided psychology was a good idea. I went off to take a part-time work and then embarked on an honours degree in psychology.

Another woman manager observed the impact of her visibility and political influence with some surprise:

P10: I think I'm very visible and I'm not quite sure why. Whether it's too with my height or because I'm new and people know who I am. They've checked out to see why. In that sense I'm very visible. In this current job my visibility is still coming to the fore, but I'm beginning to see that my visibility is increasing and partly, that's because I'm increasing my network within this job, and partly because I'm starting to make statements and putting forward ideas of what I believe need to happen. Then planning different possibilities and different options, so I think that's creating my visibility too.

Working in large organisations required participants to examine systems and organisational climates. Many participants commented on negative organisational climates saying from their perspectives they felt critical, that there was uncertainty and anxiety due to re-structuring, and that there were negative assumptions held about nurses. Others made similar observations on the health field in general and the lack of female representation in top management levels:

P03: If you have contact with the central office, it's really rather in a rebuking manner, because large organisations are not good at saying "congratulations on a job well done", but very good at writing a stinging letter, if there is criticism. ...but from my point of view everything had to be pushed in this new department, to the male level. I don't think there's much doubt about that. ...I mean, personally, I feel it's because I'm a female, but not so much female, I think it's because I'm a nurse. I don't know if you ask anyone, that they would tell you that females have such a role in the department, because I think it's male dominated. I think if you look at administrative positions, there isn't a female who holds an administrative position within the Health sector, unless you look at Dr [name] whose the medical super at [hospital] But, by virtue of the fact of being a doctor, she has that position, so, if you look at the teaching, apart from Directors of Nursing, there's not one female sits on any of the senior decision making committees. So you see, there is no female sitting up there. All the decisions made are male, and it really is quite difficult to see why they would think females have the ability to do that, when there are no females coming up through the management stream, and I guess if you don't have any you don't think that they have the ability to do that.

From another organisational context came similar comments on the difficulties of being the only woman:

P16: *It's very different, working at a level where the majority of your colleagues are men. At [place name], I'm often the only woman there, although there are other women at this level, they don't participate, and it's pretty daunting with a whole lot of men.*

Being in these managerial roles placed women in positions of influence, making decisions within political environments and carrying out managerial functions for which they were not received sufficient education or preparation. Furthermore, within their organisational context they felt isolated and anxious to prove women would be competent managers.

Being in a managerial role.

Across health and educational contexts participants continued to observe managerial behaviour and the way other women reacted. Their examination of the contextual variables, the way people in senior positions reacted to them, and the results of their management tasks, caused participants to question their assumptions and recognition of their contribution to the operation of their organisation. They described situations of male colleagues not wasting time talking to them, feeling alienated, worrying about being labelled an aggressive feminist, and other women adopting the values of men in order to survive and advance in the organisational culture. In relation to women feeling valued, one participant explained:

P13: *No way he was going to waste time talking to me. He made that extremely plain and I thought, you know, we were all there convivially and I was trying to get out of the don't always talk to the women, don't always talk to the the health science people. It was made very plain to me. I was so unimportant that he wasn't going to waste his time.*

As well as feeling unimportant, participants were learning how to make unpopular decisions.

P11: *I think one of the big stresses, in that sense, is coming to terms with the fact that you are not understood. And that is even more difficult when you're a woman. I don't need to be popular in the same way now, because I've got other supports. But I did find that very difficult. There were times when I used to think "God, you know, I've alienated all these people". And it's certainly something that gets thrown at us as women. That we're too scared to upset people and I resent that. I remember somebody saying "You've got to learn to bite heads off" and me thinking "He doesn't think I do". I mean I do know how to come down very hard on some people.*

Another participant described her behaviour and observations of other women's strategies in the organisation. She was defining her style and the benefits that she considered to come from this managerial behaviour:

P02: *There are women in the organisation who take a very aggressive role, and are known to take that role. I deliberately don't and I also deliberately don't associate with them, because I don't want to have that label. Then people, the men in the organisation will come and talk to me and know they are not going to get an aggressive female. I think it takes both. People have to contribute where they can, and in their own personality style, and I think some of those women who take a very hard line also make a lot of wins for women, and I'm pleased that they do it. I can't do it. It's not my style. I'm not going to do it. I make wins in other ways and I think it takes both, and I certainly don't oppose what they are doing.*

Participants commented on the difficulties of women in senior positions determining ways of performing in managerial roles. Some women managers were seen as adopting masculine styles of managing or emphasising feminine attributes:

P18: *It's interesting to look at them. I think we're all three very different personalities. There's one of them whose management style is, I would have thought, instinctively, male. I may say that she's not well liked, she's quite powerful but she's not well liked. It's quite interesting at the law seminar she was the only one there who had actually had a lot of experience of disciplinary procedures and I can't imagine that her staff produces any more problems than anybody else but she made recourse to disciplinary procedures far sooner than anyone else. The other one is feminine, blonde hair up in a chignon or free flowing over the shoulder with the latest fashion and a lot of jewellery, very feminine and I sometimes wonder if she isn't doing the opposite, consciously or unconsciously to use her femininity in a man's world and she's very soft spoken.*

Other women managers who participated in this research were looking for opportunities to change organisational contexts to develop women's ways of managing. One participant perceived that some women were muting their feminine styles in an effort to gain career advancement. She valued women's ways of managing and was not inclined to adopt masculine attitudes and male managerial behaviours:

P05: *As I say, with this reorganisation, I mean what I've observed is that many of the women have adopted - those that have been successful quickly - have adopted the values of the men and they have played the men's game and so I guess that's why I've hesitated. ...What I'm trying to say is that women who are in a hurry to get there need to adopt the male attitudes and so they learn not to respond to whatever their female part would respond to.*

Another participant was developing her own style of intervention for solving some conflict and lack of harmony in the workplace. She described her way of dealing with a difficult situation:

P03: *I think perhaps we've been a little more honest and bared our souls, and it really was an excellent session, and we will be meeting again next week for the second half of the agenda, but, it was something like, this is how I felt, some things we had in common, some we didn't, but it was great to be able to do that and look at areas of commonality.*

Other comments indicated participants were developing their skills in working with people:

P40: *Specifically to work within the group setting, it was really knowing how people work and how people relate together, this is what I was interested in and that's what made me want to move from one setting to the other.*

There were many dilemmas that needed to be examined as women developed managerial roles. Through their observations and examination of being in a managerial role in an uncomfortable organisational culture, participants were attempting to overcome their contradictory assumptions that women could not become effective managers. All participants were attempting to create positive impressions of their managerial abilities, to commence changing the negative assumptions of senior executives about women being in senior managerial positions. However, they continued to find that assumptions were barriers to them gaining confidence and making career progress. It was not unusual for female health professionals who moved into management roles to find that male colleagues assumed that they would be receptive to their problems and continue to operate in the health professional role and offer counselling. Several participants from health and educational organisations made these observations:

P18: *I have difficulty in differentiating between whether they relate to me as a woman or whether they relate to me as a therapist because I find that my skills as a therapist come to fore quite a lot. I find that if I'm with one of the men in senior management, they do most of the talking and it's not, I don't know how it happens but I now know it happens quite a lot, they actually divulge to me all their problems. I end up being someone who is listening to them airing their problems. Sometimes personal and I think, my gosh, you know, I can't help if there's some way around it when I get into these situations I end up being some sort of counsellor. Is it because there's nobody else in the university that actually will sit down and listen. It happens before we realise it's happening. I then don't ever want to sort of be negative to people who have put me in that position. It's a quandary because obviously it's needed. I mean these are senior people we're talking about.*

Another participant reported a similar situation where as the only woman she was expected to be a counsellor:

P22: *You see a lot of my male colleagues, when I worked at the department, I was the only woman in a department of 20 men and it was quite fascinating to me how they functioned and I learnt a lot from being alongside*

them so what was aggravating was never knowing whether I got the job because they were so embarrassed they had no women on the staff I was a token woman. I was the only applicant who was a woman, also the fact that the men there wished me to be a woman and used me as a repository of all marital and family problems and I found that difficult and it was part of the reason I left, I was becoming the woman therapist.

Crosby (1984) provided advice to women workers to join together to complain, compare, and question. It should be possible to record dissatisfactions, to make comparisons on patterns of requirement, and rewards and outcomes, and finally to question. Question those who possess the information and make the decisions, and alert the organisation to the issues that cause difficulties. As most participants were the only woman manager in their department or organisation they were unable to readily compare experiences.

Reflecting on Assumptions and Career Development

During the latter part of this second stage in the metamorphic process, participants reflected on the impact of their contradictory assumptions on their managerial career and the impact of organisational contexts on their capacity to develop women's ways of managing. Juggling the influences of language, political environment, organisational issues and structures with being in an unfamiliar managerial role meant a period of intensive examination of their personal and professional competencies. In addition, many participants were working in organisations that were undergoing major change:

P17: The University has been through major, major changes, he came in very authoritarian, very controlling, very aggressive, and a man who tended to dominate academic council, treated us like kids and we responded. We either kept our heads down and didn't say anything because it would be cut off if we spoke up. But his style has changed and there have been a lot of movement. In the university in the past few years, but again it is circumstances that influence the way you behave.

Moreover participants had entered organisational cultures which were resistant to change and pressured them to adapt to existing norms. They often realised even more, in this phase of the metamorphic process, the extent they were cut off from organisational and social power. As found in the literature, in general, these participants had to take cognizance that they had entered an environment where the organisational context gave them negative messages, where male managers were taken for granted and female managers received negative messages that they were invisible, irrelevant, and not included in the hostile world of managing (Marshall, 1993; Sheppard, 1992; Yerxa, 1975).

During this phase of the metamorphic process these participants questioned the contradictory assumptions which had influenced their thinking and behaviour during school and family experiences, into their professional education, and during their period as a clinician. They perceived that they had to stop jumping to conclusions and help others from doing the same. They had to drive out fear and learn how to operate as a manager out of the safe clinical comfort zone. This meant taking risks, facing threats to their self-image, and strengthening their resolve to confront the contradictory assumptions that influenced their behaviour and career goals.

As found by White, Cox & Cooper (1992), these women acquired evidence of their competence and gained experience of psychological success their beliefs in their career and management potential began to expand. By examining and reflecting on the inaccurate assumptions they began acknowledging the opportunities for developing their managerial career. This often required becoming more visible in the organisation and professional association, taking leadership roles and exerting influence, developing political nous, and developing negotiation skills in the more complex and demanding meetings of seniors rather than departmental staff meetings. Learning these skills became the focus of stage three in the metamorphic process. This increased their opportunities for making observations of managerial behaviour and the way decisions were made.

In Freeman's study of women managers in 1990, she found that the women managers "astute observations of their own and others' behaviour are used to professional advantage and as a source of personal reflection. Women see themselves change in the context of their careers" (Freeman, 1990, p. 121). During these experiences, participants were able to examine their personal and professional capabilities with what was valued in the organisation, as well as what was excluded, suppressed, or marginalised. This process of observation and reflection on managerial tasks enabled some participants to re-claim and value the positive aspects of the effects of their socialisation and previously devalued women's ways of managing. Because women may have multiple responsibilities they have to take account of family demands, as well as career advancement. Some participants put their careers on hold while they had young children, working in less demanding positions, working part-time or working around the clock, explained by one participant in this way:

P39: *I could be with the children because what I did, I worked morning, had the afternoon with the children, came back to work in the evenings actually to do research with... and did that for a few years, so though I was effectively working full-time I was paid half time and then people said it was ridiculous, you might as well get paid full time and so when [name] went to nursery school I came back to full-time and just went on from that. So the only bit that actually then led me into a career happened without either being intended or planned or anything I had expected to. So first of all is find out what sort of*

person you are yourself. If you know that you are somebody that wants a career, to go for it early, to not feel guilty, to make good child care arrangements and then not feel guilty about it. We need role models and to be seeing women who have successfully done both and seeing that it is possible to do that and be an ordinary and not the sort of woman when I was a medical student, in brown shoes and definitely single.

Loukas (1992) encouraged women, particularly health professionals and occupational therapists, to examine priorities and workloads. This should not only occur in the workplace but in personal and family roles so that there is recognition of the multiple demands created by career advancement, dual career partnership, and family responsibilities:

The examination of workplace cultures and patterns by women with health care backgrounds, advocates of balance in life and experts in occupation should encourage us to challenge rigid workplace models and to promote viable options, to "take pride in all that we are able to accomplish, rather than feel guilty about the choices we have made" (Loukas, 1992, p. 1040).

The following two participants from Scandinavia reflected on their feelings about career development. The first recalled her experiences and considered her career could have been different:

P25: *You know that ten years, 15 years ago, when people asked me "do you think that as a woman it is harder for you" I said no, I've never experienced that but I think that's wrong, I think many things would have been different if I had been a man, within my career, not as a person. There would have been better education, you know and I'm sure that I would have had much easily, would have gone onto higher positions. You can see the man, how much more, how much quicker they advance within the same organisation.*

For the other one, reflecting on her social environment and the different rights she had as a women caused feelings of anger:

P28: *I married a man who also went to the same school and we had our first child in 1974 and then I realised that I didn't have the same rights as he had, because he was a man and although I was even more qualified than he was, in fact, but all the same never felt that he had the responsibility, the main responsibility, I had it and therefore this made me very angry.*

The multiple demands of the workplace combined with other roles resulted in problems for some participants. The effect of trying to be a super person, striving to achieve success without sufficient support caused this participant to take time for relaxation. In this way, she also found time for inspiration and new ideas:

P10: *I think I was becoming quite stressed. I think that I didn't sleep as well. I think was a lot less tolerant within myself, and I was trying to be a super person, and I think now I've actually learned that it's important to relax.*

I enjoy going camping and I think one of the things I recognised in going camping, particularly when I was away a couple of years ago for 10 days, that in fact some of your best ideas and decisions can come when you are away.

Another participant recognised that her work demands were becoming excessive and after mature reflection decided to decline the request to become involved in more activities:

P40: *It was an intuitive gut decision, it was yes and then when I went away and had mature reflection on it I realise that I don't have the time to do it in the way that I would want to do it and so I phoned them up and said that I had thought about it and said "no". So I also have the ability to, to change my decisions if I really think that I have made the wrong decision.*

The need to meet work and family responsibilities created additional dimensions to making decisions about career development. Organisational and social contexts placed expectations on these women managers not usually shared by male managers. Dealing with complex demands caused participants to examine their assumptions and the assumption evident in their organisational environment.

Summary

During this second stage of the metamorphic process, when participants were examining assumptions, observing and reflecting on the contradictory assumptions embedded in organisational contexts, they were making choices with more awareness of the personal and contextual influences. They were seeing beyond the dominant masculine frames and realising that there were other choices. This indicated a higher level of observation and learning, as discussed by Marshall (1993), than substituting one viewpoint of the world for another. They were coping with high levels of contextual awareness which was a strategy similar to action inquiry, outlined by Torbert (1991), of adopting a continual strategy of inquiring into purposes and assumptions. According to Torbert, there were differing levels and types of observation and reflection. By a process of selection and omission of information, there was an adjustment of relationships and images which were used to guide the interpretation of reality. These participants, women in managerial positions, gave their perspectives on becoming aware of themselves as managers so becoming aware and questioning their surroundings. The next stage of the metamorphosis process was taking up the challenge to learn skills and strategies for being a manager. This commenced the shift to re-framing and acknowledging the importance of networking, career planning, and seizing opportunities to advance in their managerial career. For example, on reflection one participant decided she required leadership experience and was no longer prepared to fill in hoping for something to happen that would accelerate her career:

P05: *I just took the message and went back and thought "well now is where I start considering what I'm going to do next, because obviously I can't go into that area, because I'm not going to get any chance at any leadership stuff and I can't stay where I am, because I'm not being a filler for anybody".*

After realising that she had managerial skills the above participant became frustrated with her return to a junior position. From that point, she pursued management development and senior positions. The limited opportunities in her health professional area meant that she decided to move into general management functions. She elaborated:

P05: *There were no senior jobs at all in WA that were available. There were only three or four senior jobs in town anyway and so I decided just to hang around and wait and see. So it took about six months before a locum came up and that was just a junior level . Well I found myself totally frustrated.*

The data showed participants were developing more self-reliance and courage to positively declare themselves as "real managers" and to move onto acquiring more of the knowledge and skills associated with managerial roles. At the later part of this stage, or as participants moved in to the stage of learning and re-framing, it was believed that a mentor or sponsor could have a positive influence. Participants moved more quickly into the next stage when senior colleagues had confidence in their abilities, one example being:

P18: *She had confidence in me which allowed me to have the opportunity to do the position as chair and that was a big thing for me and made a big difference in my life to be given that responsibility.*

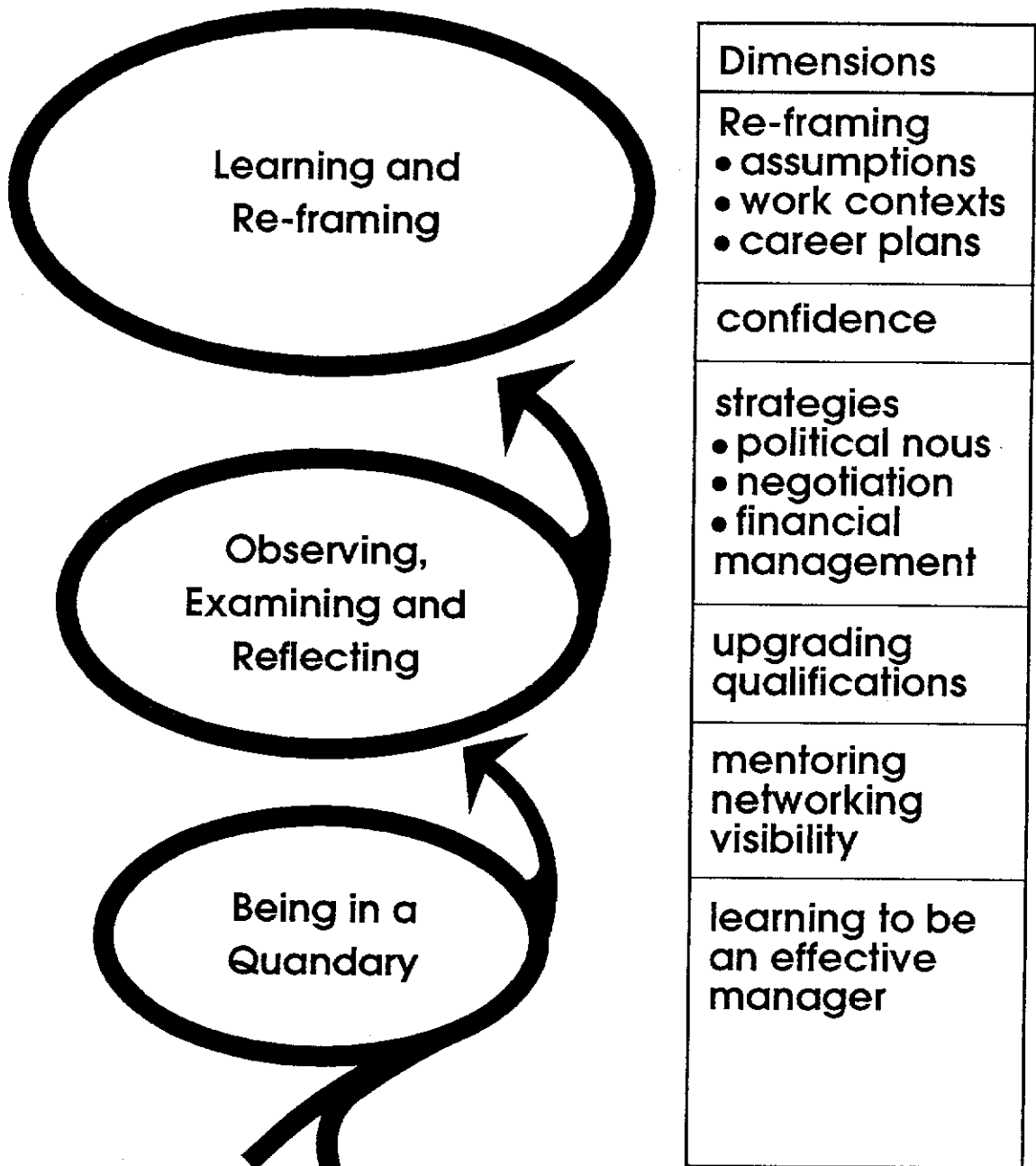
The consequence of their observations, examination, and reflection meant that participants started to feel increased confidence in their performance of managerial functions, that they became actively involved in learning management strategies and skills. The pursuit of these management skills are outlined in the next section describing stage three in the metamorphic process.

Stage Three: Learning and Re-framing

Following the observation, examination, and reflection on their position in the organisational context, while also determining the requirements for being an effective, confident manager, participants took active steps to acquire the skills required for managing. They recognised that women could bring equally effective, perhaps different, strategies and skills to management functions. During this stage of learning and re-framing some participants discovered that they had unique competencies and valuable differences to bring to their style of managing. The key characteristics and dimensions found to make up stage three are displayed in Figure 25.

Figure 25

Learning and re-framing



Stage three was a process of learning and re-framing that increased independence and confidence, while expanding their contacts and establishing networks. Some participants had mentors or supporters to guide and encourage their development. By this stage many participants had enrolled in or were completing graduate qualifications which were frequently directed at management topics. Several participants were involved in specific government executive development programs. The range of management positions participants held were related to general management, policy, regional or large organisational services, or heads of health sciences schools.

As previously described, some participants described having to remove health professional qualifications from job applications in order to obtain interviews for senior general management positions. Moreover, some participants were working in organisations which were undergoing turbulent restructuring changes. These changes and following pressures added to the learning that they were required to undertake. Many needed new strategies for personal and professional survival while others were struggling to achieve some balance and mastery over their situation. Frequently, the support or lack of support from their partner affected their ability to cope with change, plus a demanding managerial role.

Participants were learning to overcome their assumptions and the assumptions of colleagues, senior executives, and the organisation. They were learning to cope with the difficult context of being women in male-dominated environments with limited access to mentors, informal networks, and role models.

Eventually, they were to become change agents, re-framing their perceptions and the perspectives of others by finding new and different ways of managing. An example was a participant coming to realise that:

P22: To find people who value you and that actually was very critical for me because until that point I had needed people to like me and have their good will and I learnt at that point to stop minding about other people's views. I don't say I don't want them but I realise that it was an unachievable thing and I should stop bothering. It was no good waiting for that, it would never have arrived.

Frequently, the socialisation of females had imbued them with a need to be liked and one of the lessons women managers required was to cope with making unpopular decisions. It was found that certain conditions were necessary for participants to be ready for learning. They required a high level of personal awareness, interest, and commitment. As Heron (1992) said, "we can only learn what we are interested in and follow through with some degree of earnestness. It is essentially self-directed, no one

else can do it for you" (p. 223). The need to learn management knowledge, skills, and attitudes came from the observations and examination of their context, reflection and needs analysis of themselves, and levels of ambition combined with a desire to become successful in managerial roles. Participants used their position as a manager to learn alternative and new ways of operating in the organisation. From the raised awareness achieved during the first two stages they moved further towards re-framing their assumptions. In addition to seeking learning opportunities within their organisation, they were joining professional networks or starting networks, seeking career advice or mentoring relationships, attending formal and in-service courses on management, developing strategies for managing and leading staff, and ensuring that their activities and themselves had a high level of visibility. Any advancement and success by valuing women's ways of managing encouraged participants:

P22: *Many things that have made me successful because I have not denied the fact that I am a woman and used it to advantage and I think it's for me it was a lot worse to pretend I was a man and play the game purportedly of a man, I played in a way that suits me and I think that is probably fairly feminine and I have no objection to that and I don't see why I should pretend otherwise.*

In relation to learning, this participant found:

P09: *I had to say what I felt, but I started learning ways, I suppose in which to present the information, so that I was justified in saying it, and it really impacted on the way I felt that they should be conducting their business in the place.*

Again, there was concern about moving from clinical practice to managerial roles:

P25: *Yes, it's more easy with patients in a way because you know you are a therapist but the staff is different because you can't treat staff the way you treat patients. I think that it is important to learn about people and learn how to deal with conflicts and crises but also to learn more I think about the woman leader and the male leader, I think psychology is important, I also think that problem solving in the management area is important. Some of the things you don't realise how much power there is in groups and in certain positions and so one, I think you have to be more, more aware of that in a way.*

In another example, a participant valued a good boss and felt she was learning about 60 percent of things she had never done before:

P02: *That they're a good boss. That's very important. I don't like working for someone I don't like, so that's very essential. Another thing is good people around me. People whose company I enjoy and I like working with them. The third thing is that you're achieving something, that it's meaningful, that you're not just tied up in paperwork that's endless and not getting anywhere. The achievement is the important thing. They're the things*

that give me satisfaction. Oh, and learning too. Probably about 60 percent of the things that I'm doing I've never done before and involve learning.

Ways of Facilitating This Transition

Health professionals who make this career change into a managerial role frequently found the adjustment difficult. As they had not been prepared for the role, they find many skills need to be learned (Prideaux, 1993). From Prideaux's study of 30 health professionals (15 doctors, 15 allied health, of which five were occupational therapists, five were social workers, five were physiotherapists), he found them describing "two worlds" in which tasks, roles, relationships, the patient orientation, thinking, decision processes, and skills all needed to be revised and different skills learnt. Many were surprised and disappointed by the lack of senior management support and the isolated way that senior managers worked. Some ways which facilitated the transition included supportive organisational systems, supportive colleagues and groups, along with formal management courses. Through these activities health professionals learnt the different skills required for managing and received assistance to make the transition. This change and re-framing from clinical/practitioner roles required a range of actions - from understanding the importance of being visible, endeavouring to obtain mentoring and joining networks, upgrading qualifications and attending management courses, learning and developing strategies for managing, followed by learning that different factors influenced successful participation in the managerial culture of organisations. Each of these dimensions of learning and re-framing will be covered in this section, using quotes from participants to highlight their perspectives. In the process, participants learnt more about themselves and their degree of fit within the organisation. According to Freeman learning covered multiple activities:

Learning, then, encompasses far more than the content of the work. Women learn about the complexities of their organisations, the inter-relations among functions, and what facilitates effectiveness. By moving from one area to another, they become increasingly aware of their expanding knowledge and abilities. Their confidence grows with their competence. They are offered and they fashion opportunity to develop their careers further. They seek and are chosen for promotions. They become managers. (1990, p. 69)

The data provided insights into the strategies for learning and re-framing. One participant reflected on the lack of resources available to her to attend management courses, particularly economic management, until she achieved a chief executive position:

P23: *I actually had to go out and get the knowledge first, so most of the time it meant that I had to understand accountancy and finance. I had no training in financial management. I taught myself and I actually learned from our Director of Finance. He actually sat down and taught me and then by doing it myself because there wasn't any support system. There was no build*

up of management training or whatever in any constructive way throughout my career. I think the second barrier was money and that I wasn't in a position to be able to afford the things that I needed to do to make these things happen for me, so I was having to move myself into jobs that paid a lot more money in order for me to then, retrospectively, go back and get the knowledge that I needed and the experience I needed and certainly up until now, this job is totally different but until now that is indeed what I've had to do. I've gone into the job and then looked and thought, right, these are the areas where I'm weakest in, this is what I need to do to improve myself, now I'm in the position of having the money, I then go and pay 900 pounds or whatever to go on this course or buy this computer or whatever. ...offered training and I had the opportunity and some money available because I was able to influence. In this job I came in with a whole lot of things prearranged for me by the chairmen and because there were things that chairmans and chief executives have to do together and so it was all actually booked and so that started off, for me, a whole way of looking at things, so when training sessions come up or, I'm already in the pattern of doing it, the money has been made available but it's a bit sad, isn't it, I have to get to chief executive level.

It was evident during this third stage of learning and re-framing that participants started making explicit their personal goals for their professional careers and set about defining steps for managerial career development. By challenging the powerful organisational context messages and re-framing their assumptions, they continued the process of challenging the assumptions of others and the assumptions implicit in the structure and operation of their organisation.

It was essential during this stage that participants had a developing sense of their future career advancement and direction, as their opportunities for career counselling, obtaining a mentor, obtaining support to attend courses, conferences and meetings, being part of selection panels, and overcoming the attitudes of male managers towards women as managers, required strong beliefs and commitment. Opportunities to participate in the activities which contribute to further developing managerial roles were often limited for women (Tharenou & Conroy, 1988). By pursuing learning activities participants were increasing their confidence and improving competence in managerial functions. In turn, this meant participants were seeing more opportunities, making decisions, and overcoming what had been previously viewed as threats, obstacles and barriers. "Considerable new learning is required when a woman assumes a managerial position" (Freeman, 1990, p. 83). Freeman related this learning especially to delegation and she claimed that learning how to delegate means overcoming lack of self-confidence and the feeling that you have to be totally in control. The effect of not being able to delegate was said to result in excessive work loads. Believing that you have the capacities, building up stores of knowledge, mental pictures and self-talk showed participants were becoming leaders and peak performers. They were gaining a deeper understanding, moving to what Kielhofner (1995) called perceived competence and perceiving themselves to be behaving as managers. This

gave confidence to value their attributes and ways of managing. Many previously undervalued "soft skills" associated with women have become the new paradigm of management for the future success of organisations (Karpin, 1995).

The importance of visibility.

From their observations and examination of the workplace culture, participants were learning the knowledge and skills to become more confident in management positions and to cope more creatively with the challenges. Some situations which had appeared daunting and which presented threats or barriers to their success were re-framed and changed into opportunities. This enabled them to demonstrate their abilities and increase their visibility. To ensure she had a visible profile, this participant found it important:

P07: I think it's fairly high because I go out of my way to try and make it like that. I believe it's very important to be seen at absolutely everything, so if there's ever anything on here at the hospital organised by medical staff or whoever, unless something unforeseen happens I will be there, because I think it's important for nursing staff to see that you believe that's appropriate and it's also important for medical staff to see that. I try and get round to each of the areas at the hospital at least once a week. I will give out yards, feet and inches if a decision is made at the other end without my involvement. I expect to know, as a member of the Executive, because that's one of my responsibilities, and it's not just nursing. And they know now not to do it. It's not worth it. It's too miserable for them. I suppose, it certainly took 12 months, because I went through all the try on bits as well and every now and then there's still a bit of a try on but it doesn't last long these days and it's just occasionally and now I'm more likely to get that quality straight away instead of an excuse as to why I wasn't. So I don't miss out on too much because that really angers me, because that's deliberate.

Another participant had enjoyed increasing her visibility, profile, and influence. She also saw being in education as a major influence and opportunity to create wide ranging networks:

P40: I mean I just like chatting to people, so I get to know a lot of people and because I believe in the human good of people I tend to if people work something for me I tend to sort of reciprocate, you know and so I suppose I do have a fairly high profile. A lot of people know me you know, within the profession and out of the profession. I think we have to stand up for what we believe in but you see I think the most articulate members of our profession are in education. I don't know why, if it makes us into that or if we gravitate into it because that's where we seem to have a major influence and I suppose you know a lot of people because so many students have gone through your hands, you know and you just have to phone up. I mean I can virtually phone any part of [country] and at least chat with somebody that I know. The same down south a lot and I deal on the Continent and the States.

In this next example, the participant said she was learning ways to exert influence:

P36: *I think I am one of the most outspoken persons in this department and I use it. But I think I have learnt not to be too eager, control myself to be wise and control any influence and facing it and be very careful about the timing and that's very important. So my way in this situation is to try to speak out and clarify what I mean and what I do.*

The managers in this research realised the importance of visibility to make career progress. This was also reported in the study of managers by Freeman where they needed:

Willingness to surpass expectations. They extend themselves by taking initiative, expending extra effort, and assuming more responsibility than others do. They perceive and manufacture opportunity where others do not. They produce and take advantage of visibility to insure recognition, which is requisite to advancement. These behaviours, coupled with their ability, are likely to precipitate success. (Freeman, 1990, p. 67)

Mentoring.

Within the context of health organisations contributing to the contradictory assumptions received by participants, mentoring and support for managerial career development was not usually available after they commenced practice. Occasionally, the head of a clinical department provided opportunities to learn, as one participant explained:

P05: *That was good because at that time, and I guess things started to come together as far as speech pathology goes... But I met my mentor at the [hospital]. A superb person who took me under her wing the first year. I was the first full-timer. I was the first in charge of the department, otherwise there had just been part-timers there. She was an elderly person, getting ready for retirement and very astute and very shrewd and she wanted me there. I had done a locum there at one stage so she wanted me there, she manoeuvred me there and then she said "right, you've never run a department before, in one year I will show you how to do it, so lean on me, use me" and she also had a particular specialty in voice that I had never ever imagined I would get involved in - it was not an interest of mine, but being the sort of person that she was, the dynamic therapist that she was, I soon adopted her specialty, but the fascinating thing was she took me through the management year, looking after me if you like and backing me up as I learned how to be a boss and at the end of that year she said "right you've had 12 months with me, now don't you ever come to me again - you're on your own, go to it, you know what to do". She was always a great support but, it was a very very difficult section. All the staff were older than me. I was very young at the time. In fact one of them had been my Director in training, so it was having to cope with certain emotional pressures and things like that and this particular woman was just superb in just launching me into this. I'd never ever considered being in charge of anybody, I wasn't that sort of a personality. I was quite happy to do my therapy.*

The example from the above participant was unusual as frequently participants had to be the ones to make decisions about obtaining further qualifications or executive

development opportunities. It was involvement in these activities that provided support, mentors, or role models. Certainly, opportunities for career development were needed to address the lack of support and confidence about their move into managerial roles which was felt by many participants. One participant had been working for just over 20 years when she enrolled in graduate studies. She commented:

P15: *I think it was mainly my growth during Graduate School and then when I got in the University environment I probably had mentors that were other academics in OT. I didn't have them at the University for many reasons, but I think it was the other academics predominantly who I started to look at and see who I might like to model my career after and that sort of thing.*

Another participant in a different region, with a non health professional background, described her experiences and explained that her development related to taking opportunities as they became available. She was fortunate to have support from her supervisor and a range of work assignments which supplied diverse work skills:

P19: *A new challenge and there was an opportunity within management accounting which had a very modest supervisory role and one assistant appointed to them and my boss at that time was then treasurer of the organisation, was keen to see me progress along those lines and sort of said "well I know that this is coming up, would you be interested in it" and so it wasn't even a case that I sought it out, it was actually suggested to me. After that I applied to the then newly established [name] corporation and for the next ten years I worked in that organisation although it's name changed and during that period I did my training for positions through pieces of in-house training, supervisory roles and having a little more responsibility, working mainly within finance or treasury or joint-venture audit. The latter was quite interesting because it allowed me an opportunity to travel within Europe and the United States in conjunction, I worked with multi-national teams, as a member of a multi-national team, joint-venture audit.*

While bearing in mind the advantages and disadvantages of mentors and role models, there was a belief that most health professionals required significant levels of support to gain the access and confidence to manage in "chilly" organisational climates. A participant who had someone to encourage her to apply for a senior position and gave her moral support said:

P18: *She provided the model, in fact that's what she did, she was very good in saying that I had to develop my own ideas and she just gave me the moral support which was nice, but, yes I should have said that she was quite an influence at that stage and she was a mentor. When we were short of a chairman it was her who persuaded the council and me to take on the role.*

Two other participants commented on the people they remembered giving them support, trust, and encouragement:

P21: *Interestingly I think in the first instance it was my nursing officer, who in fact I had a great deal of respect for. I don't think there was any one person but the reason I had respect for her was that she had been my ward sister when I had been staff nurse and indeed a student nurse and very many ways my role model as a practitioner and certainly I would look to her advice and support and the director of nursing education at [name] both as a ward sister and as a member of the staff was actually very helpful very supportive and certainly gave me several opportunities.*

P31: *...in charge of my work and they were two very different persons, they cannot be compared and I have very good contacts with both of them and do appreciate it and but with the first one I do admire and she gave me so much freedom to do what I wanted and she sort of trusted me very much, "of course you can do that, you can do that, you can do that".*

The importance of superiors and supervisors facilitating learning and progress to a managerial role was crucial to career mobility in management (Forrest, 1989; Prideaux, 1993) but the difficulty for women obtaining mentors, sponsors, and support is difficult in most organisational systems (Burton, 1994; Freeman, 1990; Nicolson, 1992; Still, 1991, 1992, 1994). This was confirmed in these data:

But few senior managers are willing to sponsor women. They look for people like themselves similar backgrounds, schools, goals, and aspirations. Senior managers may know a great deal about how to become successful men but they know almost nothing about the every day dilemmas of professional women. (Forrest, 1989, p. 64)

Evidence from the literature revealed that there were usually insufficient women in senior positions and considerable difficulties in cross gender relationships. In academic life, in particular, the absence of women in senior positions meant more effort needed to be made to organise mentoring systems. "A mentor is someone in a position of power, who is prepared to be an advocate for, or specifically encourage, an individual in a junior position" (Nicolson, 1992, p. 21).

Mentoring was described by Wunsch:

as a complex, interactive process occurring between individuals at differing levels of experience and expertise which incorporates interpersonal and career development. As a dynamic relationship it is itself development and it matures in compatibility and mutuality as participants engage in reciprocal activities. (1993, p. 353)

Increasingly mentoring programs were being organised to address the low proportion of women in senior positions. Wunsch (1993) considered that reasons for poor representation of women in senior positions were due to lack of confidence and encouragement given to females, absence of role models, institutional and individual attitudes, and discriminatory selection and promotional procedures. This climate of

exclusion and marginalisation affected career advancement, as well as "persistence of outdated attitudes about women's role and career aspirations constitutes a major barrier to women reaching the top in academic life" (Wunsch, 1993, p. 350). To break the cycles of indifference, isolation, and discrimination Wunsch believes that "mentoring must be formalised as an integral part of an institutional plan for faculty retention and development" (p. 353). Feedback and support are required to encourage managers to experiment with new behaviours. In psychosocial terms this means enhancing the person's sense of competence and using the mentoring relationship to provide counselling, feedback, and emotional support. "Mentoring can help reduce ambiguity, help the protege see the patterns and implicit rules, and give appropriate feedback" (Horgan, 1989, p. 312).

In a comparative research study by Arnold and Davidson of females and males in mentoring relationships:

Many of the women managers referred to their lack of confidence, their invisibility and their feelings of anxiety about their jobs. These problems they believed had been resolved to a large extent by the help and support given to them by their mentors. A higher percentage of women than men considered each of the psychosocial roles to be important, which Arnold suggests may reflect women's greater need for affirmation psychological support. (cited in White, Cox & Cooper, 1992, p. 137)

It was also reported by White, Cox and Cooper that most of the women managers in their research study could identify a person who had been influential on their careers. Once again, the main benefit had been in gaining self-confidence as "their mentors demonstrated their faith by giving them opportunities to demonstrate their abilities and to acquire a good reputation. In proving their talents, these women became more visible to senior management" (1992, p. 142).

Visibility, self-promotion, confidence, and powerful contacts were evident in the results of research conducted in the USA by Adelman as cited in Wunsch (1993). From an extensive longitudinal study on careers and labour market experiences of the high school class of 1972 (N=22, 652) to the age of 32, they found women's academic performance was superior. The paradox was that their rewards, status, and achievement in the labour market were thin by comparison with men. He concluded that "women come to careers determined to succeed on the basis of what they know, not on whom they know" (Wunsch, 1993, p. 354). It seemed vital to be able to access colleagues and superiors who could provide professional guidance, coaching, and teaching the ropes about which committees to join, which projects to be assigned to for visibility and successful performance, what scholarship was topical and valued,

where to publish or present, and in academia which research was funded and rewarded.

A formal mentoring scheme had been funded for Murdoch and Curtin Universities in Perth, Western Australia to assist women to achieve higher publication rates, career goals, and access to senior levels. This mentoring program aimed to break through the academic glass ceiling by making the institutional climate more supportive of women's career development. At these universities there were limited numbers of women holding professorial and associate professor positions (Rowland, 1995).

	Female		Male	
	Professors	Ass Prof	Professors	Ass Prof
Murdoch	1	8	31	61
Curtin	2	16	41	81

(Rowland, 1995)

Some participants from this research could identify people who had supported their personal and professional learning, who had acted as mentors or been someone to debate and bounce ideas off. One participant was fairly cynical about people's motives for being mentors, while Hardesty and Jacobs (1986) discussed the "myth of the mentor". Besides the problems with cross gender relationship assumptions, they believed the contributions of mentors may be only another betrayal, as women feel guilty measuring their success against male bonding. One of their participants said:

I think the most difficult thing is that I feel I'm always learning on my own. I don't know what a mentor situation is. You only develop that relationship over time by playing golf together, drinking together, and I don't think many women have that. Added to which, a partner can only champion so many people. (Hardesty & Jacobs, 1986, p. 43)

Based on the findings of this doctoral study, a limited number of participants had opportunities to learn through mentoring relationships or programs. Moreover, for change to occur organisational attitudes needed to be revised. Besides hard work, scholarship, and technical competence, the ability to self-promote and be promoted by mentors, plus strong self-confidence were required to pursue career aspirations. Also, having an understanding of the political climate of the organisation was essential.

Networking.

Networking is the second strand of providing support and information. For these purposes, networks were generally more available and used by participants. As revealed from the data, women managers had learnt the value of networks:

P28: *I have networks both women networks and networks with men and women and I have a system of working so that it doesn't very often happen that I get surprised about what's happened, I know what's going to happen.*

P39: *I observe that women network better. They do more of their business as it were by ensuring that they keep people in touch with what's happening and there is openness to what's happening elsewhere. I think, I don't know whether it's to do with being a woman or being the sort of person I am that I try to avoid confrontation type of approaches and if I can see something that is difficult to work a way around it rather than going head on and being battered back.*

P03: *I would say that I have excellent networks in this department, and sometimes you can bypass a lot of the bureaucratic red tape by informal discussion and so forth, and I think that this is one of the problems that some of the executive members have found. They have no networks in this department. I think they are isolated, and are reliant on the people underneath them for networking, because they haven't. I've got very good networks I think that's through the field and being in here, that you've got a double type of informal network. The formal one's OK, but the informal one takes you normally to the person who's got the information, whereas the formal one doesn't, quite often, particularly in here. I mean it's like a massive little intermingling and interlocking of little things, and so forth, and it isn't always the person appointed to the position that has the knowledge, and I think you probably find that in lots of organisations.*

In an academic context, one participant developed research networks because she recognised their potential to assist career development:

P40: *I feel that from that point of view I know a lot of people and I have a good research background and from that perspective, so that I can say to people "well I don't know the answer to that but I know who does". The other thing that I do is that I have been instrumental in collaborating with other people within the college in getting external funding into the department and that's been a major task and that continues to be a major task, so that involves in collaborating and writing research proposals, putting in for research grants and that kind of thing, so you need all the kind of skills of knowing how to present research proposals, making it succinct enough but plain enough for the research minded and so all these kind of skills. I don't think I've fully developed them but they are certainly developing.*

From only one participant we hear about a secret network:

P30: *I'm a member of secret women's group and that is we call us...[name]. This group, consists of eight women. I think the names of those women are in fact rather secret because they are women in high political positions, members have been in the government, so, but we are seeing each*

other about once every so many months and had a meeting just two days ago. Yes, and men, have I understand, know what it can be like, what do you call this, old boys, young boys groups, sailing groups or whatever they are, international groups.

However, although many of the participants were involved in networks they did not actively use them for career progress.

It was still suggested that men were more effective in using networks for career advancement. Cannings and Monmarquette (1991) found that women were less likely to use informal networks to gain promotion. They were relying on formal methods, but men were able to sustain managerial momentum by greater recognition from superiors. This meant that progress was less based on merit which enabled men to offset performance evaluations that on average were lower than those of women. Managerial momentum was a continuous process of upward mobility of performance, ambition, and rewards. "Superior performance need not be the only criterion for gaining promotion" (Cannings & Montmarquette, 1991, p. 213). Still (1992) agreed that women concentrate on doing a good job, hoping that their efforts will be recognised and rewarded by promotion. From their conclusion based on a survey of 646 middle managers of a large Canadian corporation, Cannings and Montmarquette said:

On average, men have more fully developed informal networks than do women, and there is a significant gender difference in the impact of such networks on the number of promotions offered in favour of men. The results suggest that male managers substitute informal networks for formal bidding for promotions, and that, compared to women, the greater informal networks that men possess help offset worse performance evaluation in achieving the higher rate of promotion. Lacking the quantity and quality of the informal networks available to men, to gain promotion women rely more than men on formal attributes such as bidding for promotion and performance scores, as well as post-employment schooling and end up with less career success than do their male colleagues. (Cannings & Montmarquette, 1991, p. 227-228)

Whilst participants were not at the stage of using networks to achieve career advancement and promotion, some found the support, alliances, information, and influence provided by networks helped them cope with the demands of managerial roles. Support was considered necessary to help women cope with the additional demands, absence of acceptance, and discouragement that women feel (Burke & McKeen, 1994). Professional contacts and networks need to be used to form supportive sharing relationships:

There is still more competition than cooperation at the top of nursing's ladder. Peer alliances, that work through the exchange of favours are often neglected

in the striving of women for power. Men are good at collecting such chits. (Pearlmutter, 1988, p. 152)

Pearlmutter recommended:

Facilitating the good performance of others and affording them opportunities for recognition provides a climate of good will which, in turn, increases power. Such behaviour requires that one view power as an entitlement all may share and enjoy. It is not a sum-zero commodity. If all members of the health care system experience a sense of power, the effectiveness of the group as a whole is enhanced. Colleague behaviours must be fostered. These include showing competence, giving feedback, recognising skills and competencies of one another, showing respect for one another, and consulting with one another. Women health care professionals need to form networks with one another. We need to form ties and become colleagues and resources to women in fields other than our own. We cannot afford to be isolated. We must share information, problems, solutions, and hopes. We need to help one another manage the stresses and frustrations engendered by the patriarchal systems in which we find ourselves. Such behaviours serve to strengthen in-group ties. (Pearlmutter, 1988, p. 153)

Successful mentoring programs, strategic networking, sponsorship, and promotion of cohorts of women are believed to help organisations to change and enable women to have important ingredients for career success and managing with confidence. These activities will help to alleviate the isolation that women managers experience in the existing male cultures that reduce their networking potential, as well as adding diversity in culture and language (Burke & McKeen, 1994; Long, 1993; Scott, 1985; Speedy, 1990). Commenting on the potential for change, Maddock (1993) said:

Women in some departments have transformed internal practice by initiating team meetings, networks and mentoring other women. They have affected the culture of their departments and this more positive context is influencing other women to be more positive in their promotional choices. As women are more confident in the manner in which they cope with gender bias this confidence is making women's distinctive contribution to the organisation more visible. The strategies which many women are using are more direct, more open and less colluding with the status quo. (Maddock, 1993, p. 3-4)

Recently, there was an amusing article in the Weekend Australian on Australia's high profile women networkers (Hope, 1995). One of the women, a director general of a state department said: "This year, I am learning all about bureaucratic turf warfare and power games as played by a largely male cast." She also advised her audience "don't bother beating your head against a brick wall, always make the first move, remember you can learn anything... and network" (Hope, 1995, p. 1). It was a practical way of incorporating women into corporate social life, as well as providing a supportive social context for trading information. The development of women's networks are said to be vital for information exchange and consciousness raising, providing theoretical and

practical means to challenge the existing structures. But women's networks can also be "powerful agents for change" and to challenge the structures and processes of higher education institutions (Wiencke, 1991, p. 54).

Upgrading qualifications and attending management courses.

The more structured acquisition of knowledge and skills, with positive attitudes to managing, contributed to participants becoming confident managers. Almost all participants had completed a formal postgraduate qualification and for many this had incorporated management subjects. In addition they had participated in many courses presented by their organisations or professional associations. Frequently, as they moved into management positions they were presenting and organising courses for colleagues. However, participants stated that although they had completed management courses they were still seen to be lacking business and line management skills. As most participants were placed in consultancy and service positions they were missing out on the "real" experiences which seemed essential for top positions. In gaining organisational support for women to attend courses, Colwill (1993) and Still, Guerin and Chia (1992) found that more men than women managers attend or are given opportunities to attend internal or external training programs.

Few women managers were sent to prestigious management schools. "These programs are 'elite', relatively expensive, and usually reserved for staff who are about to receive a considerable elevation in their careers or have been earmarked as 'crown princes'" (Still, Guerin & Chia, 1992, p. 12). Opportunities need to be provided if women are to make progress or they will continue to exist in the margins. There has also been concern that the content of management courses do not help with women's identification with management practice (Burton, 1994). The introduction of women's stories and examples of management practice has been devalued and met with resistance (Devere & Verbitsky, 1995).

However, while many issues related to content and learning styles of management courses need to be examined, the common theme for participants in this study was that they required a variety of courses and that learning was critical to their professional and personal growth. The recognition that they were managers rather than health practitioners caused many participants to make the decision to complete formal qualifications. One commented:

P05: It was very slow but I guess what actually made me start thinking about it was that reference from the Chief Executive Officer at [name] hospital who said I was a natural administrator or natural manager, and I remember sitting down and thinking "what does he mean" and I had to actually think back about "what have I actually done that's management" and discovered that I'd

done so many phenomenal things that I'd just done because it was the thing to do. I mean if you're running a department these are the sorts of things you do and I had good planning skills, good organisational skills, interpersonal skills, communication skills and so on and it was more the technical side of it that I didn't have, so I think it was at that stage that I started to think about it in regards to me, but before that at the [name] hospital I was fascinated by these people that were doing this Health Administration course in Sydney and what was so special about it, but had never really thought that I'd do that. In fact I started doing a degree at [name] uni in psychology, you know just to keep myself busy, and that probably would have been the time that I could have got into the Health Administration, but it didn't occur to me. So it was really at the end of my [name] hospital days, and looking back and seeing that, oh, I must be able to do it, that decided me to formalise it and find out what I'm told I do that I didn't know I did.

Another participant valued the opportunity to broaden her experience by doing further qualifications:

P07: Well the motivation for doing the Masters was - I suppose there were a few things. One was that I really wanted to have a broader experience. I suppose I really believe that nurses need to be educated and it's a bit of a case of putting your money where your mouth is.

In further examples from the data a participant considered educational qualifications were important for career progress:

P21: I think that I would advise them to get, to become well educated. I think that education makes it an awful lot easier for people and not always sure that you need to be educated to get to the top but I think that you can do it more easily if you are educated.

She enjoyed studying and learning, describing her move from being a nursing practitioner to achieving an influential position in government:

P21: I set another direction. I think during the tutor's course I discovered that I actually quite liked learning and studying and so from there following the tutor's course I did an in-service part time, a diploma of education, which gave me entry to a masters. I was seconded to do a masters fulltime and during that period I was a tutor and then senior tutor in the school of nursing, in [place] and the university where I'd done my MA was expanding its courses in education for nurse teachers and teachers of health care professionals generally so I at first did some work for them in the evening and eventually was appointed as a lecturer.

For one participant, further qualifications and training were a demanding ongoing activity. Along with travel and new positions, she pursued additional skills and qualifications:

P19: I did training at the same time at evening classes. After that I applied to the then newly established [name] Corporation and for the next ten years I

worked in that organisationI gave up my job for a year and did my MBA at [name] university, got a job with [company] in [country] thereafter which tied up with my interests in travelling in Europe and my languages and also managerial training.

Another participant felt that having a Master's degrees gave her and the staff credibility in their educational institution. This institution was on track to becoming a university where qualifications would be more important:

P18: *It actually has helped enormously that the people within the department, we've all got Master's degrees in education, there are very few people within the Institute that have even a certificate in education, let alone a master's degree in education. That's a help, it's given us street credibility.*

Based on her experience, this participant felt that gaining qualification early in one's career was an advantage:

P18: *Get your qualifications early. I mean I think one of our disadvantages is that we didn't have the opportunity to do our degree in the early years. I mean even when I did two years full time research nobody suggested that I register for a degree. I got nothing for it. Just a couple of years later I could have done all sorts of things with that. I mean I didn't even get a fellowship out of it from the Association because they didn't have it set up by that time so I was too early, I missed out, so my advice would be to get your qualifications under belt early because they get in the way. You need them, they give you the credibility but if you have to do them alongside your job it makes life very difficult.*

She reflected on the challenge and opportunities of going into an academic management position:

P18: *If I look back, if I had, if occupational therapy had turned out to be what I thought it was, I would have found it boring. I couldn't have stayed being a clinical occupational therapist because eventually I would have found that boring, there's no doubt about it, it wouldn't have had enough challenge in it to remain. How awful. I mean I think I have to recognise that I need challenge and that I do relish having clearly knotty problems to solve and within a time limit to solve them and you don't get that just from, I mean it's a much smaller level to do it on a day to day basis.*

The importance of ongoing education was provided again:

P25: *Yes, well one of the reasons was because, I think I have always been interested in knowing more and when there were new courses in [country] within our field I liked to apply. ...Again it was a doctor here at the Medical Rehabilitation Unit that supported that, he said I should do that, it is important we have very well qualified people.*

She reflected that there were few opportunities for management education when she was commencing her senior position:

P25: *In those days very few women actually got leader training. Today that's very popular, over the last ten years it's gradually grown and today they have special management courses for women. I was actually on the committee to plan for that so I feel that I have been in the forefront when there have been changes and that is very stimulating I think.*

Another two participants, this time from the Scandinavian region, also received in-service training for management career development. The senior level health manager spoke about two periods of training:

P36: *Through my specialising I had four weeks, not much but we had four weeks and I took what I could I have. I was very early given leadership in the organisation and from the department I had 12 months of education in administration, a special course for civil servants. Job training.*

Further examples from the data include one participant who decided early about her direction and applied for a program:

P28: *I applied for a special trainee program which they had at the [name] in Sweden and there were 1000 applicants and they had room for 12 persons and I was picked out, there were three girls and nine boys, so I knew I wanted to do that all the time. I had a very clear picture of what I wanted to achieve.*

In this next example, the participant had valued a specific unit on organisational behaviour:

P04: *Last year I did a unit in organisational behaviour at [name] university and that was very timely because that brought in all the structures and the various ways that an organisation could structure itself. And then, of course, I've had to do a lot of reading in program management and how to apply that to organisation structure in the last three months, so I've really done a bit on all of those. I feel quite comfortable to say that - and have been reassured time and time again that program management is progressing at a faster pace than in most regions.*

Although many participants had completed higher qualifications and management courses, some felt that their opportunities for learning management practice had not been encouraged or supported by work contexts. Several participants expressed that obtaining knowledge and lack of a support system had been one of the biggest barriers to career growth:

P23: *I had to achieve that experience by doing it myself because there wasn't any support system. There was no build up of management training or whatever in any constructive way throughout my career.*

Another participant found her organisation was not supportive of formal qualifications:

P02: *They provide a lot of on the job training and the opportunities there were a lot greater than they have been since I've been in this department, I don't think that they are that supportive of formal training.*

The value of higher qualifications, management courses, and ongoing professional development was clearly demonstrated consistently by all participants. For several participants, doing higher qualifications or courses provided the turning point in their career development. This participant explained:

P17: *I suppose one of the turning points was doing the education development officer course which was a tremendous opportunity to meet people and interview every lecturer in the country for an hour. You know about their aspirations and strengths .*

Another participant confirmed the value of doing a management course:

P20: *I have actually just been on the management course for clinical scientists, which I found wonderful.*

Although many had limited preparation for their managerial roles, all had made an effort to gain knowledge and skills. Many participants described the strategies they had learnt and developed which they used in their managerial positions. The next section in this learning and re-framing stage of the process outlines some of their strategies.

Learning and Developing Strategies for Managing

The movement towards managing with confidence and assurance was characterised by women managers learning and developing skilful ways of operating in their organisational environment. The women managers participated in education and training courses, adding this information to their own observations and reflections on themselves and their interactions as a manager. In this way, they came up with a range of strategies for developing confidence in their competence to manage. Success in these functions also encouraged them to take adventurous decisions and not feel threatened or defeated if they were not successful all the time. The strategies outlined here add to our information and picture of women's ways of managing. Some confirm traditional documented experiences and others provide insights into women's ways of dealing with an uncomfortable or unaccepting organisational culture. These strategies should give options for other women, particularly health professionals, seeking confidence and competencies to take advantage of management and policy

positions. The strategies identified include helicoptering, political nous, gaining influence and power, negotiation, marketing, and financial/economic management.

Helicoptering.

Helicoptering was a term used by one participant to describe her strategy for planning and reviewing events. It meant trying to gain an overview of the factors involved in long term planning and decision-making. She explained that having this long term perspective was in contrast to her colleagues day to day focus:

*P22: The things which are more to do with process and structure and what I call the AA advance driving test, being able to think way ahead, I mean the thing I decided made me stick out from some others, I'm thinking five years ahead most of the time. Many of my colleagues think about next week and I think while they're thinking about the implications of that knocking on and the other thing in management is the **helicopter factor**, being able to stop, pull yourself up, see the whole thing, tie it together and come back down again.*

In her role as head of school, she was planning ahead for the next five years. Another technique she used to see the whole picture and preview the impact of decisions was dictating memos at home. In this way she felt she could review her thought processes and confirm her ideas and actions for major decisions:

P22: I suppose when I'm confronted with something I start by going back to main ground and saying have I done this before or something like this, how did it work and can I adopt that? I then think, are there other ways I could tackle it before I adopt that tone, I then would listen, I've got two or three people appointed, I would sort of sound out, before I arrived at anything that I thought I wanted and sound them out in case they have another way of looking at it and having done those I would probably want to sleep on it for a couple of nights unless it's a fairly minor event. What I often do, I often write it down, getting it typed up and look at it and then put it away and come back to it. At midnight last night I was dictating all sorts of memos because I'd arrived at the conclusion about certain things and having got them, once I've decided, I don't waver, I don't have second thoughts, I get on with it. I think having watched managers around me, one of the mistakes is either to arrive at too quick a conclusion or not be convinced by your decisions and then start wavering. I mean I'm not saying I wouldn't change my mind if I realised that I had made a great error, I would but on the whole I would commit myself to think it through, doing it and then make it work.

Politics and political nous.

All participants stated that in their managerial position they were aware of and influenced by some level of politics. Ranging from office politics, organisational factions, and lobby groups to local, regional, state or national government policies for health, welfare, and education. This had been a difficult area for many participants, particularly those with health professional qualifications. They found they needed to become more politically aware and to realise that there were many pressure groups,

consumer groups, competitive people, and numerous agendas competing for limited resources, especially financial resources. One participant commented on "a lot of whispering", stating she would rather have "things up front". With this situation she said "you must know who's with who or you will make mighty blunders" (P11).

Another participant did not like the conflict and politics. However, she realised it was an integral part of organisations. The ability to secure resources for your department or section often depended on being vocal, visible, and having wise political behaviour. A further example showed that political nous was a vital subject for undergraduate and postgraduate students:

P22: *I think the area which we perhaps need to address is political nous. I really think that with all the changes going on we're still training people to do good things with patients and to help them understand that becoming political is not dirty and the ways being political are extremely effective in helping.*

In addressing a difficult work situation, one participant introduced a cat for team building:

P01: *In the little while that I've been here, it's been my main aim to get the people back on track, happy with work, working and things operating smoothly and it looks like a house, it could be friendly, it could be pleasant even though people are in their own little boxes, what can I do that immediately will link everybody, so I did a little survey. There was nobody who hated cats, two who could take them or leave them and others who thought it was a marvellous idea, so I went and got the cat who was an immediate success in building good working relationships.*

She had dealt with difficult "mucky situations" before and gained confidence to be creative. In her role as a regional coordinator:

P01: *I know that I made a big contribution there. That it had been rather a mucky situation before and I know I got it working well, and the major strands of what I had going there are still in place several years later, so I know that they were reasonably accurate things that I got going. The job as a manager of [organisaton] I was the first person in that position. It was a new position. I know that that's now going much the way I left it so I suppose that's a success even though I didn't particularly enjoy that one.*

The challenge of coping with organisational politics and strategies to work with senior staff happened during the third stage of metamorphosis, that of learning and re-framing, as shown by an extract from the data:

P04: *In that time some interesting things happened. There was an administrator at the hospital that I felt was a real challenge to work with and brought some of the assertiveness in me, not to buckle under the oppression of*

that sort of system that was operating there at the time and I felt quite good and strong about the work and the management bit because I was the senior therapist there and they were developing a new department from scratch. I mean there had been a department operating there before but we were getting new accommodation in the hospital organised and he was wanting one thing and I was telling them that something else was required and so there was a great challenge, once again, in starting something new and getting off the ground.

Learning to be pro-active to gain support, being politically active, and having clear goals for the future were important for women managers:

P28: *I now very clearly know what I want and what I want to achieve and how these questions can be put forward, although I don't know enough about the questions I do know how to work, why the influence of the power in society and why it is important to get support, things like that. So I learnt very much there and I learnt to use my power and I did it in a, some people think I did it in an awful way, at least those who were against your views. I went and completed a marketing course.*

Their increased visibility and position power meant that they could not avoid participation in politics and associated power plays. Several participants observed the "boys" games and felt they would successfully participate playing by or breaking the rules. White, Cox and Cooper (1992) stated that women managers had to overcome their distaste for politics and the negative connotations. They described the strategies of secretaries, controlling resources, stealing ideas, blackmail, and back stabbing which are used to exert influence. A major realisation for most participants was that the need to be an effective manager meant learning to identify and influence the right people. The women managers in the research conducted by White, Cox and Cooper stated:

They talked of influencing the right people with the power to promote. As one successful woman put it, "A major political skill is to know where the buck stops. In an organisation you need to know whom to impress and who stands between you and success." (1992, p. 156)

Involvement in senior positions required these women managers to examine their values and behaviours. White, Cox and Cooper used the work of Gilligan (1982) and Marshall (1984) to point out that:

...women need to incorporate themselves among those that they care for. To achieve success in the public domain, women should not be self-effacing. They should avoid the "communion-based" tendency to discount self. Women need to accept the legitimacy of personal rights so that they can begin to be pro-active, taking control of what happens in their working lives. ...a positive direction for women is to adopt a strategy of communion enhanced, supported and focused with agency. (White, Cox, & Cooper, 1992, p. 160)

The political nature of organisational life and the need to influence decisions were two of the areas which some women, and many female health professionals found daunting making them reluctant to take on senior managerial roles. Some participants felt poorly prepared to cope with the political nature of organisational life. This was similar to the findings from the study by Prideaux (1993) where he found new managers felt they were not adequately prepared for, and were shocked by, the "politicking". Several participants were surprised by becoming aware that most decisions had been made before meetings. The issue of using politics and exerting influence which was acquired from a senior position meant these women managers had to develop their abilities. This was is an important issue, as Pearlmutter (1988, p. 148) stated:

Most women (health professionals) have yet to discover their ability to handle power. Women who are using power expect to be treated as equals...The power strategies women must know are power coalitions, power caucases, power shifts, power cliques and power games.

Learning to exert influence and power.

Closely associated with the political aspects of organisations was the opportunity to exert influence and acquire power. Many participants related experiences of learning to exert influence on decisions and allocation of resources. They learnt that knowledge was power. This was demonstrated by one participant who worked in a large health organisation:

P02: *Knowledge is power, in this position you come across a lot of information that's useful to people and, when I do that, I give it to people, and then they look to you for further information. I think that's an important role, to be able to disseminate the information and make sure that the people who need it, get it, but then you're constantly getting people ringing you for advice and information and that puts you in a position of power to influence. You get involved in so many things and you become the person that knows everything about a certain area and people come to you. And if you achieve, you automatically come into an area of power. I mean the chief executive officer will come and talk to me about things and that puts me in an area of power.*

As we have already seen, one Scandinavian participant learnt to clearly define what was wanted and to exert influence by being active in the women's movement and politics. She related in the interview:

P28: *I was very active in the women's movement and I was active in the day care movement in [country], we were a pressure group and we tried to make the politicians get more day care centres and we succeeded too but then in the end of the 70's I got together with a lot of persons who thought the same way and we started a new party, which was the [country] Party.*

Another participant, using another style, described how she introduced ideas in an informal way:

P17: I suppose sometimes, it starts off in a very informal way - our lunch time chats and you sort of sow an idea and listen to the reactions you get from that sort of informal environment, realise where the problems are going to be if you want to put it forward formally, try and cope with those before you actually are faced with the formal situation. So I test out ideas quite a few ideas in very informal situations. Hey, how do you think about such and such and what if we did, and what you do if, so I build other people's advice and ideas before it is actually launched as a more formal proposition.

However, learning to exert influence in organisational contexts was a slow and difficult experience:

P22: That was a very body stiffening experience. By then I was beginning to get very assertive.

Operating at senior levels in managerial roles demanded hard work and considerable personal strength. Taking on leadership functions beyond clinical practice activities required new skills.

Leadership.

This section documents from the data that participants were learning another management strategy. By becoming senior managers, participants had demonstrated skills of leading their professional colleagues in clinical activities. Now they needed to transfer these skills to general and more competitive areas of their organisation. They had to overcome the assumptions that women and health professionals were not seen as leaders and that their ways of leading were not appropriate to senior executive levels.

Whilst this research was not specifically on leadership, the participating women managers described learning strategies for leading and decision making. Participants described ways of creating environments where women worked together, helping each other in leadership struggles, arguing issues while remaining effective teammates, dealing with difficult issues and resolving them, rather than dividing into separate camps. For example, participants learnt to lead difficult people, confront and set strategic directions, gradually learning to develop strategies to ensure their leadership plans and ideas were selected. They developed strategies to cope at meetings with the mostly male members of committees. Several participants liked to engage people at personal levels and to create a cooperative environment:

P19: *Work with people, you have to get their cooperation. I found the basis of study for my psychology, plus the experience I have reinforced each other. The experience I have had of teaching, of communicating ideas to people, of engaging their enthusiasm, that's important as well and so all of those aspects, as well as of course the sort of intellectual rigour of specific studies in financing and accounting and so on and so forth and all those started to come together and gave me the kind of round experience which allowed me to approach more complex managerial roles.*

The ability to take decisions and have them implemented goes together with leadership. Participants' decision making processes were characterised by consultation and analysis, and a realisation that it was not always possible to please people with decisions. One participant described and reflected on her feelings and personal style of making decisions:

P03: *I think, perhaps, as you have more experience, you become more comfortable with making decisions. I think I did tend to be like "that's the way it was" but, over time you learn that there's more than one right way and, I think, if you asked anyone they would tell you that I can make a hard decision, I don't have a problem about that, but at the same time, you've got to recognise that compromise is there. The ability not to always have to win, perhaps is the greatest thing that I've learned and a lot of that, I've done a lot of work at the Commission in industrial relations, and going back, if something had not gone in my favour I would have thought it's a terrible loss, but, now it's only a small thing and it doesn't really matter, because it helps you to build for something stronger, and I always try to be fair. If you work in management, whether you're male or female, you shouldn't go into it if you want to win friends. It can be a very lonely job. If you've got to make some very hard decisions and, I mean, I learned people who do make a lot of hard decisions can be, or are, quite often, quite compassionate. I've been able to be involved in a lot of programs that required using a lot of initiative, which were firsts for the department, the beginning of cost constraint, looking at new options for care, how bed usage and staff resources could be matched for maximum care and, a lot of innovative things, that we looked at, came to fruition, and gave a lot of personal satisfaction. At the same time, what it gave to people in the field was the opportunity to be part of something new and gave them a sense of belonging, which often people don't have in an organisation as big not only health, but all large organisations don't really work at making you feel as though you belong. You're just them and us, not we.*

The preparation of a doctoral program required considerable leadership, commitment, and decision making skills. Another participant shared her experience of establishing this new program. She explained that her best decisions were made when she collected the information, completed the analysis, and trusted her feelings. Her examples covered several types of decisions undertaken in an academic context:

P15: *I think I was a leader, definitely, and I had a lot of influence on the direction that it [doctoral program] went, but when it came right down to the conceptualisation of that curriculum we went on a retreat. We went up to my mountain house and we spent like three days just reflecting and it was wonderful, dreaming and without having outside interruptions or anything like that. That was such a creative process and then when we came down from the*

mountain we were all committed to it. I think it [decision making] happens on two levels. I think as a chairman there were some decisions like they say "the buck stops here" that I had to make pretty independently and for that kind of decision, personnel decisions, I would seek as much input as I could get from my colleagues, my people, everyone affected by the decision, but the best decisions that I made were those where I trusted my feelings. I trusted my intuitions, even when I was not sure that I could explain the basis for the decision. The worst decisions that I made were the ones where I didn't do that, and where I kept thinking that I must be wrong and, I therefore would go against my feelings, so that there is an intuitive but it's backed up with a lot of reason too ...if that makes sense. The other types of decision, the second category I would say would be collegial decisions, and one of the things that I think is very important in academia if you have a good vibrant department is to treat other people as colleagues and to value their participation and I had to make a decision about what were collegial decisions and what were individual decisions and I think I did pretty well at that.

These extracts from the data demonstrate that participants were starting to recognise distinctive personal ways of effective leadership and decision making strategies. Much of the literature on leadership was based on advising women to adopt the "valued" masculine characteristics of leadership. It was assumed that women were not really leaders, shaping organisations and managing people according to their own values (Helgesen, 1990). Helgesen wrote her book to re-frame our understanding of leadership by investigating the ways women led because she felt that "inside me, a conviction was taking root: I believed that I understood what was happening more clearly than the men" (1990, p. xvi). She felt that "women can transform the workplace by expressing, not by giving up their personal values" (Helgesen, 1990, p. xx). Blackmore (1989), Scott (1985), and Still (1992) also challenged the personal, professional, and organisational assumptions and perceptions that women lack vision, charisma, and leadership skills. It is important that women seek the "experiences that develop managerial, competitive, and leadership skills and which change, in a positive direction, the beliefs of women about themselves as leaders" (Scott, 1985, p. 384). Leadership involves self-criticism and self-clarity and "models based on women's experience are multidimensional and multidirectional. Leadership looks to empower others rather than have power over others. Thus the process of leading is both educative and conducive to democratic processes" (Blackmore, 1989, p. 94). Blackmore called for more enquiry using the feminist perspective to re-frame the methodologies and explanations of leadership.

Negotiation.

Another core managerial skill associated with leadership, decision making, and exerting influence within a political environment was the core skill of negotiation. Some participants felt they spent almost all their time in negotiation:

P07: *Negotiating for everybody about everything. I mean I negotiate with the nursing staff, negotiate with the medical staff, I negotiate with admin. Quite a bit of time is spent negotiating.*

When another participant was talking about negotiation she introduced the notion of "gift exchange":

P21: *You can get the information from various different sources, clearly. Much of it is actually there, for the taking very easily to find out. Others, you have to collect, possibly in the same kind of a manner, you're collecting it from me. I'm a great believer in gift exchange and I get quite a lot of information by giving people something in return. I will always accept invitations to lecture to people because you get a great deal of information from students and particularly if they happen to be tutor students. ...I will attend the meetings in (country) and they will ask me about what governments views, whatever and in return they tell me what they are doing. I think probably I've got two ways of collecting the information, one is in my official capacity as a government observer whereby they have to allow me to attend meetings and they have to give minutes and then there is a large informal network which relies on me being a professional and as I said gift exchange.*

An additional example showed a participant's problem-solving style of negotiating agreements, overcoming difficulties, and conflicts:

P10: *Just looking at the issues that I've been involved in over recent times, there's been a few hiccups and different things that I've done and people have been unhappy. My way to deal with it is not to get a paper up to try and address it, but to say, well we're going to sit down and talk about it and we're going to have a look at what the issues are. And what I've noticed, actually, is that some of the people have become really a bit anxious about that, because you don't talk to them, you get yourself prepared and you get your ammunition ready and then you go in and do battle. I lobby before I get there. I realise that I do bring something different because I say, well, let's deal with this before it gets into a major crisis, let's try and identify what the issues are and see if we can actually work with what's here and progress past the blockage and then get beyond that, and let's not think that we've got every answer. Let's try and work together because that's what my task is about, and see if we can not make it a satisfactory situation for everybody because they've got to create that for themselves, but let's see if we can identify and pool what the issues are, rather than speculating what they are and trying to resolve them without understanding what they really are. So, yes I think I have changed that style, I think the other thing that I've changed is that I like to go out and see people and find out, talk to them face to face about issues. One of the things that I see that happens a lot is that there's being a big bureaucracy, there's a lot of paper shifts backwards and forwards, but paper only provides one dimension of what the problem is, and often the problem is only identified by sitting down and talking it through and working out what's there, but I think that's another dimension that I'm bringing, wanting to bring into the situation. Well I think things need to be put on paper, I believe that very much because I think it's a record then, of what's actually occurred, but I think that there's a lot of room for open dialogue and desensitising prejudices that set themselves up. And that's been shown to be a couple of times in the short time that I've been here, how important it is to do that and to take people, to include people in and bring them into the ring of confidence. Draw them into the group and have confidence in what it is they have to contribute.*

Further ways of learning successful negotiation were using an element of surprise:

P01: *What I've found is that, generally speaking, if I know I'm going to be in a negotiating position there are usually half a dozen peripheral issues and I'm quite willing to give way on those and save my energies for one or two that are important so that, I think, what I do is give the impression that I'm reasonably easy to deal with but the one or two issues are then a bit of a surprise so that I frequently win on those. For the point in fighting for it. If I've got evidence that they are doing what they ought to be doing, and it's taking more time, then I'm quite willing to negotiate fiercely about that. So yes, I suppose I choose what's important and stick to my guns on those, and live and let live with most other things.*

Once again, participants demonstrated that they were learning effective strategies for managing. The ability to negotiate occupied much of these women manager's time and enabled them to display their competency on influencing decisions and gaining resources.

Accessing financial resources.

A strategic skill that most participants, especially those with health professional qualifications, felt they had insufficient knowledge about was financial and economic management. The most senior executive in this research study admitted that she "didn't have a clue" but made an effort to understand financial issues:

P23: *Not until I got into general management in 1986 and then I suddenly had to manage a three million budget and I didn't have a clue, so I taught myself and I actually learnt from our Director of Finance. He actually sat down and taught me how to manage the budget then I started to, really to study on my own, especially buy books, had to keep an account of the non-financial accounting and that sort of thing and some of the things I had to do was go back to basic numeracy and I still do that. I've got these books where I actually go back and look at O level and A level maths, just for the numeracy procedure because I've forgotten so much because you don't use it and so, I've learnt a lot. Yes I had quite a large budget in the interim job we had a very go ahead medical superintendent, who decided that all of us were going to learn management by objective till it killed us and we all had six week courses that we had to attend and that was actually beginner financial trends so I was very fortunate. Then I was interested from then, although it was still tied up with clinical. In my early days, probably in most of the first 20 years of my work, I've never worked in an institution where I could very easily get access to money to go away to courses, so anything I actually attended was inservice and there wasn't a great deal of that. Some of it was things that I set up with the association myself and we used to employ somebody or we used to get people free to come and do a national conference and you'd learn from that.*

Another participant made a determined effort during her executive development program to gain the financial expertise required. Even then she found it difficult to

overcome the assumptions that as a woman she would be a manager effectively. She recounted:

P25: *I think it is important that we learn a little more basic economical management because that is important if you are going to be responsible for the economy and today of course, with decentralisation, that happens.*

In organisational contexts, it was access to financial resources that determined the power and influence attributed to managers. Most participants in this research study were allocated budgets after limited input from themselves and only a few were in the position to control major financial resources.

Re-framing Contradictory Assumptions

By learning strategies that influenced successful participation in the managerial culture of organisations these women managers started re-framing their ideas about themselves. As participants were learning more management strategies, they were also starting to re-frame their contradictory assumptions about their management potential. Being in new positions, initiating new programs, and making considerable achievements, their success contributed to their confidence. Some participants were now planning their future career moves, actively seeking promotion, increased visibility, and influence. Although they mostly held specialist, advisory, and consultative positions, they had achieved a considerable upward shift from positions as clinicians/practitioners to senior level management positions. However, participants felt there was still considerable scope for women to achieve top positions in health care organisations, health faculties, and general academic management positions in universities. In summing up, one participant explained:

P06: *I had to say what I felt, but I started learning ways , I suppose in which to present the information, so that I was justified in saying it and it really impacted on the way I felt that they should be conducting their business or the place.*

Most of the participants in this research study appeared to learn from their experiences and through this process moved further towards overcoming contradictory assumptions. During their metamorphosis they were seizing further opportunities and starting to influence their organisational environment. Working with senior women managers was found to be changing one chief executive's ideas:

P03: *In this organisation there are four positions, of which three are female, which I think is a very new experience for him, and I think that, having sat down and talked with him he's sort of saying, well heck, you know, they really can produce the goods, but at the same time he said "well I just want to say to you that you were the best people for the job".*

This meant senior executives were also having to re-frame assumptions. Again, a participant portrayed the changes in her work context:

P17: *He came in very authoritarian, very controlling, very aggressive and a man who tended to dominate academic council, treated us like kids and we responded. We either kept our heads down and didn't say anything because it would be cut off if we spoke up. But his style has changed and there have been a lot of movement.*

Several participants felt that they were treated as people rather than as women and they wished to play down the gender differences and effect of being a woman on their managerial performance and successful attainment of a senior position. These participants presented their perceptions:

P19: *I tend not to think of myself as being a woman in management. I tend to think of myself just being as a learner/manager because obviously there's a great deal to learn and you learn most by the absolute cock-ups that you make, by the times when you get it wrong and you have to, through bitter experience, have to analyse what you did wrongly and what you failed to address.*

P03: *You have to prove for yourself and I've never been appointed to any job just because I'm a woman you know.*

This compared with the muted stage of gender awareness described by Marshall (1993) in her model of coping. By contrast, Duffy (1995) suggested that female health professionals (nurses) had to have "critical consciousness" as this was a "crucial step in facilitating change and re-conceptualising power relations" (Duffy, 1995, p. 6). Duffy felt female health workers needed to analyse and critique the prevailing structures of health care and society, and then develop more effective strategies in managing inequitable power relations.

Still, Guerin and Chia (1992), following their surveys in 1984 and 1992, of 262 organisations, still found that women were being given less opportunity at junior management levels to have supervisory positions and responsibilities. While the 1984 survey found women managers mainly in personnel or "woman's areas", there had been a slight shift of women to general management, but still at lower levels. It would seem, then, that women managers were beginning to move into other functional areas and out of the more traditional softer areas. However, it was not known whether the new positions were still in a service capacity or line management.

Illing (1995) in a recent report on academic staff, using 1994 Department of Employment, Education and Training data, found that while women represented one-third of academic teaching staff, only 2.3 percent of the total 26,104 teaching staff were women in positions above senior lecturer. Men above senior lecturer comprised 17.4 percent of the total. In an earlier study, Dobson of Monash University also wrote a report that found women students outnumbered men and were doing better than their male colleagues, including postgraduate students (Illing, 1995). While men had been in the system longer, these statistics also included recently merged colleges which had some disciplines with higher proportions of women.

It seemed that participants from health backgrounds held stronger assumptions that had to be overcome. Learning to challenge and re-frame these negative assumptions needed to occur during their professional education. It took many years for one participant to successfully re-frame:

P22: It's very difficult to find people who value you and that actually was very critical for me because until that point I had needed people to like me in their goodwill and I learnt at that point to stop minding about other people's views. I don't say I don't want them but I realise that it was an unachievable thing and I should stop bothering. It was no good waiting for that it would never had arrived.

Other participants were attempting to re-frame the management culture by communicating more with employees and developing an interactive environment:

P17: I think that is one of the changes that I wanted to make. You know, it has been in the back of my mind for years and years, so it is just cooperation with the students and making them feel that they are valued members, and that we will listen, even if one year what they are putting forward as suggestions contrary to what the previous year and we have changed and we keep going backwards and forwards, but making them feel that they've got that level of involvement and we are committed to building on their strengths, flexibility and opportunities. The same is done for the staff. Some staff, there is one member of staff who finds it very difficult, who is very task orientated. Who actually wants to be given her succinct role and it's your course, instead of our course. But I have to work on that one.

Another participant specified that she needed to be continually changing and re-framing when coming from a female-dominated profession. She said:

P18: There's no way out of it. If you're not changing, you are receding, you're not standing still. You're going backwards, if you're not changing. Oh it's certainly evolving but it's male dominated and being coordinator I was invited to the senior staff residential weekend last October. That scared me to death. There I was going away for a weekend with forty odd men and there was three women, there was myself, and two other women and that's sort of scary. In fact it wasn't a problem at all, the men were charming and didn't

ignore me or anything. You have these fantasies that come from being in a totally female-dominated profession.

Over the years in the literature, Yerxa (1975, 1986, 1993) has raised the question of re-framing content and teaching methods used in female-dominated professional educational programs. She felt this would be a place to start changing perceptions, creating new mind sets and images:

The milieu of professional education provides the opportunities for students to practice those behaviours they will later implement in the real world. If assertiveness is discouraged, even subtly, it may not survive to influence our future professional development. (Yerxa, 1975, p. 598)

Tanton (1994) recommended the inclusion of women's issues for management curriculums. This would help make explicit the false and contradictory assumptions influencing managerial behaviour and values. To ensure the learning and re-framing stage in the metamorphosis was successful women in work contexts needed to exert influence and actively make career decisions. This was confirmed by Wieneke in the following statement:

Actively promoting their movement into senior positions, the responsibility for taking the initiative to challenge inequitable access lies, perforce, with women themselves. Partly women need to convince themselves that they are perfectly within their rights to aspire to and gain the top jobs, and partly they need to convince those who currently hold the most senior, therefore the most powerful, positions (by and large men) that they are making valid claims on those positions. (Wieneke, 1991, p. 50)

It is only when sufficient confident women managers succeed in having senior positions in health-related organisations that work contexts will be re-framed. This study found that some participants were influencing the organisational culture and attempting to achieve what Maddock (1993, p. 4) recommended, that "those women in senior management have enough power and confidence to change structures and in turn change the changes of an organisation". All the women directors that Maddock interviewed reported various ways of transforming the type of management culture they inherited. From one of her directors:

I know I have a completely different approach from the former chief; my door is open - I talk to everyone, cleaners and caretakers as well as head teachers. Open management is a much better way of finding out how people think, what worries them and what is going on. (Maddock, 1993, p. 6)

In the stage of re-framing, participants had analysed their observations, reflected on their findings, learnt new strategies, and revised their behaviour. Moreover, as Horgan (1989, p. 307) suggested, that "it is harder for women to learn from their experience

because their experience is of a lower quality than men's when it is evaluated in terms of the favourableness of the learning conditions." Participants had to overcome the problem of having fewer female role models and running the risk of over generalising from limited experiences, thereby extracting incorrect rules. Horgan believed it was more difficult for women, "since expertise comes from the accumulation of experiences that allow the learner to extract consistent patterns, female managers will necessarily be at a disadvantage " (Horgan 1989, p. 308).

One of the important issues of re-framing for future career advancement was knowing ways to have achievements and work activities rewarded. This was particularly relevant for women in universities where females frequently had higher teaching loads, more students, and more assignments to mark. "These women are good campus 'citizens', but these activities are less valued than are traditional research and publication for promotion" (Wunsch, 1993, p. 353).

Nicolson (1992) commented on the practice of ageism which operated against women in academic psychology:

Academic psychology posts are, on the whole, only offered to those well under the age of 35, which means that a good first degree, a PhD, a clinical qualification and experience, several publications and at least one research grant award is required in order to become a clinical psychology tutor. Any woman who has dared to have children in the course of her early years (and many choose to have them around or below the age of 30) is extremely unlikely to have been in a position to meet such demands; thus, even if she "scrapes" an academic post by the skin of her teeth, she is unlikely ever to catch up with male colleagues when it comes to competing for professorships or prestigious awards for scientific contributions. It is very often the number of publications and the number of research awards a person has achieved that takes priority over quality. The fact that a small proportion of women have "made it" and provide a "token" woman appears to satisfy the men in power within the psychology profession that they are not discriminating on grounds of gender. The career profile of the woman in question however, is more likely to be shared with the average man than the average woman. (p. 34)

An earlier article drew attention to the importance of understanding the difference between performance and contribution in health care organisations. O'Hara and Abramson (1983) stated that identifying useful contributions to the organisation were determinants of success for women managers in health-related organisations. In the organisational contexts it was frequently the unwritten rules and codes that were used to measure and reward behaviour. Successful managers understand how they were evaluated and what was valued. The distinction between performance and contribution was that performance was simply a measure of how one does the job that is, technical measures or work output, concentrating on tasks, whereas contribution was the impact of how one does the job, or the output as it affects everyone else in the organisation.

They claimed that women tended to focus their performance on technical accomplishments, spending 90 percent of their time on this aspect. Organisations appeared to formally reward this aspect, whereas, in fact structure rewarded around such intangible contributions such as team work. Recognition and promotion comes from valued contributions, for example, research and publication in health science faculties, or efficiency, evaluation, and outcome measures in health related services. It was suggested that valued contributions may change as defined by the organisation's political and strategic environmental influences.

Summary

Learning and re-framing means recognising that much of the learning required by the woman manager had to be completed in a different way. This was a way that was significant and relevant for the woman manager, while not assuming that the male manager was necessarily the ideal target or role model (Helgesen, 1990). It was realising that corporations and organisations had many values, strategies, and actions to learn from women's values and ways of doing things. It was to "define and reaffirm the values that women recognise as a source of their strength - values that have for too long been dismissed as signs of weakness" (Helgesen, 1990, p. xx).

The learning gained from formal and informal experiences, through mentoring and networks, through participation as leaders in political organisational contexts, moved these participants onto the next stage of revising assumptions, selecting, and creating their own values and beliefs about their abilities to manage with confidence as happened "when women begin to uphold the public half of the sky" (Helgesen, 1990, p. xxi).

Research as a Personal Process

This poem by Kate Llewellyn provided an excellent example of re-framing the earlier version of the story about Eve and Adam.

Eve

*Let's fact it
Eden was a bore
nothing to do
but walk naked in the sun
make love
and talk
but no one had any problems
to speak of*

*nothing to read
a swim
or lunch might seem special
even afternoon tea wasn't invented
nor wine*

*a nap might be a highlight
no radio
perhaps they sang a bit
but as yet no one had made up
many songs*

*and after the honey moon
wouldn't they be bored
walking and talking
with never a worry in the world
they didn't need to invent an atom
or prove the existence of God*

*no it had to end
Eve showed she was the bright one
bored witless by Adam
no work
and eternal bliss
she saw her chance
they say the snake tempted her to it
don't believe it
she bit because she hungered
to know
the clever thing
she wasn't kicked out
she walked out* (Llewellyn, 1988, pp. 159-160).

Stage Four: Change and Transformation Developing Women's Presence in Management

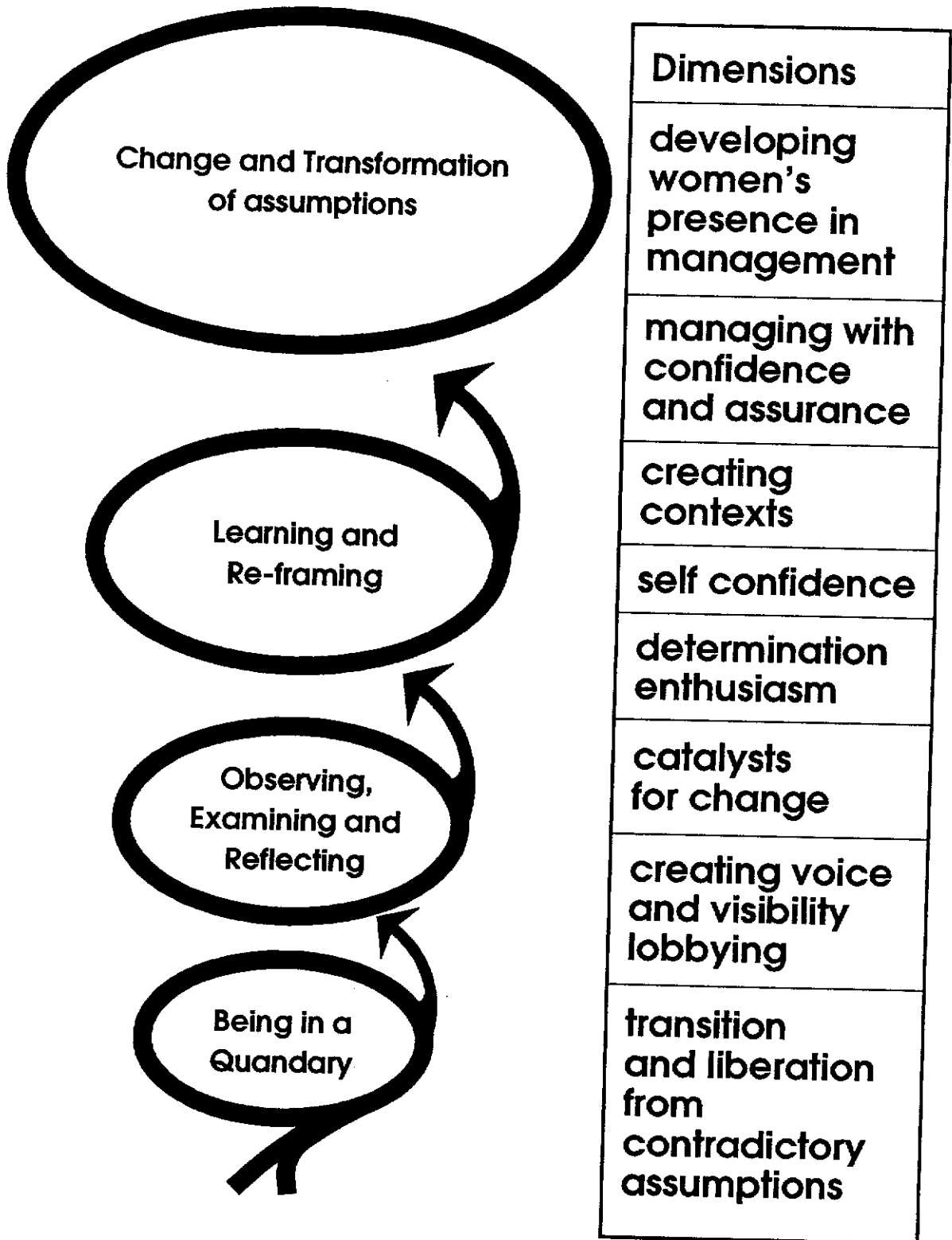
This section describes the last stage of the metamorphosis process of when the data revealed participants were revising and changing assumptions. This meant finally overcoming the inconsistent and contradictory assumptions about being a manager by acquiring confidence to value women's ways of managing. This stage of change and transformation was characterised as a time for liberation from negative assumptions about the ability to be a manager. The influence of the contradictory assumptions had been weakened to enable participants to believe in their capabilities to perform competently in managerial roles. In contrast with the first stage, they had moved towards managing with confidence and in the metamorphic process identified women's ways of managing with assurance. In this way they established a picture for managerial women. Also, some participants created changes to their organisational contexts. The analysis and interpretation contained participants' reports of their growth and change, developing self-confidence re-inforced by achievements and skilful organising, then finally the transformation to managing with confidence and assurance. From the first stage which was characterised by contradictions and dilemmas there had been a metamorphosis to increasing confidence in their managerial role. Figure 26 displays the features and characteristics of this final stage.

This was the stage where participants were no longer controlled by other people's pictures of a manager. This was because they felt confident in occupying the position and building themselves up as the picture or image of a manager. In this final stage they overcame and displaced the old assumptions that included strong negative messages, by altering their levels of confidence about being managers entitled to senior executive positions. Many participants with health professional qualifications clearly exhibited this metamorphosis, one summing it up this way:

P22: I love initiating, my forte is planning. Change and overcoming others' assumptions. I am constantly coming up with new ideas and discovering ways to implement them in a non threatening way. Confident I can turn it over.

Figure 26

Change and transformation



The metamorphosis for some participants was dramatic as they moved from "believed others' negative messages" to "I'm terrific", and "I have a little mental swagger". Not only were they feeling confident, some women managers were implementing new initiatives:

P23: *We did pioneer stuff and when people said it couldn't be done. We have achieved change within a couple of years and it has continued even though I've since left, so the pattern was right. I'm a positive thinking person. I've got a lot of energy and I don't easily get pushed around so I don't easily buckle at the knees when a difficult situation comes up. I'm strong and I've developed some coping strategies. I actually think that women even now are slow starters in many ways. So the advice is that they need to get into the main stream fairly smartly. They need to be making decisions fairly early on in the piece about what they really want to do with their lives and if they don't know, then they need some advice as to what the range of options they have, so that they can build on their strengths that they actually have and if they feel that they have weaknesses that undermine them work on these.*

For some participants, particularly the ones without a health science qualification (economics, law, accounting, and politics), the change was less dramatic. Although they had contradictory assumptions to overcome, they started with stronger beliefs and confidence in their abilities. Their task and part in the process was mainly to convince other managers and senior staff of their competence and ability to occupy senior managerial positions. For example, one participant displayed her confidence and management style (economic and political background) by saying:

P28: *I can see the game these men play and I can laugh at it or I can just let it be but I think it is fascinating and I do think that more women should learn the games. Some women try to learn the games but they still don't understand that it takes hard work to get the higher positions. I do think that I am the one who makes the decisions, but I do listen to everyone. I would say that I am very sensitive to what they say and how they say it but I think that my own experience and my own self-confidence from all my years in the public sector and in the governmental office they have helped me a lot so I feel rather sure of what I'm doing and then that I make the right decisions. I don't feel unsure. I have tried to support women also. Now in the leading group of the Institute we have three men and three women and this is very deliberate from my point of view. I wanted it to be half and half and I tried to sort of give support to women who work in the Institution. I know they need more support than men do in general and I try to seem very positive and never to say anything bad about any woman. I really try not to but I do it sometimes but I have been sensitive. I think it is important that women stick together too and they don't always. I want it to be open and full of trust and I want it to be non-bureaucratic rather non-hierarchical but rather cooperative. A visitor to our department was very surprised afterwards she said she had never been to a group of such positive workers, but it was the spirit that we had. The confidence and also it makes you very relaxed. I don't have to fight with anybody, I'm here now and I have to do something good about it.*

The cost of their commitment to a senior position in an unaccommodating context and future career advancement had an impact on their personal and social lives. Most of the participants had fairly continuous working lives and some had had to juggle family responsibilities while meeting the demands of their career. Participants were willing to take risks, were capable decision makers and willing to challenge existing structures and assumptions. This participant attempted to find a compromise between being seen as a nurse and a manager. She said:

P03: *My background. And it's quite a new experience for people like doctors and so forth to think that a nurse does have a brain to bless herself with, and I mean, perhaps that's just a fixation of mine, especially as, "you know, now remember you're not a nurse anymore". But as soon as there's a nursing issue, that is difficult, it comes to me, so in one thing you're being told "now you've got to do all these other things" and you're saying "ine, fine, give it to me" and then the next thing they say "oh, this is difficult, go back into your little box" and I think it's perhaps, been more that, but, I now have said "ok I will do those", I've come to an agreement, I will do those as long as you say that's just part of the job. I guess one of the problems is, because I've been in it that long I have the background on a lot of issues that have gone in the past, which people don't have here. And so, I find it's also being used as a resource person, because you have the background which people can't find on files. I mean a lot of it's in your head. I'm sure that's true. I'm about to have a revolution.*

They had the evidence of successful achievements during their career, often having initiated new and innovative programs. The reflection on these events provided increasing confidence and ability to cope with uncertainty and a willingness to resist labels, rules, and organisational pressure. Two or three participants were in positions where they were able to change and influence the organisational climate. They had confidence to select and implement their styles of leading and managing. This was similar to the managers in the research interviews conducted by Freeman (1990). Reflecting on their evolving careers they recognised personal change as part of professional development, which contributed to self-awareness and revised images. As they were feeling more confident they found risk taking easier than before. Their increased confidence was accompanied by a feeling of comfort and belonging, as well as the growing awareness of their capabilities. Freeman (1990, p. 218) found that from the "first hand accounts, not only the fact of change but its process. They graphically describe how they moved from traditional ideas to new conceptions about themselves derived from experiences in a 'man's world'."

At least half of participants had been presidents or on the senior executive of their professional association as well as often holding national and international positions. This participant started being active from the start of her career:

P23: *I wanted to do it and I was very active, right from the very beginning, very active in the Association. I was active as a student, I was a student rep, so I was well into professional and positional development.*

While it was demonstrated from the data that all participants were members and active in professional bodies, they were also establishing standards and providing leadership in the areas of customer services, reforming management structures and programs in their organisations. In health science education participants had been at the forefront of developing courses, graduate programs, publications, and theory development. Frequently they received formal recognition by being recognised and rewarded when invited to deliver significant keynote lectures. One participant spoke proudly about the lecture and the transformation of the health science school where she had been the professor. Almost all participants had a high level of job satisfaction being enthusiastic and highly motivated. Several had concerns about the price and the level of demands made by the organisation. Some were seeking to achieve greater balance between their work and private lives.

Besides initiating new programs, participants valued their achievements of learning to work with difficult people, managing staff, and setting up support groups and networks, as well as contributing to decision making, developing teams and coping with change. Other skills were:

P03: *I learned how to be manipulative, in a constructive way. I learned how to get to have a lobby outside of the immediate situation. I think I learned how to lobby the [health organisation] who was in turn a real pressure to my way of operating. I learned how to confront this person with problems. I learned how to put a good case up that was watertight that didn't have any loopholes in it. Those are the sorts of things. I certainly believe it was a developmental phase, learning how to work with difficult people.*

The characteristics that they had developed enabled them to be assertive, self-sufficient, take bold ventures, experiment, and be self-reliant while still maintaining their relationships and connectedness with others. "For the woman manager, this requires identifying themes, issues and dilemmas her intuition signals as important, and expressing them through an appropriate balance of clarity, ambiguity and complexity" (Marshall, 1985, p. 178).

They had moved from the characteristics associated with female health professionals, that of being mild, conforming, good followers, restrained, shy and timid, rule-bound and proper, and dependent. These characteristics were not only associated with clinicians or female health practitioners but with women in general. "Whereas women were encouraged to be dependent, polite and passive" rather than "assertive, independent, confident and risk taking" (Spender, 1994, p. 280). This realisation and

"perception switch" related not only to women managers but also to transforming many aspects of women's lives and attitudes in health care services.

It was frequently found that a participant's level of confidence related to the impact of socialisation and gender awareness. While most participants felt their career and advancement to a senior managerial position was affected by being a woman, several liked to see themselves as people. This was usually an attitude developed while they were children and influenced by parents and siblings.

Previous research (Schein, as cited in White, Cox & Cooper 1992) suggested that there were three ways individuals respond to the pressures of socialisation by conforming, rebelling, or being creative. According to Schein, the women who conform limited their potential by responding to the organisational socialisation patterns by adapting to male norms. To avoid conflict and acquire inside status they were said to take on male masks and were no more tolerant of other women seeking advancement. Having achieved success through the current system they have a vested interest in maintaining it as men do, believing that "the justification is in terms of commitment, ability and a belief that the present system is open to all those with ability" (White, Cox & Cooper, 1992, p. 163). Cairnes (1995, p. 18) vividly described the women who made it to the top by conforming, "female executives are rougher, meaner and more competitive than any man. They know how to play by existing rules, why would they want to change a game in which they are winners?" Marshall (1984, 1985) hypothesised that there was a continuum of gender awareness. This was the sequence of increasing awareness of gender as some women integrate being female into their sense of identify. Half of the 30 women managers interviewed by Marshall (1984) appeared to have little awareness of their gender and indicated that being a woman was irrelevant to their experiences at work. However, there was a conflict with this view when they described the negative consequences and disadvantages of being women in their personal and social lives or in organisational contexts. In this way these women muted their awareness of their femininity, hoping to decrease the potential disadvantages of being a woman becoming significant. This denial of identify displayed conformity to the organisational context and led to the stereotype of the dedicated single-minded career woman.

The next group suggested by Schein (1979) were the rebels who reject organisational norms and values, being unwilling to follow the traditional patterns and demands of managerial careers. The participants in this research were not represented in this group as interviews were conducted only with women who had achieved reasonably senior positions in organisational and institutional contexts.

Most of the participants in my study had taken pragmatic approaches and attempted to deal creatively with the pressure of being a woman with a health professional background proving themselves to be competent managers. Many of them described examples of discrimination and the stressful price of overcoming the "double disadvantage". Participants were able to describe the benefits and qualities that they considered women managers added to enriching the organisation. Management and organisational practices were predicted to benefit from the broader acceptance of women and feminine traits (Karpin, 1995).

The final group in Schein's research responded by being creative. In addition, Cairnes (1995) stated that there were creative ways of making it to the top and having a successful career, but women were going to make their own rules as women think and see things differently. She suggested that women should value networking skills, lateral creative thinking, desire for balance in living, and emotional awareness of people's feelings.

Growth and Change

The dimensions which characterised this stage of the metamorphic process were growth and change, feeling stronger, being creative, enthusiastic, and motivated. Participants described "*looking at things in a different way*" and making positive statements "*I can influence change*". One of the most positive examples of change was described as transforming negative messages from being in a quandary to feelings of confidence and strength, while having the ability to initiate change:

P22: *I love initiating, I am never so happy. I used to lecture on change. I've done research on change, I really feel that change is something that has been my forte. I mean, in industry my job was setting up site and retraining the entire staff and everybody is extremely resistant to change and there are many ways that one can overcome that. Some more brutal than others but no, change stimulates me rather than depresses. On the other hand, having said that I am totally committed to manage change and I am very very frustrated and angry about what is going on in the health service, such a lot of it is just ad hoc change without any particular planning or management and that handled well, can be a very constructive thing, change handled badly is a disaster.*

Another participant described her personal growth and becoming stronger as she overcame barriers:

P05: *It could have been the worse barrier I'd ever had, but I think I'm probably a better person for having had those barriers put in front of me. Golly I've got stronger and I don't mind. Yes, and all of those sorts of things I see as a great moving experience and developing me as a person. Again, I think when these barriers come, it depends on the stage in your life that they come. But had all of this that I've experienced with the health organisation happened ten years ago I might have fallen apart.*

From these feelings of strength and assurance participants were more willing to take risks and be prepared to back their own judgement against opposition. The above participant added:

P05: *So I've been prepared to stick my neck out that way in terms of when they say "no, no, no" I'll say "yes, yes, yes" and I've just learned in the last couple of weeks I've achieved things that they never thought we could get here for [name hospital], but it hasn't been here on the site, that has yet to come and I believe it will be some time yet, because I need to really consolidate with the staff where, industrially, I think things are very shaky and they need to know me first before they can jump with me. I definitely am a risk taker, as I said this was demonstrated in the clinical field when I did things that have never been done before and found that then people were prepared to then jump on the bandwagon and support me.*

Along with growth and confidence came the willingness to take risks:

P22: *No I thoroughly enjoy taking risks. Though I have to say one takes calculated risks.*

In another data extract, one participant demonstrated willingness to carefully plan, take action, negotiate and lobby. She no longer expected things just to happen:

P04: *I was very cold and calculating in the way I looked at where the greatest opportunity for my [health profession] skills would be in terms of business and I just looked around and thought "ok these clients are the least serviced, have the least quality service for [health profession] what could I do in the future..." I negotiated quite a good employment package for myself in the situation and some of the others were males who didn't bother to do that and have since come back to me and said the only reason you've got it is because you are a woman and that's discrimination, etc. But I know that it's not that, it's that I actually negotiated those things for myself. There's other things in my employment package that others haven't got, but it's probably because I'm used to negotiating a package now. Having been in business and having to seek my own contracts for five years I know how to get what I want in that respect, whereas other people often just accept the conditions offered.*

Having confidence meant taking leadership positions in professional associations, and taking adventurous decisions as revealed in the following way:

P04: *I asked somebody to nominate me. I knew what I had to do. I asked to be nominated into that position and it worked out that there was a sort of campaign for myself and got voted in. So, it didn't arrive, I had to make it happen....I've never been afraid of taking risks and challenge is something that I really look at positively and change is also something that I embrace in a way that's exciting and an adventure and I want to get in there and have a go. I could never understand how people want to stay doing the same things. Routine is something that I really hate. So, I think that the success has always been that there's always been a little part of me that's looking for a challenge and that's got the courage to take the risks and step out of what's safe and ordinary and stretch my own boundaries. And everytime, where I've stretched*

to, it starts to become routine and then I have to stretch again or I feel like I'm going backwards, or not doing enough. Part of that is making decisions. I think I have a bit of a philosophy that says bite off more than you can chew and then chew like mad. So I do a bit of that and one of my real long term strategies has been never close any doors. Always keep doors open and the old saying about chance favours a complete mind. It's always stuck in my mind that, no matter what's going on around the place, if I can know a bit about it and a bit more, you never know when you are going to need that information to come back to and I think really what that says is that I'm an opportunist as well.

Another participant felt she was better at taking risks over professional issues than personal ones:

P15: *This is very revealing to myself, but I'm probably more a risk taker, a good risk taker when it comes to professional issues than I am when it comes to personal issues. That I'm more comfortable making decisions and taking risks in the world of work where I might hang back more in terms of personal things, but yes I think it's enthusiasm and commitment and just excitement about what I'm doing.*

Furthermore, the above participant considered that she had been strongly motivated, had enthusiasm and had been a catalyst for a change, as she identified:

P15: *I think it's been motivation. I think I have a tremendous enthusiasm for things I believe in and that has enabled me, not only to motivate myself, but also other people. I think I can be a catalyst for other people to achieve beyond their expectations, and I think I was also, probably through my upbringing, imbued with a strong need to achieve. I mean I remember back throughout my whole school career that I was always the top student and my parents really thought that was great and again it was never something where they said, you know "you must do this" but it was certainly a covert message that I would be always striving to be my very best and I think that certainly influenced me, but I think the main thing is I've never had difficulty making decisions. I don't know where that comes from. It's very easy for me to make decisions. I may make the wrong decisions. But I am very willing to make decisions and I don't get hung up on the horns of a dilemma. I'm much more likely to choose and then deal with the consequences afterwards.*

In the final stage of growth and change the data reflected the importance of determining personal circumstances and of setting goals. Most participants valued their relationships and recognised the influence on their work roles:

P28: *I do think the fact that you married the right man is so important to women as well. It is more important to women than to men and this second man definitely is a good one, so I see the fact that I have my children, I've always seen them as a strength in my life. The possibility to combine having an interesting world with the fact that I have my children, that's made me very strong. I have felt very invulnerable.*

By contrast, another participant stated that:

P20: *I like to be in charge of my own domestic situation as well as my work environment.*

Being a leader and senior manager encouraged participants to look for workers with similar characteristics:

P19: *I worked from that position having worked out what made me tick and I looked for others like that. People with energy and enthusiasm who would facilitate growth and change for others.*

Determination and a willingness to set plans and goals were characteristics of participants which one participant described this way:

P02: *Determination is something that I've always found important. You've got to decide where you want to go and go all out, and I've seen a lot of women make that mistake, around me, that they are too afraid to state that's where they want to go, thinking, oh, it's too high, and people won't think I can make it and a half hearted attempt then, to get it. I made a very deliberate ploy to get this job, and had a lot to lose if I didn't get it, and that's the scary bit, in making a definite plan, that everyone knows that that's where you think you should be, and if you don't make it, you've lost a lot of face.*

There was strong support for keeping up to date with changes in the educational context, and as a manager being active about influencing change in the workplace. For example, this participant found:

P17: *One has got to keep up to date with government reforms, changing the education and look at the implications for recruitment of students, implications for the workplace. ...I feel very strong there is a role and I am very active in that in terms of managing and bringing about change. So courses for health assistants, trying to influence the managers outside to accept that this is an important step forward. I would say that as a manager, even if you have got people with opposing philosophies, you can actually make something out of that. You've got to get everyone to appreciate that this is a complex jigsaw and they are all complementing each other and actually from the student's point of view they benefit enormously by having the different philosophies put forward and the debate and there aren't clear cut answers so we are encouraging them to think, ok they don't feel as comfortable about it.*

In addition, she also enjoyed being one of the few women on the "business flight".

P17: *It is almost a childish reaction of pleasure or amusement. It's when I am flying on the first shuttle in the morning and there are very few women and I think "I'm up there too."*

Other participants were endeavouring to make changes to their profession as portrayed by this extract:

P20: *Which is why I've become involved nationally with the Association of [name] and one of the areas I would like actually to devote most of my energy is the training and career structure of clinical scientists. I have managed to make in-roads and have one or two discussions with the [country] office about a training program, so things hopefully will change for other people.*

This growth and confidence was analogous of the flowering of the plant as it reaches maturity and realises some of the potential. It was the flowering of choice and the recognition of personal worth and growth in a managerial career which developed new pictures for women in management.

Participants became managers who were willing to cross boundaries, to try new ideas, and facilitate change. It was from this new and changed position that participants saw their management organisational world. "In making choices between contradictory demands there is a complex weaving together of the positions (and the cultural/social/political meanings that are attached to those positions) that are available within any number of discourses" (Davies & Harre, 1989, p. 59). It was from this changed position that participants had a different vantage point in which to see themselves as confident managers, being confident in the ways they were undertaking their tasks as managers. Their image and story line, characteristics and actions were now interpreted from a perspective of success and confidence. They had moved from being caught up in the traditional position of female health professionals with limited influence, towards defining altered and new positions as occupants of senior managerial positions. These positions focussed on women with their new possibilities of being strong, leading, and exerting considerable influence in health related organisations. Building on the other three stages, this final stage in the process of metamorphosis revised the previous contradictory assumptions and started developing new images and narratives for career paths which value women's ways of managing.

Developing Confidence

During the transformation of participants' assumptions they were developing confidence and assurance. Moreover, with confidence women's presence in management was developing. One participant commented:

P05: *I'm pleased I'm here. I've got a challenge and I think I'm going to find it even more satisfying as I start to address some of the problems that I see before me and some of those that I won't see before me - they'll just be on the doorstep. So yes, I'm feeling good about working. I enjoy coming to work. I enjoy the job. I enjoy the people I'm working with.*

Another participant found confidence came through learning and beliefs that the organisation provided the best services if decisions were made by women and men.

She claimed that diversity of opinion would ensure good decision making in the complex area of health:

P02: *You know, the area of health is a very complex area. It's an area where there are a lot of power players, there's a lot of politics, industrial issues and there are very few people who can make something happen, because there are so many different bodies that influence it. Having an awareness of that and working with it is what it's all about. They become the barriers. The consumer wants one thing, the other pressure groups wants another thing, and the financial constraints are just quite incredible, and I think the financial area is probably one of the biggest constraints, and one of the things that we've got to come to terms with in the area of health. So, my belief is that at all levels of decision making, right from the Executive down to your case conference there must be an equal mix of women and men, there must be a mix of all the professional inputs to get a good decision for the patient. The patient won't get a good decision if all the decisions affecting that person's care are made by males. The treatment that they get, the facility that's available to them, all of the policies that affect that facility. All of those issues, in all the scales down, if they were just made by men then there would be a huge problem. I think it's that balance that's important.*

As they progressed, participants developed confidence in their opinions, as well as having excellent networks, budgetting skills, and leadership qualities. Participants described their skills:

P03: *I'm fairly assertive in my own way. I wasn't but I've learned over the years that you really have to stand for an issue, and, whereas they'll say "oh, not again" I'll say "yes" . And perhaps, for me it's better now, because I've perhaps had to do that over the past three or four years and a lot of people at my level within the organisation I've had dealings with over the years and, so, perhaps I've had more respect from them in that line and they'll say to me "well what do you think" and I find that they refer a lot of things around now to me. But I think that that has taken, I would say three to four years, to build up, stand up and be counted. Not always, but on what I believe are essential issues, and so, yes, I guess that that has been one of the things that I've had to really develop. ...I think once you discover you've got some backbone and you can be logical in how you present and say, "OK, I agree that's not an objective comment but it stems from such and such" I think people will listen to you and I think they do take action. Within the department I have been given the regional budgeting as a responsibility, and it's quite often, perhaps, not seen that a female really has those skills, and having to demonstrate them, so I think I exert a lot of influence.*

P06: *I think if one can say leading from the front. I think, being positive and giving a sense of direction. I certainly am not laissez-faire. I think the style of leadership that I have is that people know where I'm going. I like to discuss with people where we're going and what goals we hope to achieve, so that we've all got a sense of direction.*

In another large health care organisational context, some participants described their leadership styles, feelings of confidence, recognition for their achievements, and potential contribution to changing the managerial models. It appeared from these data that women managers were enjoying leadership positions:

P05: *I think I'm a leader by example. I tend not to say OK let's do it and watch them do it. I tend to need to be there or, having tried it out first, so very much the model leader rather than the one that stands by and hopes. Whatever the committee or the meeting is for I tend to do my work beforehand. Discussing with others who belong to the actual committee, so that the ground work is done so by the time I get to a meeting I feel confident that what I've got to contribute has already been injected into others as well, so I don't have a problem there.*

When the above participant achieved a senior managerial position she found that:

P05: *Congratulations came from many of the administrators around the place which I thought was wonderful. Boy, they won't help you but they'll at least recognise you when you've got there. You know it might be a double struggle for us but we do get there and then they acknowledge.... As I look at them I think "God I could run circles around you" and so I pull away because I certainly don't want to model myself on any of them. So if I do end up being a manager in my own right, I think I'm going to be very, different to what the model has been for many years.*

As the above data demonstrated, confidence was an important characteristic. In a similar way another participant expressed her confidence:

P08: *I'm usually very definite about what I want. I don't usually move either way from that easily, but I will. If it's something I want, yes, I'll put the time into it. If it's going to take time I'll do it. I suppose really determination and sheer stubbornness at times. You know a matter of the attitude "of course I can do it, I'll show you that I can do it."*

Being outspoken and determined were characteristics of participants, as well as having skills to protect and take care of oneself:

P36: *I am a much more outspoken person so I want to change things so. ...it's a point to find something you like, and to get the education I think and taking care of yourself and not to be too soft.*

With many references in the data to feeling positive and confident, participants overcame assumptions and developed managerial careers. Then they assisted others with support and encouragement to have a positive view of themselves by becoming role models and mentors. They helped to teach people to be good debaters of their own thoughts. This "little swagger in their mental aspirations" (P22) was akin to learned optimism as described by an American clinical psychologist who instructed people to draw out their self-criticism and treat it as if it was another person attacking them. In this way they learnt to fight back using positive thoughts. This was clearly demonstrated:

P22: *What we need is to find someone who's going to keep giving the rose coloured view back to you. Now why aren't more people more interested in striving forward, I mean there is all this self-effacing nonsense and I don't think I'm good enough, I spent years saying to staff, shut up of course you're good enough, do this, this and this, you are good, go for it, but there seems to be almost a belief that it is improper or not the right thing to say I'm terrific. But I think one has to give a strong message to all and sundry, I'm terrific, I know I'm terrific, you're very fortunate to have me working with you and we should stop doing the thank you very much for seeing me. When I walk into a room these days, I think you lucky man, you've got half an hour of my time. I think we should be encouraging the students throughout the three or four years to express themselves, to value what they say and to become part of everyday practice, we need just to be encouraged for the best start.*

Another participant emphasised her positive approach to gaining visibility for career advancement and other employment options. She used attendance at a meeting for this:

P05: *I've always enjoyed visibility. I get very frustrated if I'm put in a corner and hidden away and I believe it's important to be seen or you will be forgotten and I'm not averse to making crazy comments, not to an audience generally, I'm a one to one person, but I'll do that just to get attention. For instance...I wasted no time in picking out the important ones and letting them know that I was still in the market. Don't think that I was just here at [hospital name] for the life of [hospital name] that's the official bit, but underneath there's an unofficial bit that I'm ready to move. I didn't want to go to that meeting, it was going to be terribly boring, but I knew I had to be seen so, yes, visibility is important.*

Further assistance and confidence came with skilful organising, achievements, and evidence of success. Additional extracts of data showed participants' confidence:

P40: *Also you do develop confidence and we've been running this degree now for what years and yes, I mean, I feel very confident about it. When I think about when we started it, you know we were very tentative and now I will speak with authority on something and I won't let people boss me around, you know I certainly don't let them do that.*

P18: *And I think the way that we're running the courses now, which is based on students' centredness and developing things like research projects, I think it's giving them confidence in their own ideas and giving them the skills to develop them in a way that's acceptable.*

P01: *I think most of my recent successes have really been in management coordination roles. I now know that I can do it and that I can do it well, and I can do it relatively quickly. So that's a success. ...I'm analytical so that, generally speaking, I can pretty quickly work out what's good and what's not in program work.*

Another element in being confident in managerial roles was the support of significant leaders, especially when taking on a senior role in a new area:

P28: *The minister of ...called me and asked me if I wanted to become the director-general. I thought about it for some time because I haven't really been working with health in the way that people who are professionals have but then I said yes and I started, I realised my weaknesses, I mean, I don't have enough knowledge about the subjects so I have recruited persons around me who are very much professionals and I see my role very clearly as being the motor in the work leading the change to attitudes in society towards this kind of work and I see my role also as important in this and I'm appointed for six years... I think that my own experience and my own self-confidence from all my years in public sector and in the governmental office they have helped me a lot so I feel rather sure of what I am doing and then that I make the right decisions. I don't feel unsure. I know very clearly what I want and what I want to achieve and how these questions can be put forward, although I don't know enough about the questions I do know how to work, why the influence of the power in society and why it is important to get support. I know all the rules otherwise I wouldn't have survived.*

That example from the data clearly demonstrated the power of having confidence in personal skills. In contrast, one participant felt age and experience had developed her self-confidence. She described:

P18: *I'm better at coping with stress now than I used to be. That's one thing we teach and I should imagine a bit of self-confidence, has actually helped me. I'm reaching 50 now has helped. I feel well, you know I've got here and really who's going to sort of challenge me any more. I'm fairly senior now. And you know we've done, the team is invariably now younger than I am so in ways I can be threatening to them, rather than the other way so age and experience has helped a lot.*

In summary, participants were able to deal with leadership positions, difficult situations and colleagues, and new developments, by the confidence they had gained through learning managerial skills and overcoming their contradictory assumptions. Confidence brought with it credibility, visibility brought career advancement, and skilful organising brought achievements and success. As Ryan (1993), in her introduction for "Beyond the Glass Ceiling", described some of the women in her profiles:

They became high achievers through commitment to the task in hand, perseverance and faith in themselves. Their stories show that we can fulfil our aspirations at any age if we have the courage to take the first step. The skills we need to achieve our goals are built along the way, as each undertaking, however small, prepares us for the next stage of the journey (p. ix).

By becoming confident managers, many participants were able to develop staff and build their confidence. For example, one participant decided enthusiasm, teamwork, and a culture of learning would assist people in becoming more effective and confident in an academic context:

P19: *Well I worked into that position from having worked out what made me tick. What I personally can cope with, while I enjoy the style of managerial control that I enjoy. I deliberately hired the kind of people who were not happy with the model and then spent of time developing the team to get them to come up with ideas because I wanted everybody firing at 150 percent and not just checking in their brains at the front door as they came in in the morning. You have to sell them your concept of what you're doing and engage their enthusiasm and give them the space to get on with their job. You have to create the learning environment. You have to speak to that person more often, to review what they're doing, to help them to organise themselves so that they become more effective and more confident because a lot of the work I am doing with that member of staff is in developing his own confidence and developing and allowing him to have the confidence to set his own standards and not to have to constantly refer to other people. I'm a manager and I manage people. I don't manage things, although I have financial budgets to control but I manage people and you have to allow people to get on with what it is they're doing but at the same time I can't ever say it's not my fault. I spend a lot of time in my first six months building bridges. Building bridges with the academic staff. Building bridges with my own colleagues on the executive. Building bridges with the people who report directly to me. Interestingly enough one of the people who reports directly to me, the supervisor in charge of the printing, apparently, and I find it very difficult to believe, but apparently I'm the first person in 17 years who ever asked her "What do you do?" "Why do you do it?" and "How do you think it could be improved?" Tells you something about how traditionally this organisation has operated. I recognise that this is an organisation in a state of intense development and change.*

Another example of coaching was provided by Thornton as cited in ROCS Bulletin on Staff Training and Development (1996). Coaching was proposed as the process for helping empower staff, providing challenges and developing their confidence.

Changing Organisational Contexts

Another dimension of the fourth stage of metamorphosis was commencing to change their organisational contexts. Many participants recognised that once they had developed their confidence, they needed to change organisational contexts and gender stereotypes. They hoped by being strong, coping with criticism, and valuing their presence in health related environments, they would start transforming these contexts with a vision:

P02: *I think you've got to have a vision of where you want to go ... A fair bit of determination. An ability to step back and to accept that you're going to make mistakes along the line and not let those completely demoralise you. Let the criticism just flow a little bit and keep your eye on your achievements. Criticism can hurt and stop us taking risks and I think you have to just let that happen and then move on and not let it hurt.*

There continued to be the challenge of gender stereotypes:

P05: *I had a classic one, there was a classic one when I first returned to the [name] department last year and there was this 8.30 meeting and they were*

all male and just me and the little secretary. I hadn't had my breakfast so I walked in and said "Do you guys want a cup of coffee?" and they said "yes please" and I said "OK come and help me" and nobody came. So I thought, right, I'm going to do it this time, laid it out and then at the end said "OK let's do the dishes" and they just all got up and left. So the next time it was "OK who wants a cup of coffee?" and they all said "Oh yes please" and I just stayed sitting, and it took three weeks before one of them got up and made a cup of coffee but they weren't going to get up straight away.

In another attempt to change the gendered context, one participant had overcome the "good little girl" image and felt comfortable with her achievement and outcomes. She had developed the organisational framework, selected her strategies, and decided to be as creative as possible in achieving the organisational outcomes. She recounted that:

P04: The most difficult thing, the only difficult thing really has been some of the administrators who are men acknowledging that I'm not a good little girl. I may have indicated to the particular person a couple of times that this has happened, or that's happened, or I've been able to ensure that they get extra money for something and their comment might come back in the way "Oh good girl, that's great". It's just a bit patronising, obviously, and I've let it go a few times and I've stopped it now. I don't get any of those comments now. But I haven't had any difficulty with getting anything to happen. I have felt comfortable with being able to achieve anything I've set out to achieve. Sometimes being a female (in that situation) is helpful because some of the male administrators have gone out of their way to ensure that what I ask is done. I don't know if that's got anything to do with being female or not, but I think I'm very direct and very open and I don't pull any punches. I think people are sick of not knowing what the real message is. If somebody's not doing a good enough job then I'll let them know very quickly and very plainly that that's the situation and then look at what strategies are appropriate for improving. If someone's done a good job then I, again, just be open and direct about that. I appreciate hard work and outcomes. I'm not interested in people wanting to tell me about what they are putting into something, I'm interested in what the outcome is and I let people know that. I've made a great point to let people know that I'm not watching, or counting or asking them to punch clock cards or whatever they're called. There wasn't anything there that was creating a framework for the way in which you had to work. I could actually go in and make this service develop in whichever way was most comfortable with myself and, as long as I met the two objectives of regionalisation and program management and didn't sort of move outside those policy guidelines of the health organisation, then how I made it happen and what strategies I employed was up to me. I could be as creative as I wanted to be.

Another participant spoke of her leadership achievements which at the same time transformed the context and the thinking of staff:

P15: I'm kind of proud of that lecture. I think it put down on paper a lot of my beliefs which I continued to treasure over the years, so that was a really good experience. I think that one would definitely be being the founder of the new PhD program at the [name university] I think that's a major achievement which is going to have, hopefully, a real impact on the profession. Transformation of the school when I was the chair. I think we really did move from thinking of ourselves as clinicians and teachers to thinking of ourselves

as scholars and we developed a centre for the study of occupation. And we all developed our own research programs and that was, I think, a major achievement. I think my publications, as a whole, I'm quite proud of and my own research endeavours.

The ability to bring out the best in people was also a feature valued by participants in their working environments:

P17: *How to manage people. How to bring out the best in them, how to take on board their ideas and make them feel that they are contributing towards change. How to set up systems that could be better.*

This approach meant shifting towards a more open door philosophy, from an hierarchial structure to a more cooperative process which valued consultation:

P17: *New blood and new ideas. There have been major shifts but I think perhaps a more fundamental change is tied up with my philosophy about the open door, about negotiation, about students having to learn how to negotiate, if they are going to become therapists. About giving students control, degrees of control, in the same way as we'll expect to be giving their patients control. So I think we've shifted from a student-staff hierarchical structure to a more cooperative process.*

The following extract illustrated that there were different ways of operating in the university context. Having a big picture view could also cause problems but did not prevent having influence:

P17: *I have been able to influence change in the University as a whole. Over the years the University has been made up of disperate groups. All fairly territorial. I believe that I have got a much wider vision than just the department, that I have a sort of University vision, which produces some conflict at times, because when the departments healthy, I should be fighting for the resources just for the department or that I feel that I actually give away some of our facilities, or I don't take a strong enough stance.*

Developing women's presence in managerial roles led to valuing women's contribution which encouraged some participants to have confidence in their promotion of policy development and points of view:

P11: *I certainly think that it's very important for women to be in policy making roles, so then I must think they bring some special things. I don't think you can ever over state that because of women's experience in terms of where they've come in Australian society, that that really is still an enormous contribution that they can make.*

By overcoming contradictory assumptions, these participants suggested that they had to be assertive, willing to take risks to make a contribution, to be smarter and more

flexible. No longer willing to be passive, these participants urged health professionals to do the same:

P40: *I think to be assertive, I think not to sit back, that if you want something you've got to go for it and not in an aggressive kind of way but just to say I am here, I have something to contribute and this is what I think it is. Then sometimes people can only say no.*

P07: *I think they have to work harder in every way. We spend our lives trying to justify our existence. Even from going through school. So, that's why I think it's borne from, much practice. I'll be interested, in another 50 years, to see if it's exactly the same. If women start to get on a more equal footing from the word "go". I happen to think that some of these things may well be less obvious further down the track. Yes, I think it's because women have to be a bit smarter and more flexible, more able to do things.*

Developing Women's Presence

The consequences of managing with confidence and assurance meant transforming the managerial image for women within their internal personal framework and organisational contexts. They were developing women's presence as described by Tanton (1994) in their organisation, feeling more personal power, and control of their environment. The outcomes were that they were more organisationally effective, able to mobilise resources, and exert influence, a finding supported by Colwill, (1993).

When writing this final stage in the process of overcoming assumptions I read the first chapter in *Women in Management*, edited by Tanton (1994). This collection reported the outcome of a conference held at Lancaster, UK. "Developing women's presence" seemed to match this final stage of change and transition, the revising and transformation of perceptions and assumptions that participants held about their management potential. It was clearly women's presence, that is, their place, "position, acceptability, importance, rank, bearing, self-command" (Tanton, 1994, p. 7) that was the essence of becoming a senior manager and valuing women's ways of managing with confidence.

Tanton and Hodgson (1994) used this term "developing women's presence" as their educational objective for a series of workshops. From the workshop participants, Tanton provided ten clear reasons for developing women's presence in their organisations. In addition, she referred to characteristics which women needed or lacked. "For example, assertiveness, aggression, self-esteem, confidence" (Tanton, 1994, p. 9). Throughout their discussion they were interested that the group focused on women as "other" to the characteristics of a male norm. Perhaps this occurred as a result of working in male dominated organisational contexts and enhanced male values within societal contexts. In thinking and writing about women's managerial careers, I

share the concern of Tanton's paradox about colluding with the stereotypes of females characteristics as negative and male characteristics as positive. I have consciously tried to write from a women-centred perspective and to describe these women managers' experiences, perceptions, and perspectives as they were portrayed in the data. The hope is that, by describing these women's managerial career paths and developing a theory based on this research, additional knowledge and understanding will be available for discussion, academic curriculum development, personal and professional growth, organisational change, feminist philosophies, and methods of research.

Metamorphosis

In this study, all of the 35 participants moved through the core process labelled metamorphosis. The four stages were described with extracts from the data and a summary of the process and the dimensions of each stage are shown in Figure 27. However, several participants clearly demonstrated that they had achieved a high level of change and have been included as role models in the form of career stories in Appendix C. In addition, one brief extract from the data showed a clear summary of all the stages in the metamorphic process. The participant finally stated how her assumptions were changed and hoped that young people of today would have increased opportunities to do more. She considered the effect of being a woman in a quandary had had on her career as she struggled with contradictory assumptions.

P03: *I suppose it was an expected career for a female, and I guess you're stereotyped. If you're a nurse you're expected to be a female and so, having come from the days when nurses were very subservient, doctors used to throw instruments at you in theatre and all that sort of thing, and there was no recourse to anyone. I mean, it was just no good reporting that sort of thing, because no-one did anything because they were a doctor, having been brought up through a fairly strict background, then to school, then into nursing, to me it was just part of the same regime.*

She then moved onto making observations on different environments:

P03: *And I think it was only when I had the freedom, and I didn't live at home, I lived in as we had to. When I went overseas, suddenly that, I guess freedom, where, to some extent I think females and males were treated more equally, that I found that, well, you didn't have to be subservient and when people asked for your opinion it really was a new experience.*

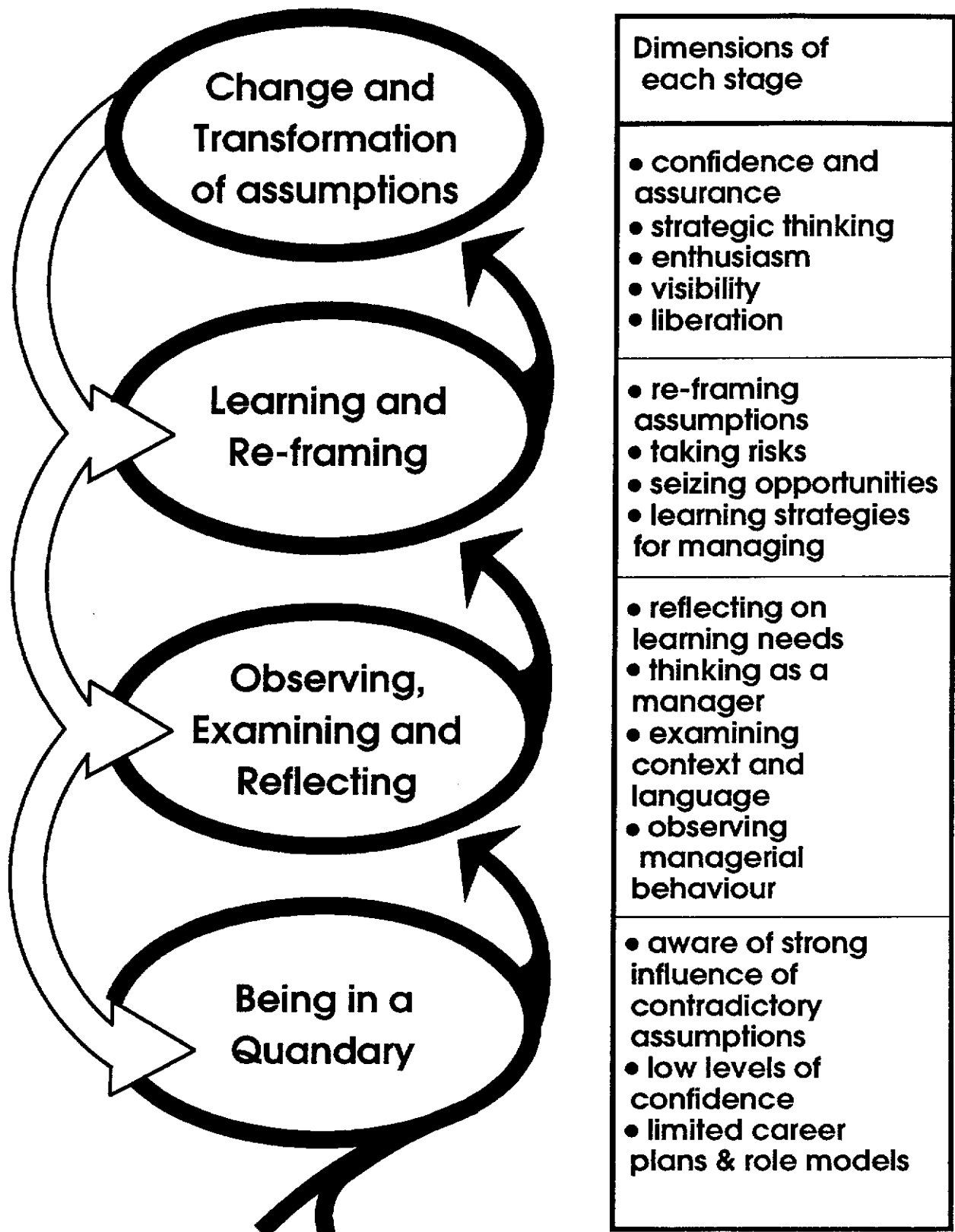
Then into stage three where she was learning and re-framing:

P03: *And learning to cope with that, I think, was probably a major change in my life, and after having been away for four years and then coming back and finding nothing much had changed here, people used to say "gee, you're aggressive". And it wasn't that at all.*

Finally the transition and realisation that she had value:

P03: *It was saying "well, look my opinion's as valuable as yours, or as good as yours" and that sort of thing, so, I think that's, yes, as a career, I think probably in my time very early on, nursing and teaching were the only real two things that you looked at.*

Figure 27 Stages and dimensions of metamorphosis



Summary

Throughout this final and fourth stage of change and transformation women managers were making statements about their confidence growing, about their achievements, capacity to cope with change, to transform their views of themselves, and then transform parts of their organisational contexts. In this stage and the next chapter on the theory, a picture was composed by participants of the competent woman manager.

The need to value and give voice to women's experiences and ways of managing is particularly important in the areas of health and health science education. For, despite the fact that the overwhelming majority of staff and students are female, most organisations "maintain male models of working lives and careers" (Alimo-Metcalfe 1991, p. 23). This was found in the review by the Equal Opportunities Commission (1991) of the British National Health Service. Alimo-Metcalfe (1991) reviewed the evidence of women's participation in nursing, medicine, pharmacy, clinical chemistry laboratories, administration, and management. She found in general women made slow progress and were "conspicuous by their absence in senior management positions" (Alimo-Metcalfe, 1991, p. 22) and that systems were rigid and inflexible regarding career structures.

The valuing of women's ways of managing has been recognised as appropriate for the changing needs of organisations. Isenberg (1984) and Herrmann (1989) recommended combining intuition with rationality, to develop thinking while acting, to use imagination, be more open to new ideas, to look for connections and underlying relationships among diverse problems and issues. Creating voice (Marshall, 1994) and visibility for women in managing roles called for the transformation of organisations, along with a re-definition of work and work relations (Acker, 1991). With more diversity, as women managers work in organisations delivering health care services, there will be additional evidence of the influence of feminist concerns, such as sociological, economic and political aspects of health (Lupton, 1992). Marshall (1994) in initial findings from her research on why women leave senior management jobs, found that when more women are reluctant to adapt to difficult organisational life styles they will "be stronger voices for reform" (p. 197).

An article on strong women (Nicholls, 1996) summed up their attributes. Nicholls' summary fitted with the evidence in the data from this research that women managers would define women's ways of managing with confidence and assurance so developing women's presence. "They are all different, in their lives and in their histories. But they share that quintessential attribute of self-awareness, an inner direction, a reference point which is neither defined or bound by convention, by other people's expectations" (Nicholls, 1996, p. 24).

Research as a Personal Process

(November, 1993)

Reflecting on notes of the process (25.11.93) and on thesis writing. The process of self-reflection and interview are critical parts of this research. The methods, the desire to be true to women's perspectives and values, mean personal participation in the core problem and core process. How much do I welcome change, creating my own choices, seizing the positives, believing in visibility and action. Do I value my intuition, my influence, my analysis of mine and others' expectations that impact on my mood, confidence and willingness to take risks - personal and professional? Creating new pictures, making a difference, willing to achieve as well as relate. Re-mapping learning styles in health professional courses. Networking and supporting women so that collectively we change attitudes, and expectations. Contributing to developing women's presence in the university context!

Research as a Personal Process: Re-vision and Metamorphosis Creative Individualism

(September 1992 - March 1996)

During the research course with the University of Bath I learnt about the openness, centredness and completeness of TaiChi. The soft strength replaced the "iron" which I was trying to cultivate as a method to resist pressures and be strong inside. Tai Chi brings together the two poles, balance and focus, for generating energy. It provides the focus and energy for creativity. Empowering from within, it is the valuing of the feminine and communion and adding the agentic. Valuing these feminine characteristics provides the soft strength to enable us to survive and thrive while reforming organisational cultures. As more women gain senior executive positions these organisational cultures will evolve new patterns and structures. In this flexibility it will be possible to experiment with alternative career and life development programs which recognise the frequently competing role demands of personal, professional and organisational areas. We will be skilful organisers (Hoskings, 1988), moving around the political and gendered culture of organisations and society. Once you feel inner peace, you don't crave approval from others. It's like having a permanent formula for fulfilment.

**I felt a beautiful sense of security in finally knowing who myself was and knowing I owned it, was in control of it and would choose to protect it.
(Williams, 1995)**

Chapter Six: Comparison with Similar Research Findings

This chapter uses other findings from research completed with women managers to compare them with the findings of this study. There were similarities, especially related to the assumptions made by the managers themselves or by their colleagues in the organisations where they were employed. There was general agreement that the organisational contexts, whether they are private or public corporations, were difficult and uncomfortable, being reluctant in changing to accommodate women's presence and ways of managing. However, some management literature recommended that the organisations of today and into the next century require the attributes and competencies that women bring to their management roles.

Although these other research findings were not specifically from health and health science education managers, the issues, experiences and problems had relevancy and pertinency to this study. There appeared to be close relationships to the way women managers perceived their contexts. With reference to the skills that were required to overcome their lack of confidence, and the re-framing of assumptions and the expectations of others, there were interesting resemblances.

Following analysis and discovery of the emerging metamorphic process for overcoming contradictory assumptions, other processes used by women managers were examined. Whilst there was still limited literature on women's experiences in management, and even less on women managers' experiences in health related management, some comparisons could be made. The growing interest, research, and publications on women's experiences in management agreed that women's experiences and perspectives on career were different to the ones documented in the management texts which were based on masculine perspectives. In addition, evidence indicated that women were not well represented in senior executive positions in health care organisations or university sectors. Women were more likely to achieve Head of School positions of the predominantly female professions, but found it difficult to progress into general senior university management positions.

The other focus of this research has been on the career experiences and career advancement of women. This was closely aligned with the women's perception of the opportunities that existed in the health care organisations and universities. Within these daunting environments, social and structural factors meant women's careers were often stalled as they did not receive the support and encouragement required for them to make progress. Career interruptions and the definition of rewards, patterned by male experiences also hampered women's progress.

Discussion of Similar Processes

The identified core process of metamorphosis, which was made up of four stages, was characterised by a dynamic fluid spiral of activities. This process moved participants from being overwhelmed by assumptions that they did not have the capacity to be managers, to a position where their confidence and skills increased sufficiently to where they were managing with confidence and assurance. The activities and dimensions in each stage were used by some participants many times as they slowly built up their confidence to take on senior managerial roles. Other participants moved more quickly to achieving high levels of confidence in their ways of managing and actively pursued career advancement to top levels of management. For two participants who achieved positions as chief executive officers of large health organisations, it appeared they started earlier to address the assumptions that women do not make successful senior executives and were at a double disadvantage if they had health professional backgrounds. By comparison, women managers in health science faculties achieved positions as Professors or Heads thereby leading female dominated schools operating within traditional university cultures.

The comparisons were made with the following research findings:

1. Irurita's (1990) research which generated grounded theory for an optimising leadership process used by nurse leaders in the transition from retardation and mediocrity, through turbulence, toward excellence. This process for optimising was developed from the data collected from 32 nurse leaders in Western Australia from 25 organisations.
2. Knight and Pritchard (1994) who described their management development programs based on the issues identified by women managers. Their participants came from a broad cross section of business women from the young ambitious graduate to the older experienced manager.
3. Freeman (1990) who interviewed 40 women managers from diverse class, ethnic backgrounds, and ages. Most were white Americans with three black and three foreign born women. They came from a variety of organisations, working in financial services; retail industries; media and publishing; high technology industries; manufacturing; transportation; material resources; and consumer products. The stories from these women resonated with the participants of this research, particularly related to the issues of limited career choices, lack of career planning, and the "lack of apparent appreciation for women's performance and

accomplishments" (Freeman, 1990, p. 51) in the company climate and corporate culture.

4. Hardesty and Jacobs (1986) whose research with women came up with "landings". These landings were derived from women's corporate life cycle. They discussed women gaining more self-confidence and then recognising the importance of taking the examples to themselves as women, supporting other women, and identifying with them and their achievements. This meant not taking male masks, and the complex and arduous tasks of "transforming the lessons of male achievement patterns to fit their own models of success (Hardesty & Jacobs, 1986, p. 349). They came up with ten lessons created from their landings. These lessons related to addressing women's experiences in corporate contexts; women supporting one another in organisations by using networks; developing inner core values regarding their worth; finding ways to manage conflict between professional and personal goals, viewing their career over a total life cycle; making a realistic evaluation about the sacrifices currently required to reach top ranks of management; and finally the need for women to assume leadership roles. These needed to be high profile, visible, outspoken role models and female heroes.

This process of making comparisons both excited and dismayed me. It was wonderful to find many similarities from these other studies which confirmed the authenticity of my core problem and core process. However, it was disappointing to reflect on the time span. The data for Hardesty & Jacobs (1986) must have been collected in the early 80's as were the interviews for Irurita (1990) and Freeman (1990) and yet it appeared that problems for women managers or leaders identified over a decade ago still persist. Apart from the work of Irurita (1990) and earlier work of Marshall (1984, 1989) these studies were reviewed following the identification of the core problem and process (Ross, 1994b). The comparisons were made by displaying the core problem and stages or levels of each process. Brief comments highlight similarities.

Comparison One

An examination of metamorphosis revealed similarities to Irurita's (1990) leadership process of optimising. The core problem and core process from the research findings are shown in Figure 28.

Figure 28 Comparison one - Leadership process of optimising (Irurita, 1990)

Ross (1994 - 1996)	Irurita (1990)
<p>Core Problem Incompatible, contradictory, and inconsistent assumptions about becoming managers</p> <p>Core Process - Metamorphosis for overcoming assumptions Levels of managing with confidence and assurance</p>	<p>Core Problem Overcoming and compensating for disadvantages related to the context of repression and mediocrity</p> <p>Core Process Levels of optimising</p>
Quandary, struggling with assumptions	Floundering: pessimism
Observing, examining and reflecting	Surviving: self education, adjusting priorities
Learning and reframing assumptions	Investing: staff development, mentors
Change and Transformation: developing women's presence in management	Transforming: political, networking

The stages of metamorphosis for overcoming assumptions, moving to women's ways of managing with confidence and assurance, had similar stages to reflecting Irurita's (1990) leadership process and levels of optimising. For example, the stages of quandary and floundering were characterised by confusion, uncertainty, and anxiety about performing adequately in management or leadership roles. In similar ways the nursing leaders who were moving the organisation towards a state of excellence were the "transformers". These leaders had introduced revolutionary changes to reverse organisational stagnation and this resembled the metamorphic process which eventually caused the women managers in this study to change and transform their assumptions so becoming women managing with confidence and assurance. Other similarities were found in relation to the health context and where participants worked, the career choices, and career influences for women in predominantly female professions, the lack of confidence in being managers, and limiting images and expectations held by most participants.

Comparison Two

Knight and Pritchard (1994) described a program for women managers. Included in the objectives were:

- identifying and valuing skills and strengths
- developing choices in managing relationships
- learning assertive skills and ability to handle aggressive/passive behaviours
- setting goals for work and personal lives
- enhancing self confidence and sense of worth.

The objectives listed above and the program outline are congruent with the stages in the core process identified by my research study. Women managers participating in the Knight and Pritchard course stated their issues as being:

- lack of confidence/assertiveness
- women managing men/older people
- being women in a male world
- negotiation/influencing
- handling uncertainty
- tensions between family and work
- sexuality at work
- managing upwards
- career planning
- managing change (Knight & Pritchard, 1994, pp. 52 - 53).

These issues are similar to the quandary stage when participants in my study were struggling with the core problem. The course program was devised to increase the confidence, skills, and capacities of women managers. The themes from the course considering what it means to be a women manager, self-image, raising self-awareness, examining influences and fears retarding progress, learning skills and finally enhancing confidence matched the four stages of metamorphosis. These are compared in Figure 29.

**Figure 29 Comparison two - Program for women managers
 (Knight & Pritchard, 1994)**

Ross (1994 - 1996)	Knight and Pritchard (1994) Issues and program
<p>Core Problem Incompatible, contradictory, and inconsistent assumptions about becoming managers</p> <p>Core Process - Metamorphosis for overcoming assumptions Levels of managing with confidence and assurance</p>	<p>Course Objectives</p> <p>Enhancing self-confidence and worth setting goals for work and personal lives, self influence, internal dialogues</p>
Quandary, struggling with assumptions	Fears holding us back, lack of confidence contextual issues
Observing, examining and reflecting	Looking at self-image, raising self-awareness
Learning and reframing assumptions	Identifying and valuing skills and strengths, examining influence
Change and Transformation: developing women's presence in management	Learning skills developing confidence in abilities, negotiation

Discussion of these themes was continued during a follow-up period which emphasised the long-term nature of the change process. Participants in the course determined the frequency and duration of these discussions.

Comparison Three

The report by Freeman (1990) of research on women managers' lives has similarities to the findings of this study. In the final chapter she stated:

Throughout this volume customary assumptions about women have been challenged. By looking at women's lives in a holistic fashion, we have corroborated data from other studies and elaborated new directions. The bringing together of evidence from achievement and affiliative realms has served the purpose of overturning stereotypic notions about women's identities and lives. Through examination of both the personal and the professional development of the same women, we have gathered a fuller picture of where women have come from and where they are headed. (p. 217)

This closely linked with the core problem which emerged from this research, that is, the contradictory, incompatible, and inconsistent assumptions which impeded

participants' career development and potential to be managers. The women managers who participated in the phenomenological research by Freeman (1990) were found to have graphically described:

How they moved from traditional ideas to new conceptions about themselves derived from experiences in a heretofore "man's world". Their individual changes, paralleling social change, are traced in both their personal and professional lives. The premise upon which this volume has been built is that individual development affects and is affected by social change. People's changed consciousness influences social restructuring. Similarly, social restructuring shapes people's attitudes and behaviour. These ideas have face validity, but there has been little documentation of their occurrence. (p. 218)

In a similar way participants in my research moved through the stages of overcoming assumptions and learning the managerial skills to perform in the position. Freeman also summed up:

The women whose development was chronicled here demonstrated an impressive variety and depth of learning that served their ambitions and achievements well. In retrospect, they can see how their paths might have been more efficiently forged, but a lack of formal preparation or male socialisation was quickly overcome, and they used what they had learned to advantage. Esther provides an example:

"I've learned to be a little smarter than I used to be in terms of who you talk to, what you don't say, what you do say, where you show up, where you don't show up. I was terribly naive twelve years ago, in terms of a corporate structure... I think if I had (it) to do over again I would have found out much more about the structure of the corporation itself. I went in at too low a salary. I didn't ask for the right position. I didn't realise how much titles meant. I didn't realise how much official status meant. But when I think back, I acted as though I (had the title), and everybody that I had to work with probably thought I (did). And I didn't know I wasn't that important. And then, when I found out, I made sure that I became (that important). (1990, p. 224)

The comments from Esther about visibility and operating at a level which interacts more successfully with the contextual demands matched the second stage of observation, examination and reflection of metamorphosis.

Through their employment in management positions in corporations Freeman found that women revised their career expectations and picture of themselves as managers. This matched the fourth stage of transformation where participants became women managing with confidence and assurance. As Freeman pointed out, the women were competent but had to counter social and organisational contextual prejudice:

Again women's current corporate circumstance provides clear illustration of the limits of individual approaches to change. The proof of their abilities has been firmly established in the field and in research findings. They have taken advantage of the provisions of equal employment opportunity and have stepped over and around bias when confronted with it on the job. Yet current literature

depicts women's professional advancement at a standstill. Reasons offered have less to do with female managerial acumen and more to do with male prejudice, often unconscious, and the lack of structural change throughout the organisation. As with our study of women managers, a holistic approach to change is needed that encompasses both psychological and structural realms. (p. 226)

The findings from this research thesis echo the concluding words that Freeman used about the achievement of the women managing with confidence and assurance. It is suggested that the future needs continued commitment to active change of the social and organisational contextual assumptions which influence the evolution of flexible climates for women and men who hold senior managerial positions.

In the absence of systemic change and active structural support, the women interviewed seem to be working individually to maintain a context of opportunity for themselves and their successors. They certainly give us ample evidence of women's capacity for both the professional and the personal requirements of corporate careers. Unquestionably remarkable, their professional achievements and personal adaptations might not be enough to guarantee future opportunity for women who seek self-fulfillment in business. Active, large-scale change must continue so that passivity and other complex, subtle forms of discrimination give way to truly gender-blind employment access and opportunity. (Freeman, 1990, p. 228)

The theory of metamorphosis for overcoming assumptions and developing confident women managers will add evidence for the need for change and transformation both within women managers and their social and organisational contexts.

Comparison Four

The work of Hardesty and Jacobs (1986) discussed the conditioning of women by childhood role models and ambiguous signals from parents, colleges, and corporations. Women for the most part had internalised since their earliest years a patriarchal view of the world and their place in it. They stated that a major point had to be reached when women recognised the conflicting pattern between the myth and corporate reality and only then would they break the cycle of success and betrayal. "The first step in that recognition is an insight into how powerful illusions pervade every landing of their corporate experience" (p. 54). In addition they considered "men's image is grounded in fact, women have depended on fiction... images of success that are virtually impossible to prove up to and sustain" (p. 96).

Although the landings described by Hardesty and Jacobs (1986) and the stages in the core process of metamorphosis are framed differently, there was sufficient congruence to use their work for comparison. In fact, it allowed the dynamic spiral nature of the core process to be clearly demonstrated as the landings appeared to revisit quandary and examination stages. These comparisons are shown in Figure 30. The

ambivalence and secret doubts of the first landing has similarities to the quandary stage where participants doubted their ability to become a woman manager. Following the recognition of this myth or false or contradictory assumptions the women managers were able to move to another stage of metamorphosis or landing. Finally after visiting these landings or moving through the metamorphic process both groups of managers achieved senior positions and high profile in their organisations.

Figure 30 Comparison four - landings in corporate experience (Hardesty & Jacobs, 1986)

Ross (1994 - 1996)	Hardesty and Jacobs (1986)
Levels of Core Process - Metamorphosis Picture of women managers	Landings Women's corporate life cycle re-current landings. High profile women managers - heroes
Change and Transformation: developing women's presence in management	Reconcilable differences adjustment
Observation, examination, reflection	Pivot point -leaving
Quandary, struggling with assumptions	Success and corporate betrayal and self-betrayal re-assessment
Learning and re-framing	the seeds of disenchantment
Observation, examination, reflection	Proving up to see oneself and have affirmation as a corporate learner
Quandary, struggling with assumptions	Recognition of the myth
	Women's myths of "success" suppositions identify ambivalence secret doubts

Summary

The use of these other research findings to compare the core problem and core process developed by my research, appeared both to confirm the credibility and trustworthiness of the data and interpretation of it to develop stages of the core process of metamorphosis and resulting theory for women's managerial career development. In particular, I felt that the participants in Freeman's (1990) research related similar stories, and the management course presented by Knight and Pritchard (1994) matched

the themes generated by my research. This core process of metamorphosis provides evidence and theoretical explanations for the reasons women managers have uncertain and anxious feelings about themselves and their place in the organisational culture. The participants' stories making up the research data provide practical examples of other women's experience and their managerial career development. The theoretical model demonstrates the three interacting layers that contribute to personal, professional, and contextual change as women managers ensure their place in management.

This review also reinforced the cyclic, dynamic, spiral nature of the core process as participants resolved their issues. The process is certainly not a stairway to confidence, but an ongoing process of building managerial potential both internally for the individual and externally for the organisation and profession.

PART FIVE

A GROUNDED THEORY

A theory of metamorphosis for managerial career development: Women's ways of
managing with confidence and assurance

Chapter Seven: A Theory of Metamorphosis for Managerial Career Development

Chapter Seven: A Theory of Metamorphosis for Managerial Career Development

This chapter describes a theory of metamorphosis for women's managerial career development. This theory provides a model for understanding how women managers from health care services and health science education contexts moved from managing without confidence to managing with confidence and assurance.

Research Overview

The central concern for this research was to develop a theory of managerial career development that explained how senior women managers in health care services and health science faculties achieved career advancement to senior management positions. It sought to identify major barriers to the career progress and achievement of senior level positions by women in health related organisations and to discover how women managers dealt with obstacles and contexts.

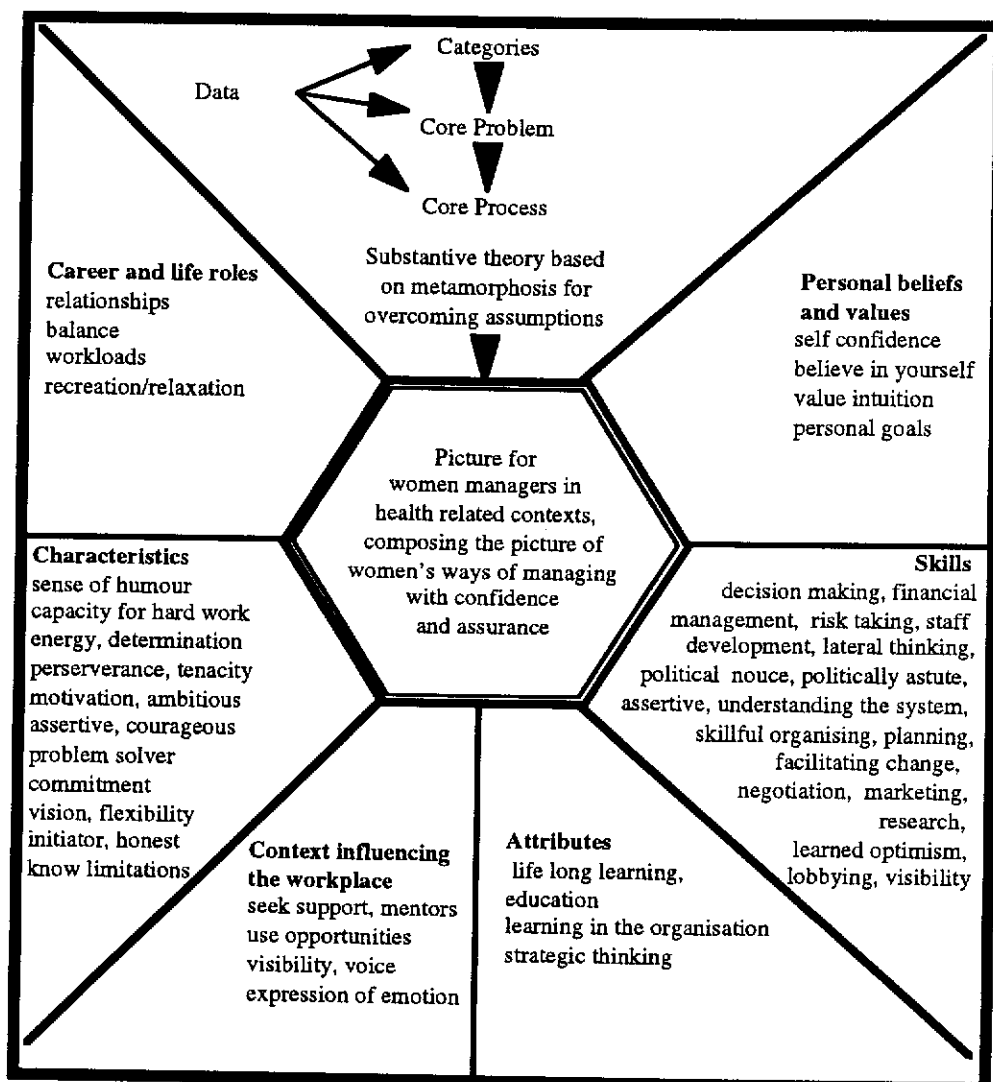
Using grounded theory approaches, the previously unarticulated core problem that women encountered was identified as the incompatible and contradictory assumptions about their potential capacity to have long term careers and their ability to move into senior level management positions. By applying levels of coding, analysis, and interpretation, it was discovered that women managers solved this problem through a core process labelled metamorphosis for overcoming assumptions. This core variable was the process of moving from managing without confidence to managing with confidence and assurance in the difficult contexts of health care and university environments.

Overcoming assumptions explained the major actions and behaviour of participants, as well as linking the various data together. With these characteristics it met the criteria for being a core variable (Glaser & Strauss, 1967; Glaser, 1992). In addition, the metamorphic process for overcoming assumptions occurred over time and under different conditions which generated change in a range of organisational contexts. There were four progressive stages or levels of performance (being in a quandary; examining; learning and re-framing; and change and transformation) distinguished in this process. The women managers moved through the stages of the process, depending on the extent of their contradictory assumptions about their career and management potential. Also, it depended on the extent that the context provided opportunities and accepted their presence in senior management positions. Each of the levels of the metamorphic process for overcoming assumptions involved different actions and behaviours which were affected by the context, career and management

behaviours, experiences, higher qualifications, knowledge, skills and characteristics of these managers.

The outcome of this study was a substantive theory of metamorphosis as women developed ways of managing with confidence and assurance. Associated with the final stage in the core process, that of change and transformation, was the metamorphosis which takes place in women with health professional backgrounds, moving from uncertainty to women managing with confidence and assurance. During the core process they contributed to developing a picture of women managers. As they learnt new skills and to value their ways of managing, they re-framed their assumptions. From the data there was a valuable picture of the possible capabilities, skills, attributes, and characteristics of women managers. This picture is summarised in Figure 31.

Figure 31 A theory of metamorphosis for managerial career development: Women's ways of managing with confidence and assurance



This chapter was provided to give inspiration to female health professionals and to provide examples and stories. It is intended also to give the voices and visions from some women who have confidently taken career steps and achieved senior managerial positions. Their composite picture was presented to provide guidance and propositions for discussion for educators, for managers to facilitate career development, and health professionals planning their careers. Using participant's insights and reflections on contextual issues, examples of not only their ability to survive, but also contribute to creating educational and organisational contexts, this theory provides guidelines for personal, professional, and organisational growth and change.

The power of the participants' experiences, as quoted from the interviews, created the emerging theory and provides the framework for future health professionals, and women learning to take considered career role choices to become senior managers. The metamorphic process and theory reveal the stages which women health professionals may take, helping them recognise their potential and the opportunities available. By reading examples of new behaviours and skills from similar people, according to Passmore (1994), others are more likely to emulate and learn.

This substantive theory (substantive area of inquiry, that is, women manager's career and managerial experiences in 19 organisational contexts) has emerged from methods of inquiry which have valued participants as active contributors. As previously described, there have been personal and political aspects to this research process as the researcher and participants generated data, and the researcher analysed and interpreted the material. It was a process characterised by action and reflection, questioning, interaction, selection, and interpretation. "Intellectual knowledge is insufficient on its own; it is best mirrored in action and being. At the best, knowledge making and personal development interweave, each feeling and sustaining the other" (Marshall, 1992, p. 289). Before this can be presented as a formal theory with general applicability, further research is required in the stated and inferred propositions (Glaser & Strauss, 1967).

Elements of the Proposed Model of Women's Managerial Career Development

The significant features of theory generated by this research are that the findings may be visualised as a spiral process related to managerial career development. This process is linked to the three main components of the theory: first, the diverse contextual influences; second, developing a picture of women managers (the presence

and interaction of the women managers with their specific organisational context and their career roles, knowledge, skills and characteristics as managers; and third, the metamorphosis as women managers gained confidence in women's ways of managing at senior levels. A theoretical model of managerial career development was developed to explain these findings and is shown in Figure 32.

Contextual Layer

The first component of this theoretical model which integrates the proposed managerial career development theory are in the contextual layer (outer) which include the broad contexts of psychosocial, professional and organisational environments, with the influence of political, economic, community, cultural, and research contexts. All these contexts interact, and influence the assumptions made both by participants, that is, women managers and other senior managers and people in organisations, (health care services) institutions, (education - secondary and primary) university, professions, and society (family, social groups, media). These contexts have been extensively described in the relevant chapter on contextual issues and as dimensions of the core process. In addition, the research context is characterised by participative methods of inquiry where participants desire to create knowledge and to stimulate awareness of their perspectives, and to initiate change.

Picture of Women Managers

The features of developing a picture of women managers (middle layer) incorporate the participants defining women's place in senior management in their specific organisations. In this way, they were composing the picture of women's ways of managing with confidence and assurance. This picture contains four interacting features :

1. managerial characteristics and skills, personal values, and beliefs;
2. attributes of gaining knowledge, education and life long learning both within their own organisational context and external contexts;
3. the response to specific structures and ways of influencing and creating, transforming different organisational contexts; and
4. the interaction between career and life roles impacting on relationships and personal development.

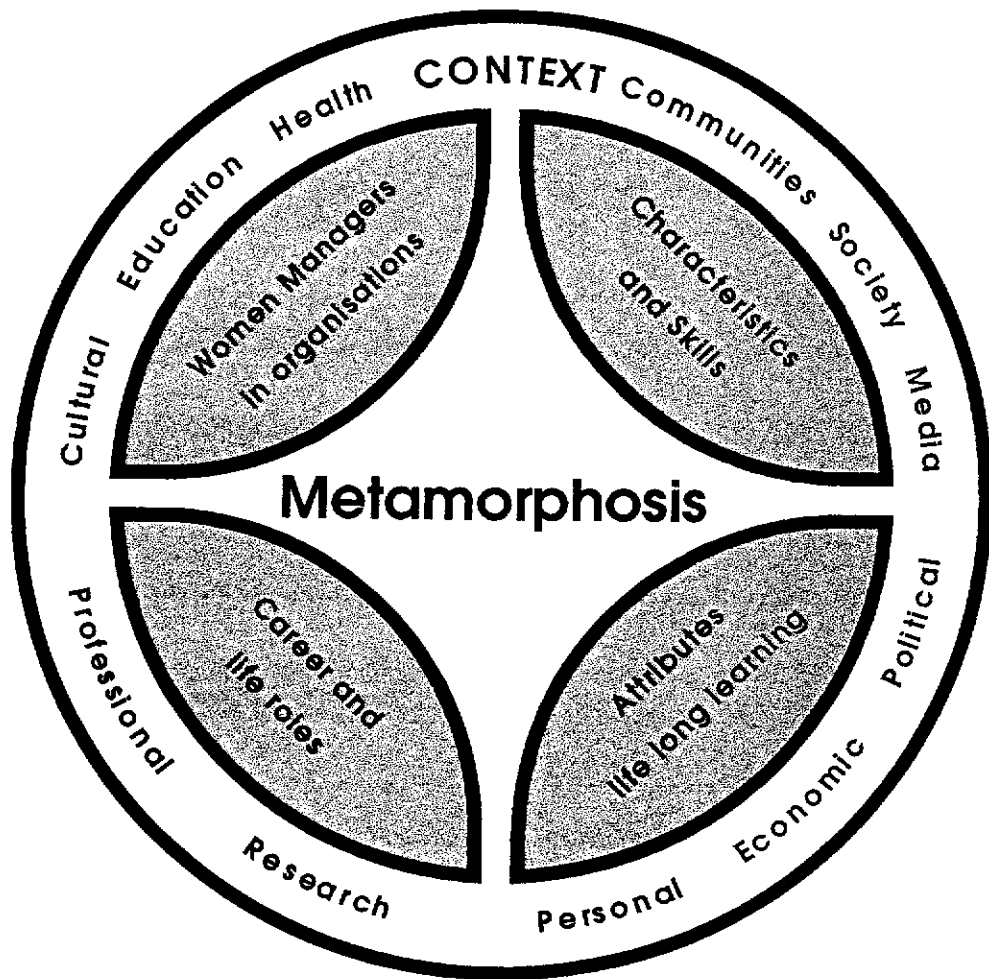
Metamorphosis

The third component is the inner layer of metamorphosis (depicting the basic social psychological process) which is comprised of the four stages used by participants to overcome the core problem. This inner layer is the force or motor creating and

energising the theory which provided this picture and re-vision of women's ways of managing with confidence and assurance.

Figure 32

Model for Women's Managerial Career Development



 Picture of women managers

Although displayed as a theoretical model in separate components and layers they are all made up of interacting patterns and linking issues which create a dynamic theoretical model for understanding this theory of metamorphosis for managerial career development. The model aims to enhance women health professionals' understanding of their own careers and the interacting features of developing women's presence in health care management. In addition, it proposes to encourage all managers to increase their awareness and understanding of the different perspectives held by women and the multiple ways of managing that women bring to their organisational contexts. This theoretical model and detailed picture will contribute to the ongoing debate about the access of women to senior positions and the nature of the "chilly" organisational climate (Foresheaw, 1996). Currently the debate is mostly amongst women who feel that little has changed in the corporate management world over the last ten years (Foresheaw, 1996).

Details of the Picture of Women Managers

The data generating this theory contributed to the creation of a picture of women as confident and competent managers. The stages of metamorphosis that these managers used provides some guidance and understanding of how new images could be created to promote change by encouraging growth and learning. As more women achieve senior positions there will be more opportunities and greater access to resources, education, and influence.

Career narratives depicted in (Appendix C) and this picture will facilitate development and changes in personal, professional, and organisational spheres. By fostering diversity, encouraging flexible management (Passmore, 1994) and creativity, women in organisations will help each other to deal with growing demands and complex challenges. Women managers need to continue learning, joining and learning with each other, if they are going to have strategies, energy, cohesion, and commitment for the future. Giving voice and visibility to women's ways of managing will promote life choices, and career aspirations, and reduce compliance to "offered" and prescribed roles. This will mean additions and changes to management literature, professional education, school education, and media representation.

At least for the researcher, these findings and subsequent theory development have brought strength, soft strength, and legitimacy to valuing ways of researching and managing as a woman with a health professional background. In some ways it is hoped that this picture will help to transform the uneasy feeling that women do not fit the management mould, that figure of influence and power (Still, 1988a & b, 1992).

This picture is presented by looking at four features of women managers described in the middle layer of the model. These include managerial characteristics and skills, personal beliefs and attributes of life long learning, exerting influence on contexts and personal relationships. The advice from all participants included the need for life long learning and higher qualifications. Whilst all participants have contributed to this picture, some participants (especially the selected career narratives) made significant contributions. The range of participants used to create this picture came from a number of health professional backgrounds (nursing, occupational therapy, social work, physiotherapy, speech pathology, and medical), and non health professional backgrounds (law, marketing, economics, and politics). As well, they came from many of the 19 contexts of health educational institutions and health care services used in this research.

This picture brings together incidents and summaries from the interview data, particularly using the issue where participants contributed their advice for young women seeking a management career in health related organisations. It describes the four interacting features which make a picture for women managers. The first feature contains the managerial characteristics and skills, personal values, and beliefs held by participants. This large detailed feature of the theoretical model significantly influenced the picture and provided strong indications as to the content and skill development for educating future managers.

Women Managers: Characteristics and Skills, Personal Beliefs and Values

The characteristics and skills identified from participants are summarised as part of this feature of the second component of the theory of metamorphosis. They are similar to characteristics identified by other studies (Davidson & Burke, 1994; Freeman, 1990; Tanton, 1994; White, Cox & Cooper, 1992) but the significance of this picture is that it adds to the evidence from Irurita (1990) gathered from women managers working in health-related organisations. This composite picture of their characteristics and skills was summarised from the third and fourth stages of the core process. They were all considered to be essential or desirable characteristics and skills which have not been ranked.

1. Having a sense of humour.

P07: *I think I've got a sense of humour, I know I've got a sense of humour, which helps .*

P08: *I suppose I've got a good sense of humour, I enjoy having a laugh.*

P28: *I can see the game these men play and I can laugh at it or I can just let it be but I think it is fascinating.*

2. Having the capacity for hard work and being energetic.

P07: *One's capacity for hard work, the second is I guess I really enjoy a challenge. I really like to see things change and develop.*

P28: *I do think that more women should learn the games. Some women try to learn the games but they still don't understand that it takes hard work to get the higher positions.*

3. Having the commitment and willingness to take risks, being a pioneer, having initiative, and challenging existing patterns and structures. Many participants described themselves as risk takers. After assessing the situation they were willing to make decisions which involved risks, but also ensured a high profile. Understanding the systems and structures of their organisation was an essential skill.

P04: *I've never been afraid of taking risks and challenge is something that I really look at positively and change is also something that I embrace in a way that's exciting and an adventure and I want to get in there and have a go.*

P05: *I definitely am a risk taker.*

P22: *I thoroughly enjoy taking risks. Though I have to say one takes calculated risks.*

4. Having determination, perseverance, tenacity and persistence, having positive attitudes, being assertive and courageous.

P02: *I have seen many women make the mistake of not knowing what they want, too afraid to state that where they want to go, thinking it too high, people won't think I can make it and make only a half-hearted attempt.*

P08: *I'm usually very definite about what I want. I don't usually move either way from that easily, but I will. If it's something I want, yes, I'll put the time into it. I suppose really determination and sheer stubbornness at times. You know a matter of the attitude "of course I can do it, I'll show you that I can do it".*

P40: *I think to be assertive, I think not to sit back, that if you want something you've got to go for it and not in an aggressive kind of way but just to say I am here. I have something to contribute and this is what I think it is, so I think that would probably be my main thing and not to take no, you know and just .. people can only say no.*

P03: *I'm fairly assertive in my own way. I wasn't but I've learned over the years that you really have to stand for an issue, and, whereas they'll say, "oh, not again", I'll say "yes".*

P05: *The perseverance is there. I'm not a person that can say "that's what I want to do". But once I'm on the track, I've got to see it through. I've got to complete the job. So once I'd decided I was going to be a hospital manager, which came very slowly, that's what I was going to be by hook or by crook, I was going to get there and what I was prepared for was to get here and even find that I didn't enjoy it. I had contingency plans for that "oh, well that will be an experience, if I don't enjoy it I'll learn from it and then, OK I'll move elsewhere".*

P04: *I think it was after I went to the motivational course I then started looking at exactly what did I want to do with my life in the next 10-20 years and, during that time, I know that what I wanted was a senior management position.*

P40: *I think to be assertive, I think not to sit back, that if you want something you've got to go for it and not in an aggressive kind of way but just to say I am here. I have something to contribute and this is what I think it is, so I think that would probably be my main thing and not to take no, you know and just .. people can only say no.*

P03: *I'm fairly assertive in my own way. I wasn't but I've learned over the years that you really have to stand for an issue, and, whereas they'll say, "oh, not again", I'll say "yes"*

5. Having motivation and ambition.

P15: *I think it's been motivation. I think I have a tremendous enthusiasm for things I believe in and that has enabled me, not only to motivate myself, but also other people. I think I can be a catalyst for other people to achieve beyond their expectations.*

It was suggested that at some stage women seeking managerial roles need to set out a career pathway and do some planning to achieve promotion and a range of experiences. They needed to start learning to recognise and take opportunities for making things happen.

6. Developing an awareness of strengths and capacities. Knowing weaknesses and limitations and then working on them, while accepting that making mistakes was also part of the process. This also meant learning to be optimistic.

P08: *I don't see anything terribly threatening. And I think too if you make a decision you stand by it. Sometimes they are not always right, but you've got to be able to stand up and say OK I made a mistake there.*

P02: *An ability to step back and to accept that you're going to make mistakes along the line and not let those completely demoralise you. Let the criticism just flow a little bit and keep your eye on your achievements. Criticism can hurt and stop us taking risks and I think you have to just let that happen and then move on and not let it hurt.*

P22: *Actually I was stuck so it's very difficult to find people who value you and that actually was very critical for me because until that point I had needed people to like me in their good will and I learnt at that point to stop minding about other people's views. I don't say I don't want them but I realise that it was an unachievable thing and I should stop bothering. It was no good waiting for that it would never have arrived.*

7. Having the ability to make hard decisions, being able to compromise, being compassionate, and confront difficult issues.

P22: *I think having watched managers around me, one of the mistakes, is either to arrive at too quick a conclusion or not be convinced by your decisions and then start wavering.*

8. Taking time for reflection, personal and professional development. Being sensitive and aware of feelings and emotional issues in the workplace; sensitive to consumer groups and their needs.

P07: *They should allow themselves the luxury of having the feminine caring and sensitivity and all that and never prostitute that, because I think that can be used to advantage and, I think certainly for the people who I manage, I think that's got great benefit and they should never try and sit on that to be more like the men. But I think mentally they need to function like men. But I think they can do that easily as long as they get themselves on an equal footing to start with. I suppose that's what I'd do. And never show that they get hurt. You don't get any satisfaction out of that.*

P17: *I would say that as a manager, even if you have got people with opposing philosophies, you can actually make something out of that. You've got to get everyone to appreciate that this is a complex jigsaw and they are all complementing each other and actually from the students' point of view they benefit enormously by having the different philosophies put forward and the debate and there aren't clear cut answers so we are encouraging them to think, ok they don't feel as comfortable about it.*

9. Another characteristic recommended by participants was being capable at problem setting and having a problem solving attitude to problems, barriers and obstacles. Being analytical with good strategic sense and thinking ahead. Goal setting and providing leadership, supportive and relevant delegation of tasks.

P19: *Well I worked into that position from having worked out what made me tick. What I personally can cope with, while I enjoy the style of managerial control that I enjoy. I deliberately hired the kind of people who were not happy with the model and then spent of time developing the team to get them to come up with ideas because I wanted everybody firing at 150 percent and not just checking in their brains at the front door as they came in in the morning.*

10. Willingness to learn by taking additional qualifications, short courses, observing and learning the language of the organisational context.

P01: *I've tried to maintain and gain what qualifications I think I've needed, but I know that I'm a reasonably good writer, which means that I've been asked several times to do reports, to do such like, and, I can do it pretty well and pretty quickly. I'm analytical so that, generally speaking, I can pretty quickly work out what's good and what's not in program work.*

11. Having the capacity to relate to people, empower, trust and provide a learning culture and staff development opportunities.

P17: *How to manage people. How to bring out the best in them, how to take on board their ideas and make them feel that they are contributing towards change, how to set up systems that could be better.*

P19: *I looked for people with energy and enthusiasm who would facilitate growth and change for others.*

12. Knowing what one can achieve, not being too critical, learning to evaluate and recognise when one needs to make a change. Being honest with oneself and others while realising that one cannot be popular all the time. As this participant recommended:

P11: *Just being honest with yourself and with other people, because the minute you start playing games and you tell half truths and you don't quite go the whole way with an answer or an explanation, you do find yourself in trouble. It's not being naive, I mean there's ways of making yourself very vulnerable by being honest and open so you've got to work that out. That just comes with experience, but I found that, if you can get rid of the being popular thing and stop worrying about that, you find that, in fact, people are much more comfortable. They know exactly where they stand with you. And when you get things wrong, not being too hard on yourself.*

13. Being flexible when appropriate, coupled with strong resolve, plus the ability to sense the management style required by the situation.

P02: *I think you've got to have a vision of where you want to go and that vision has got to be also in line with the department. A fair bit of determination.*

Skills.

Not surprisingly, these successful women managers created skills for managing with confidence and assurance. The evidence from these women managers confirmed the need for management courses for health professionals. In addition, extracts of data provide relevant examples to assist women become effective credible managers in health-related organisations. Listed below are some of these key skills for developing women's presence in senior management.

1. Decision Making

Enjoy making decisions and when you can make certain you communicate with and involve other people on staff:

P23: *I enjoy making decisions. I think in a chief executive post you have to be very flexible about decision making because it's about two and half thousand people at the end of the day and I think it's about how decision making needs to be shared as well.*

P17: *Go for it. Be clear what it is you want. Know what the sacrifices are. Take others with you. Be able to live with the decisions if they produce tough aspects.*

Taking others along on the difficult decisions was a real challenge:

P07: *I think it's always difficult being a manager, because from a staff perspective the manager is the one who makes the decisions that they don't like, so often times they can't separate the decision that they don't like from why. Now I think that's very difficult for a manager, so I think managers often go to extremes to try and accommodate that. Some of them try and be over friendly to sort of compensate for that, but that often then makes it more difficult to make the tough decisions, or else they decide, well it doesn't matter what they do, everybody has them anyway. And I think it's very difficult to find somewhere in the middle, because I do think that it's a major problem. I care very much for people, but I don't know that my staff would necessarily think that. So I suppose I think that your personality has a lot to do with your ability to function. I think being able to get on with people, being able to get on with a whole range of people.*

In addition, this participant highlighted the problems of making decisions which involve conflict. She felt health professionals were not good at separating the issues from personalities.

P07: *Probably two things I think are most important, one is knowing your limitations. I think that's very important and I don't think sufficient people do know their limitations because of that. The second thing, and I'm not sure which I think is the most important actually, so I'd probably put them on a par, is being able to separate issues from personalities and, unfortunately, there are insufficient people who can do that, even in top management positions and, it's something that I don't believe health professionals are taught enough about during their training, and that's health professionals across the board. Doctors, nurses. At our hospital we still have this incredible society thing of if you are not nice to one another it's rude, they can't agree to argue madly about an issue knowing that you are not being rude, well there is no need to be rude, but it's not because I don't like you. If I don't agree with you it's not that I don't like you. That's on the issue, that's right, and that makes it very difficult. And that's why I think it's even more important that you get on with people and are able to sort of kid them a bit. But it's very difficult to go into a really hard punchy meeting and, I mean I've got no problem about coming away friends, but you can see that a lot of people around the table have been hurt.*

2. Financial Management

One skill emphasised by many participants was becoming competent with financial and economic aspects of managing:

P23: *Not until I got into general management in 1986 and then I suddenly had to manage a three million dollar budget and I didn't have a clue, so I taught myself and I actually learnt from our Director of Finance. He actually sat down and taught me how to manage the budget then I started to, really to study on my own, especially buy books, had to keep an account of the non-financial accounting and that sort of thing and some of the things I had to do was go back to basic numeracy and I still do that.*

P07: *So I can sit at a finance committee meeting and I can talk cold turkey about those figures, and I also have a keen interest in the statistics and what that shows about the activity of the hospital and the management of the finances against product and that sort of thing, so yes, I make sure that I know sufficient so that I can read the information that comes out, but also understand it enough to be able to ask questions about it if something looks strange, and I think that's vital, absolutely vital, because if you don't know anything about the money you have got no control whatsoever, because he who holds the purse strings holds the power.*

3. Developing Staff

Many participants felt it was vital to organise staff development programs and develop lateral thinking, particularly if you had high expectations of staff performance.

P22: *I mean getting the team right and building them up and making them strong and supportive is very, very important. I'm having such a good time, I was having a good time because I saw this group blossoming forwards and getting a sort of little swagger in their mental aspirations and it was very good, but of course they were then devastated when I left and I think in some ways what I haven't yet twigged is how one acts and supports these people in a way that it is internalised. I suspect they've got that far and this business of the needing the external and taking it inside is a very difficult one to work with, I think. I haven't cracked that one yet. What we need is to find someone whose going to keep giving the rose coloured view back to you.*

P07: *I'm a great believer in lateral thinking.*

4. Having Political Nous

Several participants stated health professionals and managers required more political nous and skills to be politically astute.

P40: *It's something that I quite enjoy in a sort of perverse, masochistic kind of way. I think you have got to be aware, to be a good manager you have got to be aware of the political context that you work in and both within, well within education, you have to be aware of the political with a big 'P' which is the government as I see it and how they are more than changing higher education.*

P22: *They need to know the skills of management, really you need, I mean playing politics is something at another level... knowing your way*

around the professional body and having professional nous and also being able to look forward. I think the area which we perhaps need to address is political nous. I really think that with all the changes going on we're still training people to do good things with patients and to help them understand that becoming political is not dirty and the ways being political are extremely effective in helping.

White, Cox and Cooper (1992) also found that women managers in their study needed to be aware of the political processes operating in the workplace stating "they were sensitive to the organisational systems of influence, but avoided becoming entrenched in political games, which were frequently described in negative terms" (White, Cox, & Cooper, 1992, p. 222).

5. Planning, and strategic thinking, skills were described by one participant as "helicoptering"

P22: *What I call the AA advance driving test, being able to think way ahead, I mean the thing I decided made me stick out from some others, I'm thinking five years ahead most of the time. Many of my colleagues think about next week and I think while they're thinking about the implications of that knocking on and the other thing in management is the **helicopter factor**, being able to stop, pull yourself up, see the whole thing, tie it together and come back down again.*

6. Negotiating and Lobbying

These core skills were required to exert influence within organisational and political environments and most participants felt they spent considerable amounts of time and energy in negotiation and lobbying.

P07: *Negotiating for everybody about everything. I mean I negotiate with the nursing staff, negotiate with the medical staff, I negotiate with admin.*

P01: *What I've found is that, generally speaking, if I know I'm going to be in a negotiating position there are usually half a dozen peripheral issues and I'm quite willing to give way on those and save my energies for one or two that are important so that, I think, what I do is give the impression that I'm reasonably easy to deal with but the one or two issues are then a bit of a surprise so that I frequently win on those.*

P10: *I lobby before I get there. I realise that I do bring something different because I say, well, let's deal with this before it gets into a major crisis, let's try and identify what the issues are and see if we can actually work with what's here and progress past the blockage and then get beyond that, and let's not think that we've got every answer. Let's try and work together because that's what my task is about, and see if we can not make it a satisfactory situation for everybody because they've got to create that for themselves, but let's see if we can identify and pool what the issues are, rather than speculating what they are and trying to resolve them without understanding what they really are. So, yes I think I have changed that style, and I like to go - I think the other thing that I've changed is that I like to go out and see people and find out, talk to them face to face about issues.*

P03: *I learned how to be manipulative. In a constructive way. I learned how to get to have a lobby outside of the immediate situation. I think I learned how to lobby the health organisation who was in turn a real pressure to my way of operating. I learned how to confront this person with problems. I learned how to put a good case up that was watertight that didn't have any loopholes in it.*

One participant described it as "gift exchange":

P21: *I'm a great believer in gift exchange and I get quite a lot of information by giving people something in return.*

7. Marketing and Visibility

Being able to market one's self, the contributions, the department or services, and outcomes was essential to survival and growth. This frequently required high personal visibility and attendance at functions.

P05: *I've always enjoyed visibility. I get very frustrated if I'm put in a corner and hidden away and I believe it's important to be seen or you will be forgotten and I'm not averse to making crazy comments, not to an audience generally, I'm a one to one person, but I'll do that just to get attention.*

P40: *Also you do develop confidence and we've been running this degree now for what 6 years and yes, I mean, I feel very confident about it. When I think about when we started it, you know we were very tentative and now I will speak with authority on something and I won't let people boss me around, you know I certainly don't let them do that.*

P28: *Yes, I think I do have a very clear, I know very clearly what I want and what I want to achieve and how these questions can be put forward, although I don't know enough about the questions I do know how to work, why the influence of the power in society and why it is important to get support, things like that. I know all the rules otherwise I wouldn't have survived.*

8. Being skilful at facilitating "forward" change.

P18: *There's no way out of it. If you're not changing, you are receding, you're not standing still. You're going backwards, if you're not changing.*

P22: *I love initiating, my forte is planning. Change and overcoming others assumptions. I am constantly coming up with new ideas and discovering ways to implement them in a non threatening way. Confident I can turn it over.*

P17: *I feel very strong there is a role and I am very active in that in terms of managing and bringing about change. So courses for health assistants, trying to influence the managers outside to accept that this is an important step forward.*

Another research study of 603 participants comprising chief executive officers (n=254) and chief nurse executives (n=349) (Bornam, 1993), found a range of skills were important and this list of skills was similar to the ones identified by participants in this research. The skills were general management knowledge, fiscal management knowledge, human management knowledge, negotiation/compromise, facilitating positive medical staff relations, leadership, political savvy, strategic planning, and having a total organisational view. The executives highly valued all these executive skills, rating them important and very important. (Bornam, 1993, p. 10).

Personal beliefs and values.

The importance of having strong personal beliefs in one's ideas, capacities, and ability to manage was frequently emphasised by all participants. This feeling of credibility and competence contributed to self-confidence and willingness to make the most of opportunities:

P15: *Believe in yourself, absolutely and, also seek sources of support from your colleagues. I think like-minded people who, on your dark days, can help you realise how much you have to offer.*

P08: *Well, I suppose the first bit of advice is to be yourself, to be honest, to work hard and to make the most of the opportunities, so there's lots of advice I'd give, in fact, I was actually giving it to a friend's daughter the other day. Yes, and to make the most of the opportunities.*

This belief in self required setting goals and following inner feelings. It was emphasised that advice and support was useful, but finally you make the choices:

P05: *Don't do what others want you to do. Don't do what you think you should do, and follow your gut feelings. Depends where they are at in their careers. Different people at different times have come to me and at the moment I'm finding myself very much the model for all the young females in the [health care organisation] who are the middle level - who are wanting to get into management, but just not too sure which pathway to take. I found the most unsatisfactory time is when I have attempted to do what I believed others expected me to do rather than doing what I know is right for me and pursuing that course.*

Another participant emphasised believing in self, being flexible and valuing one's decisions and actions, rather than dwelling on mistakes:

P11: *Just very much the thing of knowing who you are, which is very difficult when you're young. The big thing is what's going on inside of you and it's alright to have some views that are in here that you feel comfortable with, but always being flexible with those views. But just that you're OK and that your views are valuable and that we do all have a contribution to make. And that we will all make mistakes and sometimes we'll make really big ones. But a really useful thing is, just every now and then, thinking about how few mistakes we make or how many successes we have. That we have a real tendency, when you just think of it quickly yourself, now you can remember*

the last mistake you made and you probably spent an hour thinking "Why did I do that?" and you go over and over it again. You think if I'd done it that way and I'd said that and yet probably between the last time I made a mistake which was probably only a couple of hours ago, and now I've probably made eight right decisions, but I can't remember any of those and I don't do an assessment, so really able to know what success is and not success in a huge sense, but just the right things that you do and look at the processes you use for those and then say "oh yes, that's how I get right results" rather than always punching yourself.

She went on to give an example of interviewing applicants for a position:

P11: *I interviewed 10 women and about eight men for a position at [organisation] and in the end I actually cried, because I couldn't believe - the men would come in full of bullshit. They were amazing, confidence plus, definitely had no more qualifications or experience as the women, but the women apologised - well you know I probably could, but no I've never done it. And it was amazing and it is like we have a terrible cultural need to really punish ourselves when we don't get things right and to sort of go back over it.*

The fuller career narratives of three participants (09, 22 and 23) in Appendix C, demonstrate clearly the importance of believing in self. Two brief statements summed up their self-talk, mental picture, and confidence:

P23: *Have a little swagger in your mental aspirations. I don't buckle at the knees.*

P22: *I'm terrific.*

The ability to confront self-doubt and internalised assumptions of their competency to become a manager was the first stage in overcoming the barriers to achieving senior managerial positions. Frequently, the challenge to these beliefs and contradictory assumptions came to participants as they moved from the practitioner aspects of their occupation to a managing position. When they successfully coped with this challenge they had evidence of their competence and as with the managers in the study by White, Cox and Cooper (1992). This experience of psychological success and performance accomplishment would "raise self-efficacy beliefs and hence the setting of more challenging goals in the future. Therefore it seems true to say that, in the case of career women, success generates success" (White, Cox & Cooper, 1992, p. 220).

Building self-confidence and achieving success, feeling in our hearts and heads that we can be competent, goes a long way to generating movement along a managerial career path.

P28: *I think that my own experience and my own self-confidence from all my years in public sector and in the governmental office they have helped me a lot so I feel rather sure of what I am doing and then that I make the right decisions. I don't feel unsure.*

Attributes of Life Long Learning

This is the second feature of the picture for developing women's presence in management. The attributes closely linked to managing with confidence and assurance were having commitments to further education, both higher qualifications and other courses which provided life long learning. This participant considered it essential:

P07: *I suppose I'd tell them first to get educated. I really do believe that equal education is very important and that may assume less importance in 50 years time, but from where I sit and having had to come through that it's absolutely essential. That's probably one of the main reasons for doing Masters. Not to be better than anyone else but just to get on an equal footing and to prove to myself, that, even though I was a nurse I was still capable of going to University. So I think education is important. I think that the broader their education the better and I would say that for any field. I think the wider appreciation of what goes on in the big wide world you've got the better, you can deal with your own specific area.*

Another participant considered certain aspects of management should be included in undergraduate courses:

P25: *I think that it is important to learn about people and learn how to deal with conflicts and crises but also to learn more I think about the woman leader and the male leader, I think psychology and problem solving in the management area are important. Some of the things you don't realise how much power there is in groups and in certain positions, I think you have to be more aware. It is important that we learn more basic economical management because that is important if you are going to be responsible for economy and today of course, with decentralisation, at least here in Scandinavia that happens. ... I think marketing is important, how you sell what you are doing and that is also something that we have had here in Scandinavia.*

As the attribute of being a life long learner meant that following the basic qualification, health professionals had a feeling of excitement about continuing to learn:

P21: *I think that I would advise them to get, to become well educated. I think that education makes it an awful lot easier for people and not always sure that you need to be educated to get to the top but I think that you can do it more easily if you are educated.*

P15: *I guess a third thing would be - expect to be a life long learner because that's what it takes and things change so much. You know it's impossible to feel like you have it together. You have to keep learning new things all the time. And I'd like to replace that a feeling of suffering long enough with a feeling of excitement about ideas so that rather than thinking "oh, I've finally made it" people can say "ah, now I can really explore exciting issues and things like that".*

P18: *Get your qualifications early. I mean I think one of our disadvantages is that we didn't have the opportunity to do our degree in the early years. ...I missed out, so my advice would be to get your qualifications under your belt early because they get in the way. You need them, they give*

you the credibility but if you have to do them alongside your job it makes life very difficult.

Learning in the organisation.

These participants claimed that obtaining information on the rules and systems within the organisation was often possible by accessing networks and mentors. Although there may not be access to formal mentoring programs, sponsors, mentors or supportive trends would strengthen self-confidence:

P11: Finding mentors and networks and really, really trusting them. Making sure that you link up with the right people, so that if you want advice or direction on where to go, that you are willing and able to ask people. In bureaucracies you find that there are lots of people that have got a bit of information to make your life a lot easier, especially your work load. For young women, that sense that you can do anything you want to and just don't hesitate to ask other people to give you some advice and support. It's also about information as well, knowledge... and self-esteem.

By contrast to the advice on mentoring from most participants, one felt that from her observations male mentors would provide the best guidance. She stated:

P21: I think I would advise them, I have a horrible feeling I might advise them, that the best mentors are male mentors. Because they know the inside workings of the organisation at this stage, better than most women. I think they have something, somehow that they have developed their systems whereby mentors should be an established way of doing things. ... Doctors are past masters at it. No doubt that doctors find people that they groom. Certainly in university life the lecturers, the professors will groom one of their students who they perceive as being very able, very bright. They will use each other and the professor will have this very bright person who works with them, helps them with their research and in return makes sure of the right position at the right time. I think actually academia has got itself sorted out as it were.

Freeman (1990) and White, Cox and Cooper (1992, p. 221) also found there were benefits of having mentors to give "practical help, providing opportunities to demonstrate ability" as well as acting to raise confidence and belief in abilities, which suggests that women have a need for psychological affirmation. It was proposed that mentoring programs for academic women such as the ones at the University of Hawaii (Johnsrud & Atwater, 1993) were required. These programs are said to have the potential to enhance the career confidence, career development, (Wunsch, 1993; Johnsrud & Wunsch, 1994) and advancement for academic women and in so doing contribute to transforming the academic organisational environment.

The values of collaboration, connectedness and caring are not only essential to quality mentoring but also they are essential to an academic institution that is genuinely a "community" of scholars. The traditional norms of individual accomplishments, competition and scholarly isolation are limiting and reinforce an academic culture that falls short of its potential as a community committed to

the mutual growth and development of all its participants. (Johnsrud, as cited in Grant Application, 1995)

Women Managers in Organisations

The third feature of the picture for developing women's presence in management was having ways of influencing the organisational context and climate of the manager's workplace. This feature was greatly influenced by the personal characteristics, skills, and beliefs of the manager as well as the second feature which related to attributes of gaining knowledge. Of course the length of time, level of position, and current organisational climate which the manager occupied were related factors.

The importance of the influence of social and organisational contexts on women managers has been shown in the chapter on context and the formation of the core problem. During the stages of metamorphosis, the interaction of participants with their organisational climate was found to be critical to overcoming assumptions. In this theory of metamorphosis for managerial career development a crucial factor was that of changing the context. One participant provided examples of how she influenced the way people worked and interacted. As director general of a large organisation she saw her function as being the "motor in the work", often described as the "engine room".

P28: I have recruited persons around me who are very much professionals and I see my role very clearly as being the motor in the work and leading as also one can say that on questions we have to change attitudes in society towards this kind of work. I know women need more support than men do in general and I try to seem very positive and never to say anything bad about any woman. I think it's important that women stick together too and they don't always. I want it to be open and full of trust and I want it to be non-bureaucratic rather non-hierarchical. We have got about 15 people from another agency so I have been very afraid of them bringing with them the culture of that agency but I don't think they have but we're still trying to find our direction because it's quite new to many. A new administrative officer was attending the first meeting with all the heads of the different departments, and she was very surprised afterwards saying she had never been to a group of such positive energy but it was spirit that we had.

Another participant thought changing men's roles was important:

P31: Also the men's role in the equality is very important and we have to say that well we want men to change their roles as much as women have changed theirs but we don't want them to take over.

The implications for gender differences in values on women's career progress in organisations was the subject of a research study by Borman (1993). She found that with re-structured organisations that the values, if translated to behaviour, may be advantageous for women executives. It was suggested that the fact that women executives in her study valued flexibility, connection and organisational growth, will

benefit their careers in the future. She recommended that nurses becoming senior administrators and managers needed to be studied to increase our understanding. It was felt that "professional conservatism, and the view that management is not within the domain of nursing" (Borman, 1993, p. 40), plus the lack of investigations and publications on why the "glass ceiling" existed as a barrier to career advancement for nurses, required research. Ensuring appropriate responsive, flexible, and dynamic organisation contexts will be important issues for managers and organisations to address in the future.

McCarthy, quoted by Foresheew (1996) mused how little had changed for women in the corporate world. She thought women had to stimulate new ways of managing:

Both men and women have to change the way they do work. At the moment, there are a lot of women changing on the issue and unfortunately not so many men. The mid 1990's are a time for male and female reconciliation in the workplace. (Foresheew, 1996, p. 6)

The importance of examining and influencing workplace contextual issues are displayed in this comparison between the characteristics, behaviour and skills shown in the final stage (managing with confidence and assurance), and the picture taken from health professional participants managing without confidence in the "quandary stage" of metamorphosis. Table 8 compares the pictures between final stage of women managing with confidence and the first stage of women managing without confidence and demonstrates the core process of metamorphosis revealed in the data. The manager operating without confidence showed a narrow appreciation of her context, trying to concentrate on her clinical functions while adding, but resenting the management tasks. She remained reacting to circumstances and decisions made by others in the organisation. By contrast women managers who confronted their quandary and moved through the career development process of metamorphosis, demonstrated that they were managing with confidence having learnt management strategies and set career goals.

Table 8 Comparing the change from stage one to four
 Comparing the Pictures

Managing with confidence and assurance -	Managing without confidence remaining in the quandary stage
Chief Executive Officer - 2,500 staff, high visible profile, international marketing of services	senior clinical based position with some management functions, 5 - 10 staff
felt she knew and controlled her organisational context, willing to take risks	reacting as others influenced and controlled the context, unwilling to take risks, be political
powerful influential position - brings people to her network	still trying to influence people in power and establish networks
organisational politics - uses in a positive way, stays out of personal aspects	embroiled at health professional department level, personality conflicts over issues
sees the big picture of government politics, directly influencing outcomes	more influenced by trivial, local and organisational politics
breaks organisational rules and myths	still concerned and confined by organisation
spends time streamlining, strategic thinking all the time	preoccupied with day to day thinking and crisis resolution
support for access and equity (female representation) started talking to women about opportunities	muted, awareness, fear, effect of being a woman in organisation or institution, self doubt and poor confidence levels
as a top executive can now access resources to obtain education and knowledge, money to attend courses	limited support, frequently pays to attend courses in own time, additional workload
influences the organisational context takes opportunities to set up and influence other contexts eg. value users and consumers	access context established by others, constrained by organisational structure
strong coping strategies, takes action - blocks days out - decides where energy has to be, sets priorities, has secretary to screen appointments	usually have others/organisation setting the priorities
has identified further career goals and moves	waiting until, has limited if any defined career goals
through second, third and fourth stages of the process of metamorphosis - overcame assumptions	still in a quandary about potential to be a manager, confused with the contradictions and inconsistent assumptions

Career and Life Roles: Relationships and Personal Development

The fourth feature in the picture incorporates the vital dimension for women managers of combining career and life roles. Although the emphasis of this research was on the managerial roles of women in health related organisations, the interviews included exploring the dimension of demanding workloads and managerial career progress on their relationships and other occupational roles. Some participants recognised the high personal price current societal and organisational contexts extracted from their personal time and relationships. Several participants felt that managerial career progress had contributed to marriage breakdown, sickness, weariness, stress, lack of social life, and less time with their children. If they were living alone they recognised that work frequently absorbed their time and energy. Whilst participants found high job satisfaction, enjoyed leadership roles, and valued their achievements, some advised that personal goals and career decisions needed to be made while considering relationships as well as other roles. Several participants stated that having a supportive partner was an important feature for them:

P28: I say that it is important to choose the right man and make clear the conditions when you move together or are when you marry so that the man knows that you have high ambitions about your working life and things like that because I do think that what happens at home is of great importance concerning working life. Then I tell them to work hard and to try to learn the games and they know the games. But also that many men are a bluff. I used to say that half of what men say in working life, they're bluffs, they don't know anything special.

Once more it came down to being clear about the choices, one's goals and the capacity to reform workplaces:

P21: I think I would say that they need to find an occupation which they really enjoy. I would say that no job is worth leaving their social contacts and ties and at the end of the day their friends and family are more important than the job. It would depend what they wanted out of that job and if they told me they wished to get to the top, I might warn them that they may have to sacrifice their friends and family, but I don't personally believe any job's worth that.

From this study it appears that employed people are spending more time at work and the pressures on productivity and outcomes are increasingly part of the work context. Finding ways to achieve balance, work choices and career progress will continue to challenge both women and men. On the one side we have economic forces and constraints and on the other the desire to have a humane workplace and society (Helgesenson, 1990). Findings from participants in my study suggests that women managers with confidence and holistic perspectives are required to promote more discussion on excessive workplace demands and valuing other occupational roles, not just work roles. Furthermore, ensuring that women contribute to changing society and

organisational contexts should be the responsibility of women managing with confidence:

P17: *But you can work your way through that. Maintain the balance. Maintain a better balance than I do would be a better way.*

P11: *Balance is just terribly important. I don't know - I know how you do it, but I don't know how you can accommodate it.*

Perhaps further studies and interest in the future of work and the recommendations contained in the report "A Future that Works for All of Us: Goals and Strategies for Australia" released by the Australian Council of Social Service (Gunn, 1996) will contribute to people achieving a better balance between work and other responsibilities.

There were diverse ways that participants relaxed and balanced their roles. Recreational and sporting activities included: learning to play musical instruments, listening to music, reading, gardening, theatre, concerts, eating out, travelling for a complete break, holidays, camping, sailing and wind surfing, playing tennis, swimming, gym, cycling, and golfing. Revising career theories (Marshall, 1989) and recognising the linkages between work and family or relationships will help change individual work contexts and the outer layer of contextual forces.

Summary

This theory of metamorphosis for managerial career development recognised the professional and personal occupational roles and experiences of women. Based on data from this study, the theory proposes an integrated view of becoming a manager and advancing to a senior executive position. It proposes that women with health professional backgrounds have to move through four stages of development and change, learning, growing, and becoming more confident and competent. The model shows the inter-related factors and connections which were found to be part of the metamorphosis of transforming women's ways of managing without confidence. Confidence breeds competence, and with this theoretical model based on research, health professionals will be able to understand and learn the multiple skills, depth of knowledge, and characteristics for managing. If practitioners, academics, and managers have confidence about their managing skills, it is proposed that they will discuss and teach management in an active, involving, positive, and problem solving way. In this way, students should receive a positive rather than negative view of the contribution made by managers to organisational and consumer outcomes. If practitioners have had good learning experiences of management they should feel more competent, credible and confident. As more women are involved in senior positions there should be gradual changes in organisational contexts and structures and in the

way women regard managerial career development. As a result, organisations should value women's performance and contribution.

This theory provides support for alternative or revised ways of considering career potential and development, and documenting competencies based on work experiences health services and health science education where women make up the majority of students and employees. This should bring more flexible and diverse forms of career growth, with career workshops and career management policies combined with supportive human resource policies. Hall and Richter (1990) suggested guidelines for organisations and their future employees. They had a concern for values which:

- replaced the "promotion culture" with a psychological success culture
- provided freedom to act on values by supporting protean or self-directed careers
- focused more on self-development and lifelong learning
- provided more autonomy, flexibility and diversity for career paths
- considered balance with more sensitivity for the employee's home life.

These values and recommendations for organisational action were matched with changing management practice and philosophy. Many of these recommendations were congruent with the theory generated from this research.

PART SIX

CONCLUSION

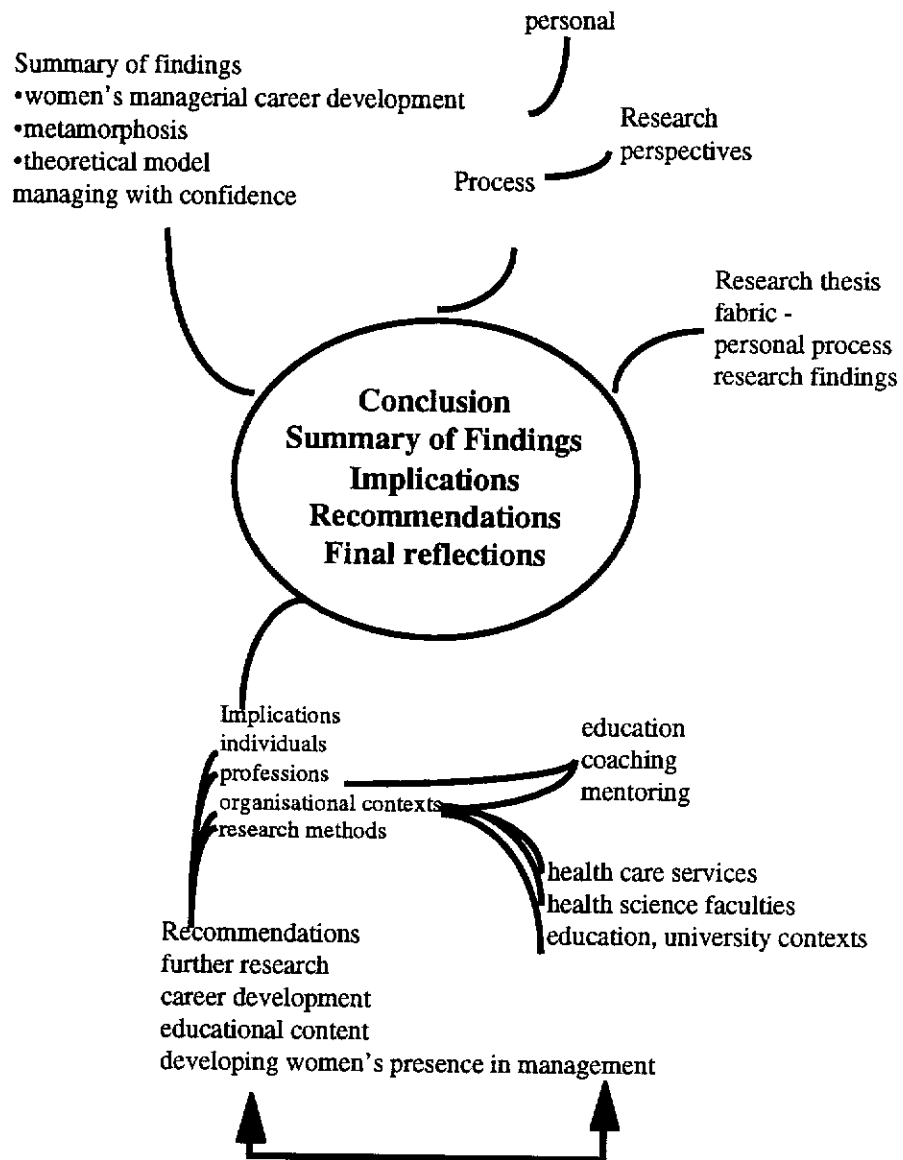
**Chapter Eight: Summary, Implications, Recommendations
and Conclusions**

Chapter Eight: Summary and Conclusions

This research examined the career and management experiences of women in senior positions working in health related organisations. By exploring the perceptions of these experiences and their interactions in managerial roles, the research identified the core problem of having contradictory assumptions about becoming managers which was experienced by these women managers and the strategies they used to overcome this previously unarticulated barrier to their career advancement. Based on these findings a metamorphic process and theory are proposed to encourage the managerial career development of women, particularly those with health professional qualifications. The theoretical model presents strategies for women's career development, their professional, educational, and organisational change to assist their progress to senior managerial positions.

This chapter presents a brief summary of these findings and conclusions resulting from conducting this research study. Implications and recommendations are outlined as they relate to managerial career development for women health professionals and women seeking senior positions in health related organisations, to health science education faculties and health professional associations, to health related organisations and university contexts, and to the use of research methods which facilitate the change and empowerment of participants. Figure 33 displays the connections between the findings and their implications. These findings also raise topics and questions which could form the basis of further research for understanding and knowledge about women's contribution and achievements in management and career development opportunities.

Figure 33 **Summary and conclusions**



Summary of Findings

The limited number of women in senior management positions in health related contexts during the 1980's and 1990's and the apparent reluctance of women with health professional qualifications to pursue managerial careers prompted this inquiry. In addition, the lack of information on women's careers and management experiences in health contexts focused this research on discovery and identification of barriers or concerns which had been shared by a selected group of women managers.

These health professionals who became managers and women managers in health contexts who constituted the key informants were found to be limited by their career expectations and contexts in which they studied and worked. The core problem was

discovered to be associated with the internal beliefs they had about their potential to have a career and become managers. These beliefs came from inconsistent and contradictory assumptions received from their families, school, professional education, and organisational contexts. Women who were working in senior management positions in health related organisations, but had non health professional qualifications, had usually not experienced such strong levels of influence from internal assumptions. Some of the effects of the double disadvantage had been diminished due to their initial career choices.

The external barriers were identified as the assumptions of colleagues, existing senior managers and chief executives, the general organisational context, and gendered relationships. These internal and external assumptions created and re-inforced these participants' dilemmas and confusion about having a career pathway to managerial and powerful leadership positions in health-related organisations. These factors included restricted career choices and career development opportunities, contexts and structures which promoted male images and characteristics as those equated with managers, and the limited management preparation and therefore low levels of confidence for women health professionals taking management positions.

The women managers in this study were found to deal with the problems of contradictory assumptions by a process called metamorphosis. This core process of metamorphosis for overcoming assumptions referred to the movement through four stages, from managing without confidence to managing with confidence and assurance. Different stages of the process were identified and these related to specific strategies which were used by the managers in their interactions. Each stage of this metamorphosis process developed from the previous stage with some participants taking longer and making several movements through the dynamic spiral process. The four progressive stages were, firstly, being in a quandary where they were struggling with incompatible and contradictory assumptions. Secondly, there was observing, examining and reflecting on the impact of internal and external assumptions on their interactions and behaviour in organisational contexts. The third stage was learning and re-framing. They were learning a range of managerial strategies and skills in order to re-frame their assumptions about the assumed characteristics of managers. The final stage of change and transformation meant revising their assumptions and assumptions of others about becoming confident managers in senior positions. In this way, they were contributing to women's presence in health management. During this metamorphosis, these managers were decreasing the levels of control caused from the contradictory negative assumptions and so increasing their levels of confidence. In this way they developed managerial skills, self-confidence, strategic thinking, and increased credibility as managers.

A substantive theory was generated by this study; it described the metamorphic process for overcoming assumptions as a managerial career development model for women's ways of managing with confidence and assurance. This theory identified influential aspects of the context, women's characteristics, and ways of learning to manage with confidence. The outcome was a theoretical model which recognised the dynamic interaction between various contexts (outer layer); a picture of women managers and their careers (middle layer); and the energy force for change (inner layer) which developed women's presence in health related organisations.

Limitations

It is recognised that in this study the focus was on successful women managers and did not take into consideration the women who by choice remained in specialised practice positions or may have stayed in the quandary stage, perhaps never changing their assumptions, or who may have decided to take alternative career steps or male characteristics preferred by current contexts. Although the characteristics of these women managers were documented the personality traits of participants were not explored. In future studies it may be possible to identify personality features which contribute to successful careers and the response of organisational contexts to various personalities. The theory was developed from an extensive range of organisations and cultural contexts but was influenced by the two phases of the research process and the range of research perspectives. Whilst this has been clearly documented by the operational and personal journals, it would make it difficult to generalise and replicate. However, the findings, theory and theoretical model may be used as the basis for the further research needed to develop a formal theory with generalisability.

Implications of the Findings

The implications and following recommendations relate to the managerial career development for women health professionals and women seeking senior positions in health related organisations, to health science education and their professional associations, to organisational contexts of universities and health services, and the use of research methods which value the active contribution of participants. All these issues interact and overlap. Change, growth, and learning in each area will create a level of change in the others. A considerable amount of cohesion and cooperation among individuals will force change and development for women's career managerial paths and the force of the wave as it breaks will impact on organisational contexts. Few individuals can generate sufficient power to have an effect on health care service management and health science faculties in universities. We need more of "those dangerous, persuasive women" like Vida Goldstein who, as an early feminist, worked with commitment and energy educating and increasing awareness of women's issues

(Bomford, 1993). She struggled for social reform, improvements in health, education and careers for women. She sought:

...to improve the quality of people's lives, she will be remembered for extending the boundaries of female endeavour, refusing to be restricted by the stereotypical views of her contemporaries and living her philosophy that "I am a human being, and there is nothing human beyond my sphere. (Bomford, 1993, p. 226)

All the women managers who participated in this study have made a contribution to the findings and these recommendations. The participants selected for the illustrative career narratives (Appendix C) make a special fresh and diverse contribution to our understanding of their passage to senior managerial positions.

Implications for the Individual

There was considerable evidence in the data that career development opportunities and senior managerial positions for women and particularly for female health professionals were limited. By selecting a health professional qualification and being a woman meant a double disadvantage for obtaining a senior managerial position and developing a career plan which ensured career advancement to senior executive levels. Not only did their personal assumptions have to be recognised and overcome but the assumptions of educators, employers, and colleagues within organisational and societal contexts had to be challenged and overcome. While "thwarted careers occur for both men and women" (Still, 1992, p. 7) women need to gain more understanding of the complexity of the career preparation, management and development processes, and ensure that they can take appropriate action. This also means becoming aware of internal constraints and external barriers. From determining the influence of their own limiting and contradictory assumptions, along with structural and organisational barriers, they will be able to make career development decisions. The findings from this study suggest that women, and especially women with health professional qualifications, need to be challenged during undergraduate and during their early employment experiences to consider their career potential and the possibility of pursuing a managerial career.

In the future as more women are likely to have uninterrupted careers (Still, 1992) there needs to be greater awareness of career development processes and the opportunities existing in health related organisations and universities. Career orientation, planning, counselling, and training are required to support women in determining their short term and long term career goals. In turn, this requires the universities and health environments to provide sufficient role models and mentors to facilitate this development and contribute a favourable culture which fosters growth and learning. It

would also require an examination of usual benchmarks for career success, especially when both family and career may be priorities. Women may appear to be slow in starting their careers but are often strong finishers (Forrest, 1989). This was evident in this sample of women managers as they had made adjustments to their working lives during the period where childcare demands required their career progress to remain dormant. The recognition by both the women and their partners, as well as employers and society, that career interruptions and alternative activities may be beneficial (astute naming of skills developed in these activities, for example home management and co-ordination contribute to managerial skills) it will be more likely that the criteria for advancement and promotion will be re-defined. This will add to the re-vision of career theory and the criteria for success in examining both life and career roles from a cyclic rather than linear perspective (Marshall, 1989).

The active promotion of mentoring schemes, development and use of social and work networks (Wolf, 1993), and the marketing of successful careers and achievements (Still, 1993a & b) would be ways of defusing stereotypes, making visible the potential opportunities, and assisting individual women to acquire a powerful management presence in organisations. The need for mentoring, career counselling, support and information networks, and high visibility were all identified as crucial to these research participants movement towards senior management positions.

A further implication for individual career progress was the need for self-development. This included the need to develop confidence and credibility by adding personal and professional management skills and characteristics. Included in these were:

- trusting your inner voice and intuition
- developing observation skills and wise political behaviour
- acquiring a range of management skills, especially related to financial management and budgeting, strategic planning and thinking, preparation and assertiveness at public forums and meetings
- understanding policy and power, and what the organisation values as a contribution
- having a greater awareness and valuing of the management and leadership process of women managers
- reflecting on career opportunities, strengths and weaknesses, and gaining the capacity to overcome weakness
- understanding the characteristics of the manager of the future.

The women managers in this research contributed many suggestions as to the picture of the manager, their skills, attributes, and interactions. This picture of women

managers was similar to the recommendations made by Passmore in 1994, who stated that organisations of the future needed leadership from people who were:

- flexible
- open minded, not bound by tradition
- willing to take reasonable risks
- self-confident
- concerned
- interested in learning, adaptable to new contexts
- creative and willing to experiment with new behaviours in order to choose what works
- making the best of opportunities
- active, curious and resourceful
- good communicators and listeners. (Passmore, 1994, p. 47)

As the findings of this research demonstrate (core problem, core process and theoretical model) this meant overcoming the constraints of socialisation, the assumptions associated with women and health professionals, and becoming a confident person willing to take risks. The managerial game will be constantly changing in all contexts and will require women managers to be active, innovative, providing flexible leadership and teamwork, participating in top level decision making, using energy and motion, and constantly questioning procedures and routines which pattern the traditional patriarchal organisations associated with the delivery of health services and university courses.

Recommendations for individual career development.

These are some recommendations arising from this research for women and health professionals who wish to achieve career growth and eventually a senior level managerial position. The list may be useful for executive management groups seeking to encourage women's development and diversity in the workplace.

1. During the undergraduate course seek information and guidance on career possibilities in the profession, in general management, academic and research environments. Develop career orientation and focus.
2. Continue with your learning by completing higher qualifications, management courses and units, continuing education, financial skills and other competencies provided in organisations which are required for career growth.

3. Seek out a mentor or become involved in a mentoring program which will provide access to informal and formal contacts and assist with viewing career and life aspirations (collective action).
4. Join a network to obtain supportive relationships and information.
5. Read stories about women managers and interview women who have achieved promotion and reflect on their experiences and perspectives (combining career and family) older practitioners, senior managers, and cronies (Brooks, 1984; Mitchell & Krumboltz, 1984; Taylor, 1995).
6. Undertake research and writing that reveals the career stories and organisational experiences which value the women's perspectives and collaborate inquiry approaches (Davies, 1992; Farrell, 1992; Reason, 1994).
7. Decide on the type of experiences which will add to your core management skills, increase your visibility and strengthen your claim to promotion (leadership in certain committees and tasks).
8. Continue to develop confidence and power while learning how to re-frame threats and barriers into opportunities.
9. Be observant and examine the hidden, subtle or implicit barriers and male prejudice (often unconscious) to women advancing into the organisational context (challenging from a feminist perspective).
10. Reflect on organisational, professional, and personal experiences as a rich source of data. As Farrell (1992) said, "insights and learning from my own life and those around me are often the strongest influences of motivation and action, in promoting issues of economic, political and social justice" (p. 223).
11. Examine the context and systems operating in the organisations or services in which you work, seeking structures which facilitate learning and provide opportunities for women to obtain managerial experience and career counselling which promotes movement into the top level. This should also involve consideration of the usually excessive workload and demanding organisational culture.
12. Astutely label your skills and learning outcomes in the language of power and management, then actively pursue promotion opportunities.

13. Ensure a sense of humour, productive and satisfying non work roles and activities, and positive self-talk and mirrors.
14. Develop these capacities: become a change agent, politically astute, influential negotiator, have a vision, high visibility and profile, delegation, commitment to other staff, and willingness to take reasonable risks in decision making.
15. As you become a leader and manager become a coach for others. Provide encouragement and teamwork to empower staff as their confidence grows.
16. Continue to have self-awareness, personal agency, an inner direction and strength that is not defined or controlled by other people's expectations and assumptions. This will provide persistence and the extra effort usually required for a woman to achieve career success. It also means not underestimating your skills, feminine characteristics, and ambition.
17. Know that with confidence women can challenge existing patterns of life scripting and gendered behaviour evident in organisations and enable the influence of senior female leaders to be exerted in deciding the future of educational systems and health and healing systems for the community.

Implications for Health Science Education and Professional Associations

The potential for health science education undergraduate and postgraduate courses, as well as professional associations, to influence the managerial career development and career aspirations was demonstrated by this study. Frequently, the influence was of a negative kind at undergraduate level and during early work experiences, but the decision to undertake a graduate course (often in management or another discipline) and experiences during these courses provided the impetus for these women to review their career progress and made a significant contribution to building their confidence and managerial career goals. The powerful influence of socialisation combined with the selection of a female dominated service profession had been crucial factors in the period of confusion and quandary faced by female practitioners as they moved out of practice into management roles. Professional bodies and academic courses need to have a greater understanding of these issues and in the process of undergraduate, postgraduate, and continuing education to promote a more positive form of managerial career orientation. Some authors including Jungensen (1991), Uhlig and Waterson (1995), Yerxa (1975, 1993), and the November issue of the American Association of Occupational Therapy Journal (1992) raised the issues of feminism and the need for therapists to identify the influence of socialisation and to take remedial action. These

authors valued feminine characteristics and their contribution to providing services which had been largely ignored or undervalued by patriarchal medical systems. In other health professions Borman (1993) and Irurita (1990, 1992) considered the positive and negative aspects of socialisation on nursing leadership and managers.

Although all participants were members of their professional associations and held executive positions, they did not comment on the learning or support they had received from these professional bodies. In fact, some participants found that as they moved into general management positions they were criticised by other practitioners and considered to have left their health profession. Instead of assisting with their transition and recognising potential valuable contributions, some participants found that they were isolated and they relied on limited support from their organisation or executive development program. The isolation became more difficult when the organisation used the health professional label to deny the women further senior managerial opportunities and positions.

Knowledge and skills required by women to become managers operating with confidence and assurance should be developed through educational programs both within academic educational courses and in organisations. Potential women managers should be encouraged to participate in discussions related to the inconsistent and contradictory assumptions they encounter when moving towards managerial positions. As well, continuing discussions need to occur related to career progress and the ways of linking career and family priorities within organisational constraints.

Recommendations for educators and professional associations.

Based on the findings of this study, the following recommendations are made to enhance the career development of health professionals. These recommendations provide guidelines for health science education curriculum development, short courses, and topics for continuing education.

1. Include career planning, career development, and career counselling in undergraduate, postgraduate and professional continuing education courses. One suggestion is to explore the issues of career development by tracing the roles of women's place in health and education roles of daughter, adult woman, wife, mother, widow, grandmother. By providing career counselling and mentoring programs recent graduates and older graduates would have opportunities to review their careers.
2. Ensure the curriculum has units on developing confidence and management skills which relate to the organisational contexts of health care services and

health science education organisations. The findings of this research (core process, theory, and theoretical model) could be used to shape management units and the basis of further research.

3. Health science schools and associations should take an interest in developing the career potential of all students and in particular those who identify an interest or demonstrate an aptitude for management, academic and research careers. This would ensure that health professionals recognise that career opportunities are not only in clinical practice. Universities and professional associations need to provide graduate learning programs which assist this transition of health professionals moving up to and occupying senior level management positions (Prideaux, 1991, 1993). Furthermore, health professionals should recognise and reward the contribution of colleagues who move into senior levels of management and include them in professional networks.
4. Encourage academic staff to use examples of women's experiences and career stories to illustrate management concepts in undergraduate, graduate, and continuing education courses and other aspects of the course, so that women's experiences will be visible and recognised as valuable. In addition, stories from the past about women leaders or women whose heroic feats have been dismissed by history could be used to inspire female-dominated professions.
5. Teach research methodologies which would encourage the discovery of women's perspectives and perceptions on health care, management, and organisational cultures, and develop strategies for collaborative inquiry and research which values change and personal process. This would mean supporting the establishment of action research, cooperative and self-inquiry groups which focus on growth and learning. One strategy which fosters this reflective practice, promotes managerial career development and establishes a vision for the future is autobiographical conversation and writing groups (Torbert & Fisher, 1992).
6. Graduate and continuing education courses should put into place strategies which would assist women in managerial positions document experiences of discrimination so that these incidents will form a pattern rather than being seen as an individual grievance. Within organisations, this should promote contact and reduce the feeling of isolation and feelings of personal failure.

7. In addition, professional networks could provide support for women who commit their time and energy participating in boards, committees, and taskforces. Then as much as possible, within ethical constraints, participating managers could share information.

Details of curriculum content.

This recommendation suggests topics and activities for educational programs which would encourage managerial development for female health professionals. Within learning programs there would be opportunities for:

- reflection and personal development processes
- recognising students' life skills
- becoming risk takers
- learning about politics from organisational, government levels and personal experience or "*developing political nous*" (P 22)
- demonstrating that health professionals are proud and visible as women (Froehlich, 1992) and learn ways of marketing achievements
- having a feminist perspective, learning theories (Hamlin, 1992) and developing support strategies rather than attacking women leaders. Becoming advocates for women this would mean with disabilities, older isolated women, indigenous women, occupational health and safety, participation of women in decision-making, and outspoken about the impact of competition and economic policies on the provision of services
- valuing the strengths of working together and different ways of delivering educational, health, and healing services
- recognition of female staff within universities and their generation of knowledge
- shaping the attitudes and behaviour of future practitioners and managers by becoming "smarter" and having a focus on learning outcomes and consumer outcomes
- challenging the belief that merit equates with "masculine characteristics" and achievements
- developing inner strength and confidence
- learning how to participate, defend, and influence decisions at meetings and exerting influence in the organisation
- discussing the social constraints which encourage certain behaviours and punish those who move beyond the offered acceptable range of behaviours
- understanding organisations from a psychosocial perspective and the processes of skilful organising

- encouraging life long learning and access to personal development courses which build managerial confidence and esteem as expressed by P22: *"mental aspirations, have a little mental swagger, I'm terrific, you are lucky to have me working with you"*.
- using creative techniques to assist career planning and managerial development for example, life scripts and life lines showing the intriguing interplay between the individual and society or mindmaps and mindscapes for managers to stimulate creativity, then nurture and manage it (Marguiles, 1992)
- providing leadership roles and learning activities which support the development of leadership skills and characteristics (spirit of aggression, risk taking and collaboration)
- learning about acquiring, using and retaining power
- managing resources (yourself, time, money) and financial management issues (understanding budgets)
- problem solving, creativity, and negotiation
- communication, debating and expressing ideas (meetings, press conferences, campaigns)
- working in teams
- reading contracts, negotiating salaries, and leases

Graduate education.

These recommendations are for graduate coordination and health science educators to assist them in promoting female students participation in postgraduate qualifications and research. Within academic cultures these should be:

- Promoting, marketing and providing encouragement to enrol in graduate programs and honours programs to overcome the lack of confidence women have concerning their lack of academic ability
- encouraging students to enrol in Master's programs and if they demonstrate research ability foster their desire to transfer and enrol in doctoral programs so more female graduates can develop an academic career
- obtaining support for students enrolling in postgraduate qualifications from universities, employers, professional associations and, registration boards
- providing support and good supervision which recognises the demands of work, family, and study

- providing fast tracking by identifying and encouraging promising students to enrol, and pursue management learning and involve them in group research
- highlighting career role models - women as managers, women as researchers, women as academics and that students have the opportunities to interact with women occupying senior positions
- building and maintaining a cooperative research learning environments and supporting further research on women's issues.

Implications for Organisational Contexts Of Universities and Health Care Services

Within many of the 19 contexts described during the research interviews, participants were not assisted in their career development and often had not received managerial education prior to taking up a management position. In hindsight, it was considered *fortuitous* (P19) or *serendipity* (P09 and P40) when previous experiences contributed to their career promotion and as preparation for acquiring the managerial position. It was often on the initiative of the individual women that they sought managerial education and recognised that they had the capacities for senior positions. Then they frequently had the task of convincing employers, departmental managers or top executives that they had the abilities necessary for taking senior level positions in management. In other research it was also found that women had problems receiving support for attending further educational courses and were offered fewer training opportunities (Colwill, 1993). As a result, women were shown to move up more slowly towards senior positions. Even when women attended management courses they found the content and examples based on male managers, which did not help with their identification with management practice (Burton, 1994; Devere & Verbitsky, 1995). Within organisational contexts, women's access to education, training, and managerial experience relies on bargaining power so that they move "from being invaders in the workforce to joint custodians" (Burton, 1994, p. 12).

If organisations are going to address the gender imbalance and encourage women into senior positions many of the structures, rules, procedures, and patterns of behaviour will need to be examined. Minimal changes have been made to organisational structures to accommodate different styles and in particular women managers. Frequently, positions described, labelled, or occupied by women are sidelined and de-valued.

Recommendations for health-related organisations.

The following recommendations based on the findings of this study, apply to all of the health care service organisations and health science education faculties described in this thesis, as well as applying to most other organisational contexts where men make up the majority of senior level managers. In order to encourage the management of diversity and in particular acceptance of women into senior positions it is essential for members of organisations to:

1. Recognise that prejudice exists in every organisation and encourage women in health related organisations to survey women managers to identify the barriers, potential career opportunities, particularly taking into account the mature age, interrupted careers and late starters (Davidson & Cooper, 1994). One strategy is to develop a checklist in assessing organisational or institutional policies and actions regarding the employment and promotion of women (Caplan, 1994).
2. Establish mentoring programs, support networks and senior management sponsorship which provide information and encouragement. Much of the information necessary for career development comes from informal procedures and customs which prevail in corporate life. By sharing this information potential women managers may reduce the first stage of quandary and second stage of making observations, examining and reflecting on the organisational context and managerial behaviour. They would be able to focus on learning managerial skills and taking leadership in managerial assignments which would increase their visibility and profile.
3. Organise discussions which would assist all senior managers (mainly men or women behaving like men or wearing male masks) to understand the perceptions, stereotypes, myths and feelings about each other. This would help limit the contradictory and negative assumptions held about women and their lack of commitment to work and career development. Other benefits would be addressing the consuming work culture and excessive workloads, juggling family responsibilities, and the views that health professionals are only interested in "hands on" clinical care. Moreover, dialogue would show that health professionals could be leaders and that gendered relations and contexts of organisations from boards, directors, chief executives and senior academics would be enriched by the participation of women.
4. Develop the use of organisational narratives and storytelling to empower staff. This would reveal the history and folklore of the organisation, role models and heroes, values and behaviours the organisation expects. This activity may also strengthen the feminine values of the organisation so balancing traditional

masculine values and recognising that feminine and masculine exist in everyone in differing degrees (Chorn, 1995; Coe, 1992; Marshall, 1984, 1993, 1995; Torbert, 1991). The existence of the men's club and network, assumptions and prejudice of colleagues, and attitudinal barriers in organisational contexts are the greatest obstacles to women's managerial career development.

5. Investigate alternative organisational structures and ways of providing health care and education. There has been limited change in organisational structures and contexts since a few women managers moved into senior levels. Valuing their contribution would assist with the delivery of health care services in times of constraint and be the prototype for change (Muller & Cocatas, 1988). This may lead to considering flexible work arrangements, (permanent part-time), career breaks, and more options for childcare.
6. In university contexts where the climate has been described as "chilly" (Ramsay, 1995) efforts need to be made to identify key sites of influence, resistance to change, naming and making visible the problems and issues, examining the expectations of "good girl behaviour", assisting women on committees, and celebrating when changes or success are achieved.
7. Organise learning programs to assist women who are new to senior managerial positions (advanced rather than basic content) and encourage appointment to line and resource management positions. Provide access to financial management skills, political skills, and opportunities for graduate education.
8. Review selection criteria, recruitment and selection policies, and access to development and management education courses.
9. Review meeting cultures, timing of meetings and decision making processes which include informal networks where the "real decisions" are made (golf courses, sporting events, dinner and drinks, out of work hours).
10. Investigate (by action research) and design flexible high performing organisations by learning how to be a responsive and strategic organisation constantly prepared for change (Passmore, 1994).
11. Initiate and continue to support research and development time release programs to enable women to concentrate on higher qualifications, research grants, and publication records.

12. Provide staff development opportunities for women in general administrative staff positions so that they can have career pathways to senior level positions.
13. Provide career development programs and supervision which prepare women as health professionals for the transition to a managerial position. These programs could be based on stage three of the core process, learning and re-framing, as well as the theoretical model generated by this research, to support the development of content and explain the activities, characteristics and skills used by women to become confident as senior managers. Additionally, mindscapes and mindmaps (Marguiles, 1992) would be used to facilitate career planning.
14. Develop accurate position profiles that give a clear picture of the activities, functions, and responsibilities associated with managerial positions (Prideaux, 1993). This would assist new managers and organisations in making successful appointments.
15. Overall, to review organisational cultures and the major concerns of women in society, especially related to health services and education gender imbalance in decision making, social issues, and the need for a better balance between work and family demands. This would mean increasing the number of women appointed to senior levels so that they represent the proportion of those working and studying in the relevant populations (professional fields). These broad issues were discussed at the recent United Nations Conference on Women in Beijing (Armitage, 1995).

Implications for Research Methods

The generation and construction of knowledge, theories, and ways of understanding the world, particularly the field of management, have largely ignored the perspectives and perceptions of women. The focus of research methodologies and curriculum content, formal and informal organisational structures, and societal attitudes have been usually created and controlled by what has been determined as suitable or adequate knowledge and women's contribution has been omitted. In general, women as producers and subjects of knowledge have been excluded or undervalued. This has been the case in research (Marshall, 1984, 1992), selection of research designs which support discovery, and in management (Tanton, 1994). Tanton stated:

For women in management the constraints and challenges are particularly grave. Management is still very much a male discipline with all the stereotypical characteristics of excellence embedded within the male character. (Tanton, 1994, p. 19)

Even within current management and research terminology, there are dangers of adding to pre-existing structures which constrain recognition of women and do not acknowledge the complex and incomplete knowledge bases available for methods for undertaking research within university contexts. Calas and Smircich raised the term "women in management" as continuing the isolation and suggest:

What is missing is recognition of wider representation of gender relations - how women are denied a normal presence in organisational theory and how male presence becomes the standard on the basis of that denial. (Calas & Smircich, 1992, p. 230)

The findings from this research support their contention that what matters was who was doing the research and interpretation, who was making the judgements and decisions, and how sensitive were they to contextual elements. The absence of women as researchers and writers has been only addressed in recent years and in limited university settings.

Recommendations for researchers.

These recommendations arise from the experiences of conducting this research and becoming aware of the power of academic committees controlling and shaping research designs. The following activities would foster diversity in research and encourage greater recognition for selection of participative and qualitative designs when they match research questions. Health science faculties and graduate programs should promote greater involvement by female health professionals in research by:

1. Encouraging the enrolment and participation of female health professional students in higher qualifications by research. Then to continue research activities with practitioners and to support publication. These activities would foster professional and personal development while providing justification for clinical intervention programs.
2. Encouraging the use of participative, cooperative, qualitative methods of inquiry which value the active contribution of women, and question the underlying values that guide the interpretation of data and development of new propositions and theory.
3. Reviewing decision making processes of graduate studies committees and representation on them of women who value qualitative, participative, action inquiry when appropriate for research questions.

4. Supporting the activities and promotion of senior women to lead graduate study and research programs.
5. Fostering more research which contributes to revealing the stories and perspectives of women, which give women as researchers internal power, visibility and external credibility to operate, to defuse stereotypes and change organisational contexts.
6. Supporting the use of action research, for example, reflections on a women's staff development group (Reason, 1994; Treleaven, 1994), living inquiry, self-inquiry groups which integrate autobiographical conversation and writing for groups of practitioners, staff, and students (Torbert, 1992) leading to growth, learning, and change. The contexts for review would be where health professionals view management as an unattractive career option, and educational programs which imply that clinical practice roles are the most rewarding and valuable. Another context for examination would be university academic culture so as "to foster different perspectives in public debate" and encourage "the radical meaning of the term 'thinking' and questioning " used to describe the Independent Scholars Association of Australia conceived by Anne Moyal (Chan, 1995, p. 31).
7. Educating and assisting more female academics and female health professional practitioners to apply for grants where assessors come from other than traditional disciplines and research backgrounds.
8. Recruit and succour women as supervisors so that they can facilitate the progress and research activities of women students.

Topics and Questions for Further Research

The implications and subsequent recommendations indicate many further research projects. Some of these suggestions, arising from this research, are listed for researchers to:

1. Consider the core problem, core process, theory, and theoretical model constructed from these findings and undertake further research with women in senior positions and health professions so that evidence could be gained to confirm it as a formal theory. Further research should result in refinement of the proposed model and then provide a basis for managerial career development for women in organisations.

2. Explore the career aspirations of final year female undergraduate students in health science education courses and recent graduates employed in health related organisations.
3. Form mentoring groups for female academics and for students to become involved in action research and self-inquiry groups. Participants could be enrolled in higher degrees and completing research into the process and change happening to their personal and professional lives.
4. Interview female health practitioners who have worked for 10-20 years without moving into management positions and ones who decided to leave departmental practice level management positions. What were their perspectives, characteristics, and experiences?
5. Conduct research on a specific organisational context and write an organisational narrative. How important is it to comply with the prevailing culture in order to gain career advancement? This would be useful to frame the position, place, and power of women within a university context but may have difficulties in the exposure of one environment.
6. Discover perceptions and perspectives of women in general administrative and management positions in universities and health services.
7. Administer a needs assessment, develop a course for preparing women health professionals to move into management followed by an evaluation of the course and career outcomes.
8. Interview dual work partnerships to discover their perceptions and career experiences (especially health professional backgrounds). This may provide guidance for female students seeking to combine career and family goals.
9. Explore the perceptions and experiences of female postgraduate students, their interaction with university organisations and staff, supervision and network support.
10. Consider if there is uneasiness or negative attitudes in female-dominated professions about feminist ideals and philosophies and the analysis of gender issues? How do students perceive female academics?

11. What are the experiences of female doctoral students? What are the styles of thesis presentation that are being used and recommended by universities?

Research questions.

This section frames some research questions for further inquiry into the career experiences of women seeking managerial positions.

Why more women are not where the power is held and how important and maintained are power elites?

What are women's perceptions of their workloads, stress patterns, and outcomes and are their relationships between the context, organisational culture and workloads?

What are the career experiences of women managers in countries such as Malaysia, Taiwan, Phillipines, Singapore and South Africa?

What are the career experiences of women from an Aboriginal, migrant or Asian background in health related organisations?

Why are managerial roles seen as less valuable for health professionals. Are they perceived as options for the "unsuccessful" or "poor" hands-on practitioner?

Are career plans and goals necessary to achieve senior levels or are they part of the masculine standards for career development?

How do male colleagues perceive women managers and their impact on the organisational context?

What organisational factors and policy statements would assist the entry, survival, and access to power of women to top management positons in the health industry?

How can undergraduate and postgraduate qualifications, and continuing education units assist women health professionals learn to manage rather than about management? Can action research groups be used in organisations to promote change, understanding, and managerial competencies? What facilitates confidence and learning to manage with confidence?

What are the approaches required for curriculum development which creates recognition and empowerment for feminine traits?

What will be the ways that women can manage the changes to organisations and design strategies for their careers in the future?

Summary

The wide number of implications and range of recommendations which surfaced from this study connect in urging women, women as senior managers, women as academics and researchers, women as health professionals and students, to participate in cooperative inquiry and "build a participative community of inquiry" (Reason, 1994, p. 203). This approach to personal and professional practice is "a way of learning through risk-taking in living. It again emphasizes the holistic purpose of human inquiry to develop understanding for worthwhile action in human situations" (Reason, 1988, p. 222). Reducing the impact of women's absence from senior management, from research producing knowledge and theory for structuring and understanding, requires strategic active engagement and commitment. These are crucial for having the quickening power and occasions for exerting influence in the future, using women's perspectives to seize opportunities.

Conclusions: Finally in Reflection

This section brings together the many threads, experiences and findings which are the result of doing this research and being a researcher. The collection, analysis, and reflection on these women's managerial careers calls for confrontation and re-vision to raise the awareness, change the assumptions, and add new perspectives about the potential for women to achieve positions in senior management of health related organisations. The findings make a contribution to the dialogue on women's place and position in organisations, in management roles and their total life roles within various communities. Through further understanding of the experiences which influence the lives of women as managers, we should be able to counter the discrimination and marginalisation that many of them reported. There are implications for policy, practice, professional development and education over the future years. The health industry may be the prototype for changing organisations, developing women's presence, and valuing women's characteristics in management and leadership.

Doing this research has been my way of beginning to take charge of my career and destiny. It is hoped that this story will help other women do the same. There are many unexamined assumptions underlying health science education, health practice, and the structure of health organisations. This research contributes to the discussion

and raises the possibilities of challenging the assumptions about women with health professional qualifications succeeding in senior leadership and managerial positions.

By researching with women in senior management positions, using qualitative approaches with a feminist and grounded theory perspective, a substantive theory has been generated. This theory provides alternative views of valuing women's ways of managing and a career development process of moving towards managing with confidence and assurance. There has been the use of models, mind maps, and personal reflections to ensure that this research demonstrated the interwoven processes of research and personal development. From a woman researching without confidence, this has been a movement towards researching and writing with confidence. It has provided experiences of illumination, of ever opening windows, doors and ever present mirrors. There have been hesitations, blocks, great advances in thought and action, followed by withdrawal, procrastination and depression. Across the years of weaving this thesis, I have shared many of the experiences of my participants when attempting to overcome the assumptions and barriers, when creating opportunities and moving towards liberation and transformation. What started out with ambivalence, uncertainty, and without confidence has proceeded towards researching with confidence using women's ways. Perhaps "circuitous routes are often better than straight ones, especially uphill. Different perspectives are visible from different paths..." (Taylor, 1995, p. 21).

It is firmly based in the belief that there is not one way but multiple ways of doing research, that there is not one perspective of reality in management but multiple perspectives. Researching has become a way of life, searching for alternatives and change through growth and learning. The dedication and commitment of participants, research peers, supervisors, women mentors, and change agents have supplied the support and environment for this research thesis to be written in a way that makes sense, takes some risks and values women's experiences. Once more Marshall integrated the professional and personal in this statement:

I am watching out for ways that I might adapt, collude, take the less risky option and am seeking alternatives. We create limited knowledge (and make ethically restricted decisions) if we speak only from our rational and professional selves and do not appreciate that who we are, emotionally and personally, contribute significantly to our understandings of the world. (Marshall, 1992, p. 288)

Managers of health care organisations and health science faculties require alternative and revised ways of organising and managing if they are to succeed in the complex, changing, and demanding organisational environments of today. Understanding and learning that women managers with enough power and confidence may contribute to

the health related organisations of the future will generate value for collaborative, connected, customer driven perspectives on practice. The sense of community and community healing have much to gain from encouraging women to aspire to leadership and management positions. Using women's experiences in health related organisations to create a managerial career theory has taken into account their perceptions and revealed different career expectations and stories. In writing from a position of active engagement in the research process, it has been possible to gain new definitions for careers, managers, and research approaches. With these alternatives we can liberate ourselves from the shadows, limited pictures, and gripping ghosts that we have in our heads and minds, hearts and spirits, moving onto overcoming professional and organisation constraints. We can be pioneers in our own lives, we can describe a life rich with opportunities that can be mutually empowering, finding new voices, role models, and mentors who will facilitate creative environments in health services and health science education.

There are challenges for making visible the assumptions that limit the participation of aboriginal, black and Asian women from contributing to the management of health services. Their material and threads have not been added to this fabric. There are the threads and stories of women who escaped, left or were discouraged by their career experiences, yet to be told. Until we value diversity in management and conduct research with and listen to participants, we are unable to appreciate the wider story and realise the differences as real, then understanding and communication has not taken place. Being able to write as women, using and valuing women's stories mean we are able to assist each other, take risks, and have daring dreams creating alternative patterns that ensure we achieve our potential as women, as women managers and professionals with an investment in learning and healing.

This thesis has pursued this emphasis, hoping this philosophy will bring about change in individual women's assumptions about their potential to become senior managers, about learning for health professionals that they can achieve senior decision making positions, and about flexible organisations having an openness to change and diversity, while growing to affirm the contribution of women's ways of managing.

In reflection - Finally, thesis fabric

Think radically,
Be prepared to dare,
Be involved,
Overcoming
And weaving foward.

In reflection.

So, too, I wove this fabric,
Gathered unknown materials
Interwoven through the process
Generating theory.

Interpretation.

From puzzlement to living inquiry,
Through reflection and surprise
Valuing the threads as they became
Golden thesis fabric.

Illumination.

Probing contexts, questioning careers,
Writing findings, discussing ideas
Hearing and seeing alternatives
Personal learning.

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Appendix A

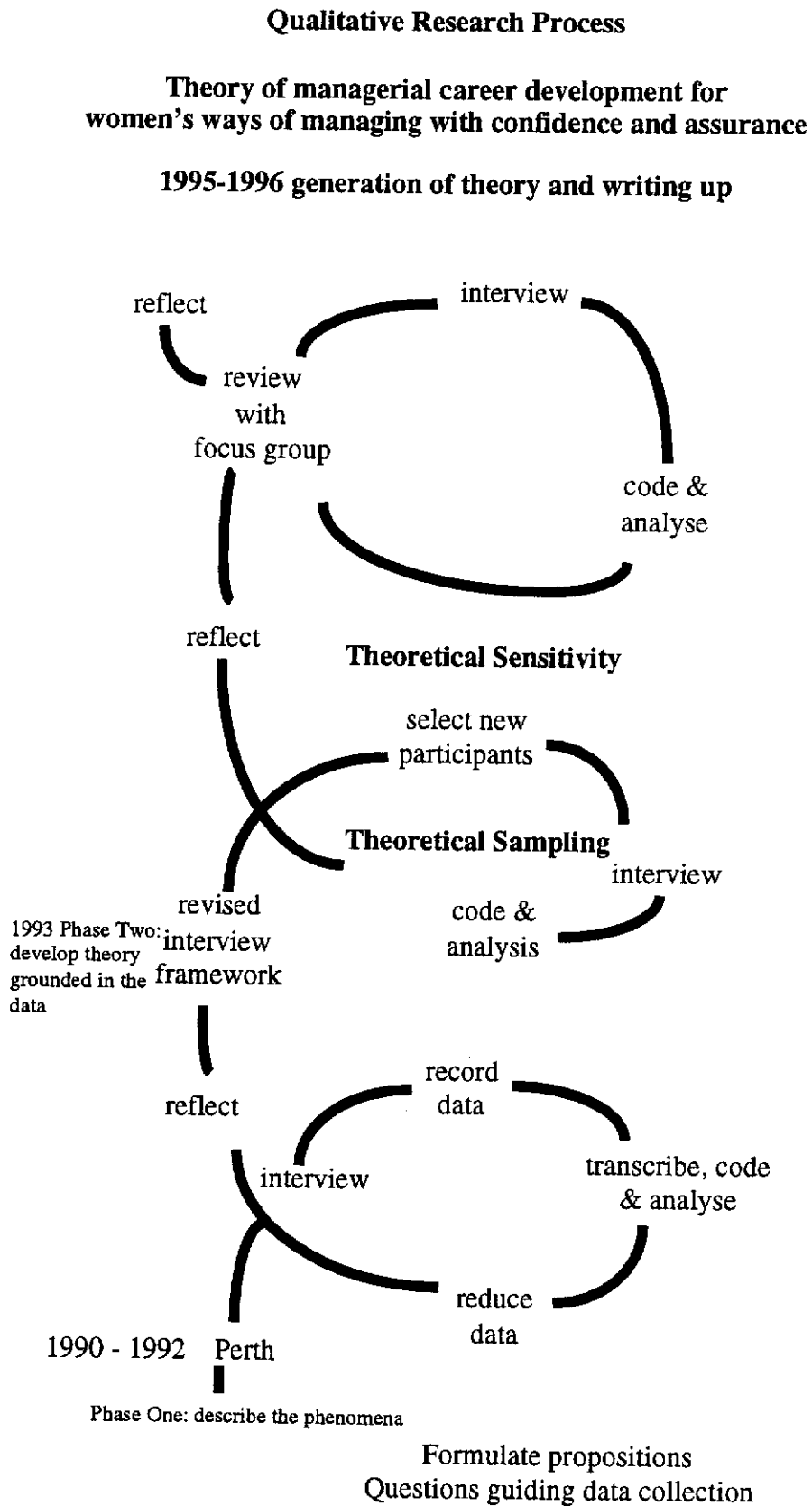
Educational Research Journey

This appendix provides additional details on the background to the selection of the research topic and the experiences of being a research student who eventually became involved in upgrading the research from master to doctoral level. These experiences were closely linked to the selection of research methods and the influence of contextual issues contained in the university system. They are included to illustrate the impact of research on the personal learning of the researcher and to make visible some experiences of a female mature-age student.

This thesis was based on the experiences of women who had achieved senior positions in management. It was based on their perceptions and their perspectives as managers or senior executives working in health care services and health science education organisations. Also woven into this thesis with their stories, are my personal experiences and reflections on the long process of this qualitative research.

Figure 1 displays the time line and range of activities involved in the research process. It was started in June 1993 to make sense of the phases and revised in May 1996 to provide an overall view of the action/reflection nature of the process.

Figure A1



It has not been possible to collect, listen, read, analyse, and interpret these stories without exploring the personal process and their impact of the research process. This means that I have recognised the dual journey of sense maker and creative interpreter along with careful systematic data collections, pursuit of new understandings, and development of theory and knowledge. This research has been as much part of my professional journey for a qualification as a personal journey for meaning and understanding of the past, the present, and seeking a pathway for the future.

I have sought to combine the many threads of this search into this thesis, so that there is evidence of the personal narrative along with the research findings and resulting theory. This means making explicit my perspectives and their influence, the challenges, questions, doubts and personal process of change, growth and transformation.

It is not surprising then that the thesis contains a mixture of emotions, narrative voices, art, charts, mind maps, and other forms of expressions. For it is a journey through the ambiguities of gender roles, inconsistent and contradictory assumptions, choices influenced by social patterns and contexts which have limited the opportunities of women in their careers. It is an attempt to complete a section of the picture and develop new maps which will influence the academic community to view research, learning outcomes, and supervision in different ways

At this point just imagine this is your story. The story of women's journeys across a landscape patterned by others. With map readings in another language and magnetic interference effecting the compass. This renders it useless for setting directions. Is there a way, a pathway to travel in a different, positive and compatible country? Is there an organisation willing to match the vision, new cooperative techniques, and skills of the women pioneers or managers of the nineties? Co-operative ways, with less emphasis on competition but still striving for excellence and best practice, including recognition of many occupational roles, that are less dominated by work roles. Would this view of organisational life succeed?

This research commenced as a quest to address these questions, the limited knowledge, and the absence of women's stories from senior management, in particular their absence from senior positions in health related organisations. The selection of this topic grew from the lack of interest in management by occupational therapy undergraduate students. It was also evident that there was a continuing reluctance by graduates to seek senior positions. This comes from the late 70's when I was a new lecturer in the School of Occupational Therapy, Melbourne, attempting to encourage students to learn, listen, and participate in management units. These questions

continued to simmer until in 1990 they were to form the basis for a master's thesis; upgraded in 1993 to a doctoral research study.

Becoming a Researcher

Now that the research topic was identified these were my goals:

- to add to the understanding of the roles women in management positions within health and education organisations;
- to provide guidance, support, and education to ensure greater participation in policy, discussion making and leadership positions.

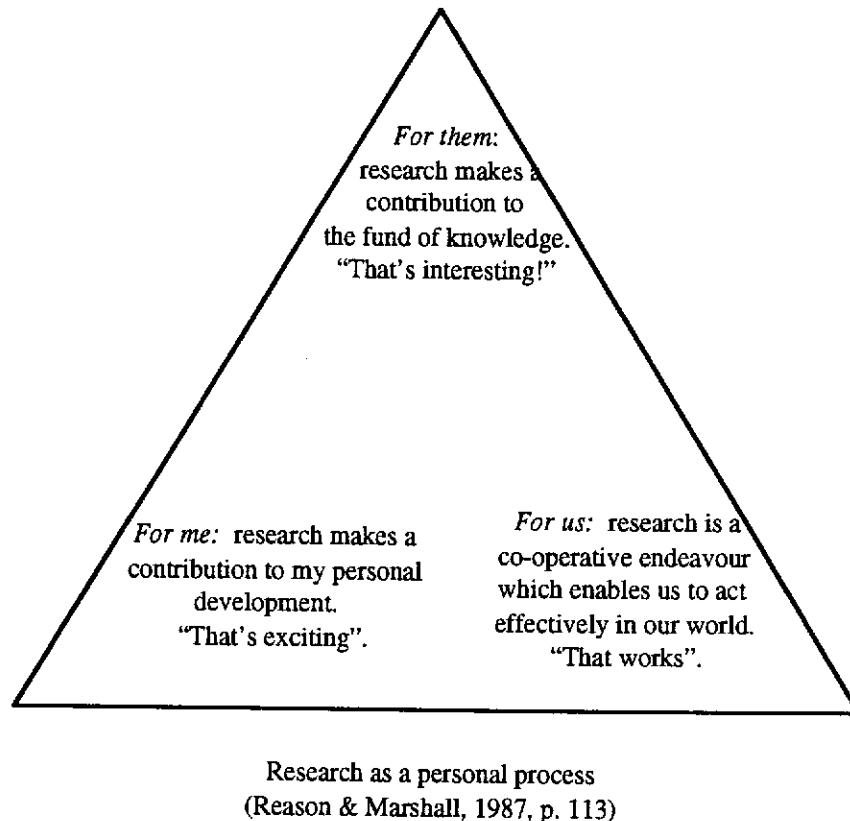
From achieving these goals it was hoped to achieve the following outcomes:

- greater awareness of developing management skills for health professionals
- improved access to senior positions
- more recognition of the demands of managerial positions and development of support networks.
- development of programs on management education based on research findings.

Various proposals were prepared to meet the demands of the different committees. The process of getting started and assessing the various requirements of each committee was a learning experience. In a monograph and conference paper (Ross, 1990 a & b) I explored the reasons for the therapist's reluctance to become researchers and this starting point of a journey to a higher qualification.

It was at this point that the reasons for doing research were expanded from doing research for them, into doing research for me and my personal development as well as for us (Reason & Marshall, 1987). That was research as a co-operative endeavour which enables us to act effectively in our world.

Figure A2



As shown in figure 2 research is not only for them (academic knowledge) it is for us (occupational therapy community) and for me, (researcher). Even at this stage there were barriers and obstacles to getting started. I identified these as:

- demanding workload;
- lack of confidence and social conditioning;
- finding an academic climate or environment which fosters creativity;
- limited personal resolve and commitment;
- avoiding negative attitudes.

Coping with subtle intimidation became quite a skill. Even starting the journey from within an academic environment, I found that there are unnecessary hurdles and intimidation. While being convinced academic standards must remain high, this should not necessitate making the entry into a higher qualification program difficult. For example, lack of information and guidance for submission dates, style of the proposal and subtle putdowns regarding the topic and your capacity to achieve results. From discussions with other students there was little encouragement, and there was every indication that negotiating administrative barriers, while learning the system, are very much part of the process.

Retaining your momentum, as well as enjoying your reading, required that you too have several like minded, interested colleagues or friends. There was nothing more invigorating and motivating than stimulating discussions, especially if carried out with suitable refreshments. Make certain, if you are thinking of getting started, that you have some supportive, intellectual companions! Talk about your possible research methods, problems and joys. These will be times which enhance your personal and professional life, which will keep up your spirits and commitment. Reason and Rowan (1981) wrote "we strongly advocate that all new paradigm researchers should build themselves a support group of some kind" (p. 486). Reason (1988) stated that seven years of experience has confirmed their opinion. Co-operative and qualitative research methods are demanding, and "we all need well-informed friends who can and will support us, challenge us, and travel some of the road with us" (p. 16).

Getting started also means finding supervisors. This can be a time consuming and difficult task, unless you know the person's background and then link yourself to their research interests. Otherwise, you will have to convince a supervisor that you and your topic are worth their time and effort. The first step was to prepare an outline of your ideas and then attempt to sell your research topic and methods. This may be the first of many times you have to justify and defend your proposal. The first because the process demanded other occasions. Such as the:

- peer group or graduate class of research students
- school thesis committee
- faculty, division and university graduate committees.

It certainly provided experience for learning how to negotiate within a political environment.

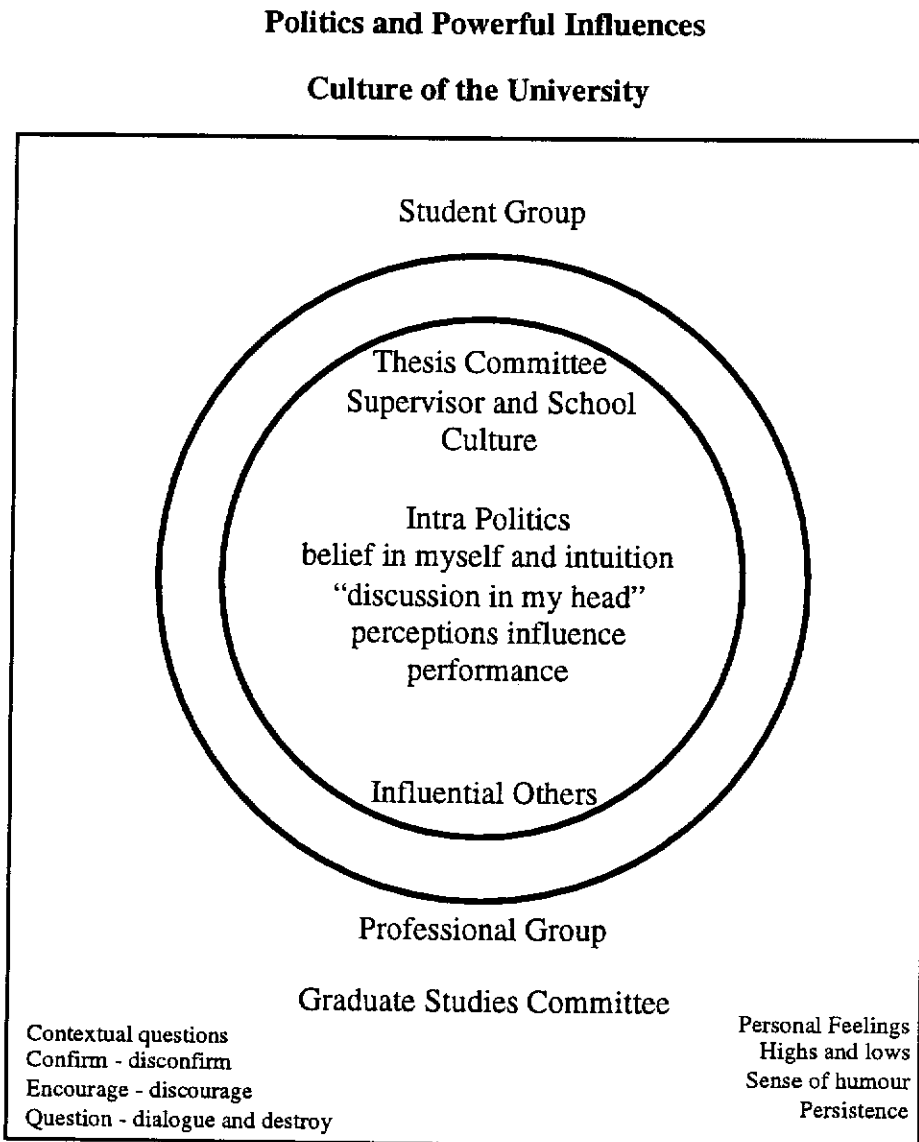
Crossroads: Signpost on the Journey

The next interesting signpost on the research journey happened during the final stages of data collection and analysis. Several events combined to create a critical decision point. The presentation by Dale Spender on "How to get a PhD in two weeks without really trying", set off a reaction which in the end took two and a half years to resolve. With this title and it's message she challenged my preconceived ideas and notions about the attitudes and the barriers for women in achieving qualifications. Having embarked on the possibility of upgrading to doctoral level study I found myself in another political and unknown risk-taking world. What I considered to be possible due to the University regulations, became a confusing confrontation with many unseen foes. It took a period of study leave, a research conference, Tai Chi, and some reflective walking journeys to realise that I could not pursue this action through my

present enrolment. I am certain it was a mismatch of language in a culture which rewarded quantitative methods of research, and I was in a position of limited power. The verbal and written presentation of my new proposal had been difficult and hazardous.

Being placed in a situation of changing what I believed were appropriate methods of inquiry meant that I spent months of doubt and frustration. As I reflect on my feelings, had I allowed myself to be overwhelmed by others' views in a context where I could not achieve any change or control. The politics and powerful influences, political nature of the conversion process, and dilemmas are displayed in figure 3.

Figure A3



Eventually, I decided to move on and stay with the qualitative methods of illumination and exploration where control groups and criteria to confirm or disconfirm the data did not need to be defined to influence analysis. The other influence was the realisation that at my age, I had to be in the main event, of gaining the significant qualification, if I was to have a career as an academic. The impact of the conversion process and my interest in reflective personal process was strong at this time. The experience also gave me more understanding of the need to have a "powerful" supervisor/mentor, someone who understands the system and has access to top level decision making. I wonder - would it have been different if the Graduate Studies Committee had been made up of at least equal numbers of women and men, the prevailing assumptions about "scientific research" had been more informed and enlightened; or was it an experience that I needed to help me understand the obstacles and barriers which face female students. Whatever the reason, this experience provided me with the opportunity to encourage students to appreciate the political nature of research and to consider the decisions about pursuing certain styles of research.

Also over the years, Ingrid Moses has published papers about the barriers to postgraduate study experienced by women. Moses (1989) considered the low female participation rate in Honours programs, their lack of confidence, and lack of career aspirations. In considering lack of confidence, Moses reports from other studies that in self-reports and discussion women state that they lack confidence in their academic abilities, even if their grades are high. She said this also extends to women academics, "...women seem to need special encouragement" (Moses, 1989, p. 17). When they accept others (usually male) definitions of their abilities, they require encouragement from academic staff as this plays a significant role in their decisions to commence further study. Doctoral students said that encouragement of family and friends and working relationships with colleagues were significantly more important to women than men. It is a problem for female academics and those working with predominantly female students to hear that:

Of the students surveyed, only few received active encouragement from academic staff to continue postgraduate studies. Of those who did receive encouragement, most were young. Women in the age group of 31+ hardly received any encouragement at all (Moses, 1989, p. 18).

From my experience in enrolling, searching for supervisors, and seeking to upgrade, I realise the need for us to change the views of students, committees and academics; as well as to foster a more encouraging environment for students. It means providing information, access to resources, interaction with staff, and other role models so that choices are explicit. It means examining the structures and subtle messages conveyed to female students about their potential to continue onto higher qualifications. It means

reminding ourselves about issues of quality supervision and the research traditions where "it is much easier for students to lose confidence in themselves, to falter, to give up, to experience isolation" (Moses, 1989, p. 35). It means being aware of the research culture and environment, support systems, and facilitating group research or groups of researchers to meet. The atmosphere of the department, and the relationship with the supervisor are critical to each of us maintaining our energy and motivation. The need for encouragement was stated by Moses:

Apart from factual information I needed the encouragement of someone who was on the inside and could demystify the academic entrance process. Without this help I was floundering, I know I had extensive experience as a well recognised person in my field but I doubted my ability to translate this academically. I would suggest there is a strong gender bias in that, which is or may not be experienced by men? (1989, p. 102)

In her study of Australian universities she found that mature age students face particular problems, "it's your perception of yourself - you've got an image you've been with a number of years and your ability to change is limited" (Moses, 1989, p. 103). It was helpful to read about similar student experiences with these students, but sad to consider the lack of choice, waste of energy and impact of limiting assumptions and perceptions on our actions, attitudes and feelings. It was not surprising that my experience of upgrading has left such an influence and placed me looking in the mirror provided by my women managers. It was the influential system, institutional and organisational environment, and the fact that I was unwilling to challenge, assert or initially take risks to force a change.

Reflecting on the experience re-inforces the similarities of my research experience and the experience of women seeking and achieving senior management positions. I see from my monograph and conference paper (Ross, 1990a and 1990b) that I was in the opening stages of the spiral, the quandary stage. It then took the interviews, analysis and five years to appreciate the similarities of the assumptions and mental pictures that limit our choices and action. It is indeed as Marshall states about her own research experiences and those of her students:

Most of the students I work with are in midlife and want to gain more insight into their professional and personal practice. Their topics are concerned with organisational behaviour and development. They, too, come hoping to gain personal learning, although what this means may be unclear at the outset. For example, someone looking at career patterns may well be questioning their own career development. (1992, p. 281)

Besides career development, I now consider I was questioning women's place - my place in management, my access to power, self confidence and the overthrow of negative and other people's assumptions. It became clear that in this research journey

that I had a personal investment. It is still not clear for me, as I write this section whether I have really revised my assumptions as well as other people's assumptions about my capacities. It is easier to see for others. Perhaps I need another awakening or catalyst to move through the spiral process again. The message was strong from one of the research participants that we all need the "mental swagger" and motivation to do some "helicoptering". To be willing to take some risks with personal and professional decisions. I returned to some of the 1990 writings for material for the background of the research but found the need for further reflection and questions.

Travelling as a Mature Student

Taking a pathway to a higher degree particularly as a mature female student carried with it the power to change yourself in fundamental ways. This was related to the confidence gained by participation and success in education and coping with the confrontation which was frequently the partner's (frequently male) response to her academic learning. From a mature female student's point of view this quote suggested that she had to go to considerable lengths to juggle her responsibilities:

Higher education, as we have seen, could shut out the family side of women's lives. It made similar greedy demands of the women as were made of students without family responsibilities. The image most of the women held of being a student was that of the bachelor boy whose only call upon his time apart from study is his leisure (Edwards, 1993, p. 149).

In her study, Edwards considered the equality of experience with higher education and the implications of teaching mature women. Many of the women mentioned factors surrounding their sex, race and class as responsible for low expectations of, and by them, of their educational achievements. Particularly, in the values and requirements of both the masculinist institution of higher education and the individual men with whom the women had relationships. Edwards concluded that "...combining education and family life (and relationships with men specially) will never be easy for women. The issues would appear to centre round not women's education but men's education" (1993, p. 158).

From my experience of being a mature student there has been an impact on relationships, on the ability to share and connect or separate and disconnect from your partner. The pre-occupation with the topic, research activities withdraws you from the relationship. The actual process of being absorbed with study changed the private world. This was a vastly different experience to the one that most senior male academics experienced when working towards their higher degrees. Because they were expected to pursue a career path they usually completed their studies earlier and with less family responsibilities. In fact, often with a partner to support and assist. I

would consider that we need to have more understanding and to value the personal profile and connections that our female students have to negotiate. Moses, (1989) also discussed the conflict which frequently arose between career, postgraduate study, and family as a "...constant and painfully conflicting demands on them, they had already made a choice in favour of trying to combine professional and personal responsibilities" (p. 31).

Taking the Feminist Signpost

Despite the phrase 'feminist theory' there is no single feminist theory (Calas & Smircich, 1992). They suggested:

Rather, feminist theory covers the scholarly terrain, from the biological sciences to the social sciences to literature and philosophy. Diverse theoretical perspectives are joined together under the name 'feminist' because of their shared concern with gender relations and gender arrangements, and because of their concern for social change (p. 227).

I have many times tried to fit myself, opinions, feelings associations, views, and this research into a specific feminist perspective. However, I believe that my quest has been to "re-flect", "re-vise", "re-frame" and "re-write" the stories of managerial careers in organisations using the experiences, attitudes, and feelings of women. It has been a quest to identify, then examine from my position and place as a woman; the expectations and assumptions, and social conditioning that has influenced my life and work roles. It has been to find meaning and value in the feminine perspective that I have known to be constantly challenged and undervalued. That to be caring and nurturing is to be valued in the home but undervalued in the workplace, especially if you have aspirations to be a leader and manager. That to be educated as a health professional means to be subservient to the dominant organisational culture and leadership. Then to expect to be rewarded as a "real therapist", "good practitioner", "nice woman", when absorbed by the clinical "hands on role". This view seems to be shared by both the health professional culture, the organisational leadership culture, and society in general.

From a book titled "A Secret Life", a story about a female writer came this plea for change and statement of the problem of gender relations. It was the biography of Katherine Mansfield, a New Zealand writer who lived most of her adult life in London. It was suggested that Katherine Mansfield may have been the inspiration for one of the characters in Lawrence's "Women in Love" Tomlin, said:

When Lawrence describes Gudrun envying the freedom of men, we can hear Katherine's voice. "...the freedom, the liberty, the mobility!" cried Gudrun, strangely flushed and brilliant. "You're a man, you want to do a thing, you do

it. You haven't the thousand obstacles a woman has". (Tomlin , 1988, p. 151)

Feminist research has a change orientation, by definition, as it aims to change both society in a more equalitarian direction, and human consciousness to a state of more open acceptance of diversity (Reinharz, 1981, 1992).

It was this desire for change, for acceptance of diversity, and for valuing the experiences and voices of women that it became imperative to take the feminist pathway. Having committed myself to researching with women it was important to acknowledge and use these values to guide this journey. As one of my research guides stated:

My bias is something I appreciate, it's part of me as a researcher. And while it is important for me and others to recognise my bias, it really is what I can give as a researcher, it is my contribution, it's coherent, and it's felt and it has all these other qualities which make me value it more than a detached attempt to be objective. (Marshall, 1981, p. 399)

These research approaches were a significant influence on this research, confirming it was possible to include the individual and personal aspects as an authentic contribution to knowledge-making and translation of the data. As a consequence personal reflections, insights and experiences have been recorded throughout this educational research journey.

Appendix B

Discussion Notes for Student Presentation on Thesis Writing

- How can we retain the enthusiasm, commitment, and excitement of our discoveries in our writing?
- How can we "pass" with a different, hopefully creative original thesis?

This was a discussion on using the personal dimensions of the research process and the place of our research in our own lives. There was an emerging emphasis on the experiences for those of us who are involved in education and academia, for we have the responsibility for facilitating learning, growth and transformation of students to ensure they become competent, reflective professionals. On reflection, these presentations were steps in arriving at the decision to incorporate more evidence of the research decision-making and personal experiences in this thesis.

Thesis Framework: Pushing the Boundaries

Risks and Fear	Constraints	Personal
Reputation of Supervisors Resistance to change Mix of content and process	Research designs objective	First person, present tense
	Guidelines for Thesis format-rigid structure and language expectations	Research as a personal process - reflections
Chaos or creativity fear of failure	Academic outcome	Growth and learning What I have learnt as a person

This figure from the presentation depicts the dilemmas and discussions in my head. It displayed the fear about pushing the boundaries in including some different sections into the fairly rigid thesis format recommended by University Graduate Studies Committees. Once again, it appears to be the patterns and expectations of the gendered male world of academia and management which were exerting influence. These seem to be the "influential others" who determine what is valuable and good research studies. Four stories from other female researchers and my own experiences were used to illustrate and facilitate discussion. Some statements from these postgraduate students convey these viewpoints:

"The most important aspect is what I have learnt as a person".

"Politics limited what I could do as far as reporting information. Also the constraints of a conventional 'to pass' thesis".

"It's lonely, independent work, which requires strong self-motivation".

"I valued the 'permission giving' from the supervisor to value my intuition and ideas, as well as that I had other aspects to my life other than this research".

It is a time of exploration of how to take risks, to bypass the censors in our heads and on academic committees. It is how to expand the boundaries and use the power of personal language to record the careful systematic actions of the research process.

It is how to move through the highs and lows, to be persistent, take risks, stay alive, and retain a sense of humour. It was also how to influence the academic community to view research outcomes, knowledge generation and discovery, along with supervision in different lights. It was how to develop new content in new forms that would be valued as they arose from new understandings based on women's views and experiences. So this is my statement of unlocking and taking permission to use my personal thoughts and writing to enhance the translation and interpretation of the research data, findings and theory development for women managers. There were examples in the personal stories used by Reason and Marshall in considering learning from a learner's perspective. These were stories from graduate students. They described:

... just allowing my mind to wander freely, and all of a sudden I had this big "Wow" experience: I am free, I can be in charge. It was as simple and as difficult as that. The peak experience emerged from struggles, from long quite depressing struggles. And yet there was this process of surrendering; I couldn't resist any longer, I had to let go and see what happened. And that was very rewarding, to discover that there was something very freeing behind it instead of something very chaotic and dark and frightening. (Reason & Marshall, 1987, p. 120, 121)

Appendix C

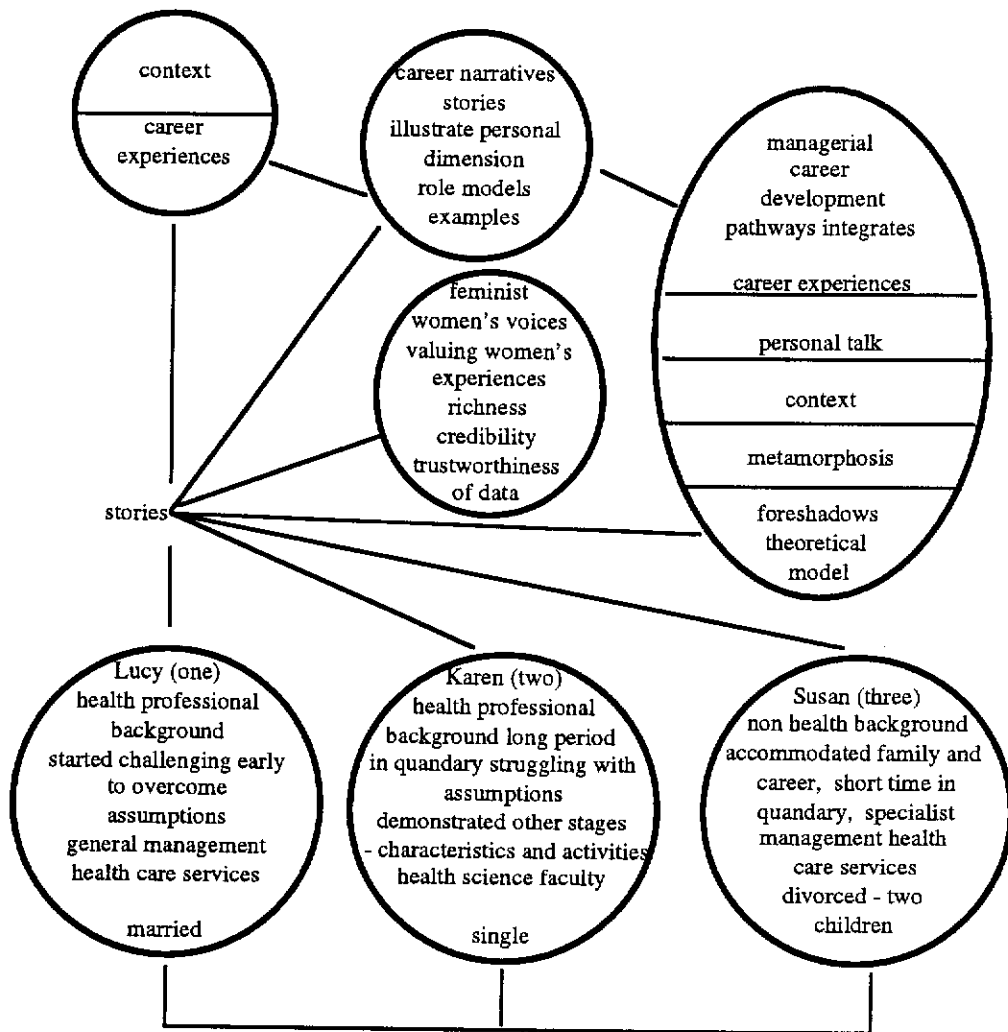
Career Narratives and Pathways

(including narrative one, two and three)

These longer excerpts in the form of illustrative career narratives and pathways from selected participants are provided to give depth and understanding to stages in the metamorphosis process and managerial career development model. They provide an overall perspective of individual women being managers, a window on making their career decisions, coping with the different organisational contexts as their career advanced, and learning the skills required to manage with confidence. Figure 1 using a mindmap explains the links between context and career experiences, reasons for selecting these three career narratives and brief details of each manager.

These career narratives and pathways clearly illustrate their experiences of moving through the stages of the core process to achieve revised and new pictures of themselves as women who succeeded to positions of influence and decision making. Each narrative demonstrated the turning points and strategies involved in being in a quandary while confronting their assumptions, as well as the stages of examining, learning and re-visioning which are necessary to proceed to creating pictures of themselves as managers. Furthermore, these narratives reveal their perceptions and some perspectives on women's place in organisational contexts and the impact their observations and subsequent actions had on these environments. The managerial career development pathway figures create a visual display which integrates the features of context and careers, the women's personal statements and metamorphic process. The similarities and differences between the three narratives are discussed to provide a summary of the important managerial characteristics and career experiences that are relevant for women moving towards senior positions and developing their presence in management.

Figure C1 Mind map for career narratives and pathways



Adding to the picture, theoretical model, and developing women's presence in management

Narratives are provided to give a shared understanding of these manager's lives and careers (Denzin, 1989). The key features of narratives are individuals telling part of their life experience which has then been structured by the researcher. These accounts can create culture and provide vivid examples of career experiences. In this research the interview provided the opportunity for the participant to share their experiences of being a senior manager. They also described their feelings, thoughts, and perceptions about their current managerial functions with the organisation, as well as the circumstances surrounding their career choices, career decisions, and some relevant life experiences. In this interview context there was an engagement and interaction

between the participant and researcher. Within this interaction such factors are described by Mann (1992):

- gender roles - determined by the "scripts";
- research participant roles - need to provide coherent accounts of events;
- social and cultural context;
- stage reached in career and life experience influenced the managerial story. The selected narratives recount participants' interpretations and perceptions of issues, events, and contexts which influenced their careers. Within these accounts we find emerging "new scripts" and examples of women managing with confidence in senior positions, which will provide inspiration and the skills needed to prepare for the next stages in career journeys. Explanations and stories told during the research interview process open up new patterns and understanding. The generation of the theoretical model should point to ideas and ways of making career decisions, organising career development and advancement, and valuing women's ways of managing. In the past subjective experiences of managers have been hidden, so not accessible to ourselves or others:

The importance of making visible the invisible has been emphasised by research into gender and racial concerns. This is now being brought into the mainstream of management research and action, and presents a challenge to our rational objective paradigm. (Davies, 1992, p. 214)

The accounts from participants clearly illustrate the dilemma of women trying to make sense of many conflicting and contradictory messages. Trying to distinguish between the diverse and frequently contradictory roles for women, between the nurturing caring feminine health professional and traditional view of the manager - masculine characteristics for senior positions where the roles are of dominance, control, and total commitment to work activities.

These narratives and the researcher's reflections open up ideas for discussion based on the complicated responses that may be evoked. They challenge misleading assumptions within society, women health professionals, women in health care organisations and their educational experiences - whether primary, secondary or tertiary. They question the culture that pushed ideologies which foster behaviours suggesting that women must strive only to be a "good woman", "a good wife", "a good mother", a "good clinician" and define this "good" person as being cooperative, non-competitive, not having a career orientation or life long work with potential goals for reaching senior decision making positions. These assumptions constrain and crush

women's career aspirations, create barriers, reduce choices and encourage compliance to prescribed stereotypes and restricted roles.

Contextual Influences

The influence of context was clearly demonstrated in the three career narratives. The organisation culture affects the experience of women managers and women seeking careers in management. These narratives are used to give a personal dimension to this thesis and to value the women's voices. They provide new scripts for women as "our lives are thus determined by the narratives that are available to us" (Mann, 1992, p. 274). With these career and life scripts we can imagine ways of managing with confidence and assurance in organisational contexts of health related organisations:

For women in particular, the writing and telling of life [career] stories is vital not only to contradict the invisibility of much of our experience as women but to contradict our lack of trust and confidence in ourselves, and each other, in putting our own thinking, beliefs and experiences. This process has been and continues to be important for [women] black people and peoples of colour in their liberation struggles. (Farrell, 1992, p.223)

It is by telling (in their words) about achievements and successes that we can break the mould, overcome negative and false assumptions and expectations, and question maintaining prescribed roles. Moreover, narratives provide guidelines for others to reflect on their own career and life experiences. In order to learn new social and career behaviours, people need to read examples of people with similar characteristics and experiences (Brookes, 1984; Mitchell and Krumboltz, 1984). These accounts provide examples of strategies, skills and leadership characteristics for managing diversity, creating flexible managers, and encouraging change in the workplace (Passmore, 1994). Their voices frequently unheard in committee and board rooms, universities and health care service departments will be slowly disseminated.

Research as a Personal Process

(January, 1995)

Judi Marshall (1994 personal communication) suggested reading the Management Education and Development Journal special issue using stories. After reading Marshall (1992) and Mann (1992) on the value of stories and narratives for research, I asked these questions "Who am I? Who to be." Exploring choice and power, autonomy and self direction. Why is it so difficult to pursue my roles as I create them? All around I feel the pressures - gender, cultural, social, family, relationships. No, I didn't have a career plan, still find it difficult to determine a clear one. Once again Judi Marshall strikes the notes, makes sense of my feelings, questions and writing.

Managerial Career Development Pathways

These three career narratives provide role model examples of the metamorphosis process. The managerial career development pathway creates a broad picture of the time line, contexts, career activities linked to stages of the core process, and illustrated with observations and statements from participants. This layout was based on the example displayed in a chapter on the social learning approach to career decision making based on Krumboltz's theory (Mitchell & Krumboltz, 1984, p. 252-255). Contextual conditions and events, associated formal and informal learning experiences, and self observations interact to produce a career path for each participant. These three figures present simplified career pathways for Lucy, Karen, and Susan. Across the top of the page are the stages of career choice, career experiences, including career development and advancement. They contribute to the generation of the research findings of the core process and theoretical model. The triangles contain participant observations and critical personal statements from interview data while the square boxes represent the contextual conditions and influences based on participants' perceptions and perspectives. From these displays some of the similarities and differences are highlighted. Although only a few selected events are taken from their work and lifetime, these experiences, contexts and statements are included on the pathways to emphasise some important managerial characteristics. In addition, the career experiences and contextual influences are relevant to women moving towards senior positions and developing their presence in management.

Similarities and Differences

The similarities demonstrate crucial features for potential managerial career advancement and achievement of success in organisations which are strongly influenced by gendered relations and structures.

Similarities of the Career Narratives

strategic thinking and planning

continuous working patterns

life long learning and completion of higher qualifications and management courses

strong and lengthy periods in stages 2, 3, and 4 of metamorphosis process

attainment of managing skills for being skilful actors, for example:

- communication
- decision making
- analytical and astute reasoning
- negotiation
- networking
- political nous
- informal relationships - social psychological view of organisations
- exerting influence

recognition of gender relations and gendered contexts of health related and university environments

influence of community attitudes and equal employment opportunity policies in public sector organisations.

All these narratives made significant contributions to the revised picture of women managers, the theoretical model, and naming the importance of developing women's presence in management.

Differences

The differences expose the influence of individual perceptions gained from their personal contexts of school and family, career choice, level of quandary over incompatible or contradictory assumptions and period spent in each stage, plus the type adult relationship or responsibility for children.

Differences between the Career Narratives

family and school contexts
influence on career choice

Susan selected her professional education based on different expectations to the prevailing influences of socialisation. Lucy and Karen selected health professional service careers in female dominated areas.

Progress through
metamorphosis

Karen spent more time struggling with internal negative, contradictory assumptions and inconsistent external assumptions about her potential.

Susan spent almost no time, but due to having the responsibility for children, time was spent *"bumbling along" for ten years*. Lucy, once in her professional course confronted her own and others assumptions and by third year was questioning and challenging existing educational practices.

Career planning and development	Lucy displayed ambition and established career goals on graduation. Susan and Karen had no career plans until they re-assessed their career orientation after at least 10 years of work experience.
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Adult relationships and responsibility for children - work commitments	Susan made adjustments while her children needed care. Lucy and Karen operated as single women. Lucy was committed to her career and her partner appeared to support this by having less career orientation. Karen admitted she devoted considerable hours to her work which would not be as possible for married women with children.
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Cultural and organisational contexts - range of different environments	When interviewed, Susan worked in an Australian environment, while Karen and Lucy worked in the United Kingdom. They had both worked in other countries and Lucy had completed her early education and career experiences in Australasia. Susan had worked in University, Government and health-related organisations. Lucy worked in health care service contexts with a small involvement in health professional management education. Karen had experiences in health, business and university environments.
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These managerial career development pathways can be used to recognise the influence of contextual conditions and identify learning experiences which will either foster or inhibit the career development of women working in health related organisations. The

limitations of space and use of full career narratives in grounded theory research have meant that only three pathways and stories have been used to highlight the integration of context, career, personal perceptions and perspectives with the metamorphosis process, proposed theory and theoretical model for women's ways of managing with confidence and assurance.

Career Narrative One: Lucy

From a health professional qualification this person achieved a Chief Executive position with control over a multi-million dollar yearly budget and over 80 million dollars in buildings. In common with other participants, Lucy attended a girls school and her career choice was influenced by her family, limited range of subject options, social influences, a strong interest in people, cultural time and setting, plus a desire to study away from home.

I looked at things which involved people who needed help. I went to a women's school where we were advised to look at a range of careers that didn't include university unless you were really in the top one or two percent in the school. The emphasis for the top stream was very much on arts subjects. We weren't expected to be able to succeed as well in the sciences.

From the third year of her undergraduate course, Lucy questioned methods and styles of learning, wanted to succeed, and was ambitious. She wanted to be a catalyst and influence change, introduce new ideas for practice and take on a leadership role:

When I qualified in [health profession] I had a fair idea what, how I wanted, what I wanted to do. I knew then that I was quite good at the leadership role and purposefully organised my first position where I thought I could succeed. In six months I became Head of Department... I chose the situation where I could influence change, then I got into a position that I could actually do that using managerial skills. I was still a clinician and set up new services.

She took advantage of opportunities to do short courses, become active in the Professional Association and travelling to other regional health services. Senior medical staff suggested possible career directions and provided support for additional experiences and the gaining of expertise in management and financial skills:

I wanted to do it and I was very active, right from the beginning, very active in the Association. I was active as a student representative and saw there are ways to influence directions for the profession. I learnt I could actually challenge and people would respond... that was probably the beginning of saying I can question and I can probably make amends if I am going to be this career for you know, x number of years.

From being a quiet person, ridiculed for this by school staff, Lucy in her third year of tertiary education learnt to be outspoken. Lucy continued her commitment to life long learning, being a change-agent and initiator by doing higher qualifications and management courses. She sought information and assistance in budgets, financial and resource management so that she could understand the system, the contracting process, strategic planning, marketing and the changing culture of health organisations. She stated she felt a bit of a gambler, that leaders need to be risk takers and willing pioneers, as nobody has been the same way before. Every position has been in some way a new one, getting health professions to look at themselves differently and she felt she had been in the vanguard of general management:

So I actually had a long term aim which I achieved in six years... Well I think if you're going to be leading an organisation then you have to be able to take risks, for one thing, at this stage, nobody else has walked this path before... so I think you go in knowing it's a risk just to be in the job and I think that risk taking is very much about pioneering for the future. I think also there is some decisions that have to be made about directions and strategic planning. That is about taking risks... in this post you've got to be a bit of a gambler as well. So every post I've been in so far has been a new one so it probably says something about me.

There is much more to learn from this manager in examining her strategies and management styles. Lucy enjoyed decision-making, she believed in sharing decision making but understood that sometimes no one else but the chief executive could make a decision. Lucy suggested leaders and senior managers were involved in negotiating at many levels and needed to be skilled communicators and understand politics, personalities, and interpersonal prejudices. They need to be visible and continually seeking opinions and ideas from all staff, maintaining extensive networks and informal relationships:

I've spent time with the telephonists at night, particularly, I make a point of being around in the evenings just sort of working but I also have a point in any of my jobs to always work some late nights at least once a week or once a fortnight so that I can see night staff and it's that sort of visibility as well and that's how you get the trust and the loyalty in the organisation, so that when I want to push something that's hard for staff to understand but is actually a development that needs to happen, I have people I know that I can go to and say and I can talk to them individually and I think that's incredibly important and it's paying dividends.

When necessary you need to break the rules, break down the myths and review and re-write policies. In all of this you need strategic thinking, knowing your business and using complex and astute reasoning:

In many ways you have to encourage people to consider a number of options and there is not one right answer. I think it has to be that staff have to understand and I think that the managers have to work very hard at enabling staff to think through situations, to look at the range of options that are actually available at the end of the time, so that they realise that there's not just one answer and that we could go down a lot of other lines, now as part of my job is to say to them now it maybe that there is say three options for this particular development but we're also running a business and so I have to keep focussing people on the fact that if you are to keep in business, we also have to be reasonably political with a small 'p' about where, what options we take. I think that requires some fairly complex but also fairly astute reasoning and a lot of my work is about sitting down and looking at problems and reasoning out, what are the directions we need to go, how would we go, what would actually happen at the end of the next five years? What does it mean for the business as a whole and then what does it mean for individual staff, professions as a whole, etc. using very strategic thinking all the time. I enjoy making decisions. I think in a chief executive post you have to be very flexible about decision making because it's about two and a half thousand people at the end of the day and I think it's how decision making needs to be shared as well. Decision making is about seeking ideas from other people, or working with other people to accumulate ideas and thoughts about a direction that you're going and jointly arriving at a decision which will finally push in a certain direction. So that is a joint, that's shared ownership of that decision making. A lot of chief executive work is about that.

With shared ownership there is more likely to be commitment and successful implementation. Lucy sums this up with one of her theories:

Executive work is about that. My theory is that if the staff don't own what they're actually doing you don't succeed very fast and part of the leadership quality I think is success.

Networking

This is another activity which Lucy uses to collect information and to create opportunities:

Establishing networks and I still use those networks, and that's going back twenty odd years. I think that it's probably part of my style but it also links very strongly with communications, that networking, communications go together and I think that good managers actually realise that they need to have quite extensive networks that they call upon from time to time and they need to keep that going and they need to communicate with various people, so quite a big part of my life is maintaining communications with people who I may not have anything more to do with for a long time and yet for example, today I had a phone call from a senior nurse from a post that I set up in 1987. So people in the past that I've made contact but I haven't kept it up...network to bring them back in and obviously you recognise that opportunity.

Political Issues

Lucy contributes to discussions about the challenging issue of politics, both within organisational contexts and external influences of government political agendas. While warning about becoming embroiled in personal politics, Lucy tells us about the importance of being aware of each person's personal goals and assisting them in achieving these goals within the organisation goals:

I think that for me it's important to be aware of what the politics are and what individual people may actually be wanting to achieve and maybe I've got a hand, to some extent, in helping them to achieve those things, in fact in a positive way, not in a negative way, not something that's destructive to the organisation and I also need to be aware of some of the broader issues of what's gone on the past and the involvement of various voluntary groups or outside agencies or whatever.

She found that when it comes to governing political agendas and implementing their reform policies for health many factors need to be considered. As a senior appointment, this chief executive felt she was carrying out the current government's reform agenda and would be seen as a supporter of those views and potentially not acceptable if there was a change of government:

The larger politics, the broader politics, with a capital 'P', obviously are extremely important for a chief executive because what influences the political party of the day and what keeps them in is actually also something about your organisation because the health service changes very dramatically from one political party to another, so it's important to know, it's also part of the risk taking that by becoming the chief executive under a Conservative government that should we have a Labour government then the post of chief executive would definitely not have me in it. Anybody in a position like I have actually acknowledging publicly that they approve of the Conservative policies, the health policies and therefore would not be considered as suitable if Labour were to get into power. So whether you like it or not the political parties, they are actually dictating, but then I think that therefore, we are walking a party political line at the end of the day. The government bought in the reforms, that is the Conservative reforms and they are asking people like me to implement them.

In this portrait, let's consider whether Lucy provides support or recognition of the needs of other women in management positions:

I've sat down with quite a few, the next level down from executive directors, the business managers, there are quite a few women who are up and coming either in business manager posts or who look as though they're going to have quite a lot of potential and I've started talking to quite a few of them already and they're quite surprised because one of my early opening areas of discussions with people when they become seniors because I want to learn about their jobs or when I go out to see them, talk to them about their jobs, is to say what do you do, what do you have, where do you want to go to from here. And it's very rare that a manager actually talks to them, particularly at my level, talk to them about that and although I do it with everybody, I will

actually particularly emphasise it with the women, say well there's a lot of opportunities for women at the moment, we need to get in on these opportunities, have you thought about Opportunity 2000 training that's going on at the moment, are you doing your Master's degree, if they want to go into management, a Master's degree is almost mandatory now.

This activity related directly to Lucy's experience of being a female therapist and her application for management positions. It was not so much being a woman which was a disadvantage, it was the assumptions about occupational therapists. She described the "pecking order":

There's a range of things in the pecking order and at the bottom of the pile is being a woman but even lower than that is being an occupational therapist, that's the way that I have found it. I find that occupational therapy has got a particular view. It's an assumption about what occupational therapists are like. They think the same about community health nurses and social workers. We are amalgamated into a part of overcaring, fairly vague thinking, very lateral thinking, broad types of people and our approach, a bit wishy washy is probably what some of my colleagues would actually say, so there are some disadvantages being an occupational therapist and trying to get into the system and it was in fact, it actually prevented me from getting interviews, getting short-listed for jobs. I was aware that the fact that I proudly put that I was an occupational therapist and what my experience was, was actually detrimental to me getting into the general management post because of assumptions that people make about it. I think a lot of OTs actually present in this way, at least they did in the old way of doing it. So I think people's perception of occupational therapists is definitely, were contrary to any progression I could actually make and that was the worse part of it. Being a woman was the next bit that I had to get over but getting over the OT bit was the most difficult and I ended having to say that I was a manager of clinical rehabilitation services and as soon as I started saying that on my CV and didn't mention the word 'occupational therapy' I then started getting interviews in general management and getting into the scene so I think that occupational therapy should change their name or something. When I go back I think people were quite threatened by the fact that I was a women because the men that I had to deal with, and most of the people probably dealing with the men didn't know how to handle me and that's more of a problem than the fact that I'm a woman. I don't think at that level that they were at all concerned about whether I was going to have children or anything like that or was going to take time off or I didn't have good health or whatever, all the things they might think, maternalistic things about women. It didn't seem to happen to me at that level, I think it did prior to that.

Having successfully made the transition from occupational therapy management to general management reflection on her achievements contributed to job satisfaction:

I get enormous satisfaction from my jobs. If I didn't I wouldn't be staying in them. Looking at general management, since 1986, I think that the major achievement, both for myself and for the staff that worked with me was converting a small general hospital into a mini district hospital as such and negotiating all the surgery and doing up the theatres, building up the theatre staff. We actually set up an internal market system with the acute services to make it possible for a whole range of surgery and out-patients clinics to

actually be achieved in a small community hospital, which was pioneer stuff and people said it couldn't be done and we did achieve it within a couple of years and it's continued even though I've since left, so the pattern was right and that was a big achievement.

She described her role as an initiator of new programs and the essential activity of involving the users in the design of their services:

I think the other achievement was setting up, what we call locality planning groups and that was, I had a passionate belief that we need to involve users, yes, in the service but I actually believe that local people have the right to participate in the planning of their local service and it particularly relates to communities. I think that the whole business about, of people understanding their own health and being able to come to terms with their particular needs and to promote well health and understand what needs to happen if they don't have well health. Actually has to be owned by local people in the community. The Regional Management was actually setting small groups in the actual locality, geographical locality to look at how we could together jointly establish health and social services for that community, for the future and make it happen. I actually wrote my dissertation on this but as a result of that we were able to go into a whole range of activities jointly, like setting up family centres because the people were able to identify in one particular area, that they had a real, a very real concern for the mums on a particular housing estate. Child abuse was not high profile in that area, although it was overall in that geographical area, that they felt that these children and these mothers were at risk because of the geographical location and because they were poor. Access to facilities and the local citizens actually wanted to see something happen and they worked with me and the rest of the staff, to actually make that health centre, or family centre to work, there are a range of little things that other people probably don't think they're important but actually together, were very successful in helping blend the community, blend the health needs and then the planning into the normal way, normal fabric of the community life and things like setting up disability information services but those were run by disabled people from that village themselves, not by professionals coming in and running and the toy library and your normal things that a lot of people have, that a lot of these community areas didn't have, so we set a lot of those out, so I felt my, that was a big achievement in the four years in that part of the community service. ...the community and sharing the planning and looking at ways that we could actually work together and it's interesting going back and talking and thinking about networks, some of the people, the local people I've met with work, still wondered if you'd like to come back, you're our favourite locality manager and that sort of thing because I was their manager, they owned me because I was prepared to share it with them, visiting with them.

What did Lucy perceive to be her personal strengths? She replies:

I'm a very positive thinking person, that's the first thing. I've got a lot of energy and I don't easily get pushed around or I don't easily buckle at the knees when a difficult situation comes up. That's part of the sort of personality that I have. I've always been quite strong in that way. So probably at an early age, I've probably developed some coping strategies that I employ automatically without realising. One thing that I know about myself is identifying when I am getting stressed. I think actually what I probably do automatically now, is prioritise what I'm doing, I'm fairly good at looking at

what's in my diary. I'll actually say to the secretary, your'e filling it up, I can't move from A to B that fast, I need some time. I block whole days out of my diary. If I've go a big event on, like strategic planning and business planning and I know over the next two months I've got targets to meet and the time constraints are fairly severe I actually block out dates in my diary and I also write myself an action plan so I've got some, I focus where my energy is actually going to be. I've been doing that for years and years but in this job I have to do it even more and I will also give the secretary very strict instructions as to what I'm going to spend my energy on, what I'm not, what are my high priorities and then she knows exactly when to interrupt me and when not to, which things are to be on a side when people ring, she knows exactly which people to say, we're going to have to leave it for a couple of days.

Lucy described what she does apart from work:

I've got lots of things really. I play tennis and give tennis coaching. I do some things for charity, I'm membership secretary for the tennis club and help organise the social events. I'm secretary/treasurer for another charity that looks at psycho/sexual counselling. I'm fairly involved with that and that's similar to work that I do but it is actually an interest. I do a lot of work with computing. We do wind surfing and we've been parachuting and we do quite a lot in the way of sports. Normally what happens is I normally belong to a gym and I've always done weight training and a lot of swimming and I've been doing that for two or three nights a week for years but recently I stopped and this is the problem about when you change jobs.

This portrait of Lucy, a woman chief executive and manager vividly illustrates the career pathway for an ambitious person who knew from her third year student days that she wanted to be a leader, that she wanted to influence change and that she had the energy and ability to overcome assumptions about therapists becoming senior managers, and women being strong leaders, capable organisers and initiators of new services. She overcame contradictory and inconsistent assumptions (core problem) early in her working life, learning within health organisations and through higher qualifications, observing during her student days and reframing her assumptions while influencing the assumptions of others, until she demonstrated clearly that therapists and women can achieve top positions, controlling multi-million dollar programs and resources.

Lucy provides a role model for current therapists and directs us all - practitioners and educators to consider the functions and characteristics which contribute to developing a managerial career. These are her reflections and suggestions for new graduates who in the early stages may not be looking for advice but along the way that they need advice.

The advice bit I think comes along the way. You can't have sessions of advice and I think well if I take the people that I have advised, not starting out probably, about people who are actually within the system, I am actually

saying to them, you've got to build on the strengths that you have now and that it's no use waiting for some opportunity to come along because they don't come along for women in particular. Women actually, as far as I can see, have to be very competitive and they have to be pushing themselves forward. Men seem to do it automatically. It seems to be part of the culture and I suspect that it's part of the education process that happens and I actually think that women even now are slow starters in many ways. So the advice is that they need to get into the main stream fairly smartly. They need to be making some decisions fairly early on in the piece about what they really want to do with their lives and if they don't know, then they need to be seeking some advice as to what range of options they have, so that they can build on the strengths that they actually have and if they feel that they've got weaknesses that undermine their confidence that they actually do something about that at a quite young age because I think those things get masked as the years go by and then when you get into a position of responsibility in later life you suddenly find those weaknesses come to the surface again and it's often a lot harder to do something about them when you've hidden them away for so long, at a later date than acknowledging that they exist in the very early days and that's some of that is also weaknesses are areas that you can actually do something about.

Two years after our interview Lucy outlined recent developments in her experiences as a chief executive officer:

I have been appointed a national assessor for potential Chief Executives. I have been 'trained' over a three day period in London and now I undertake assessments at national assessment centres in London and Birmingham. It's very good experience and awful work. You feel so responsible for your outcomes and it's not always pleasant talking another person through their strengths and weaknesses. I am due to go to Birmingham in a couple of weeks and as I did another three days in London quite recently that will be my bit for a few months thank goodness. The three days out is difficult as work piles up and even with my deputy the Finance Director skimming the mail there seems to be a great deal left for me. Work is very busy. We have a lot of capital work on due to rationalising our estate which is scattered far and wide. We own 40 million pounds in building, some of which are rather old or not suitable for our services. We are pushing ahead with quite a large programme of rationalisation to be completed February 1996 and costing about eight million pounds. Our biggest plans are focused on arms length services particularly in Europe. We have put in a bid to provide the health services for the British Army on the Rhine and are looking at some other opportunities in Europe and Siberia. The Siberian task is about management training for health services staff in their hospital. We completed the first financial year of the Trust with a small surplus which was excellent considering we had pulled it back from a 600,000 pound deficit which kept the finance director and myself working to midnight some nights to get it sorted out.

Summary and Profile of a Chief Executive Officer: Skills and Characteristics

Confidence and commitment to managerial position

Knows the system

Extensive experience and goals for gaining management ability and facilitating ways for change

Business and financial skills

Resource management - good support staff

Strategic planning - strategic thinking all the time

Leadership skills - acting as a change agent

Communication - interpersonal, understand and relate to people - listens to staff

Marketing skills

Decision making: flexible, some on the spot, deciding when to use some shared

Risk taking: gambler, need to have other staff to be risk takers
recognise the threats, lose job and credibility,
resulting in staff ceasing to respect and follow

Negotiation skills: complex, many levels requires strategic planning

Ability to influence: all levels of staff, organisation looks to senior executive
for ideas, vision and energy
value other people's suggestions

Visibility: profile in organisation and with media
influence health directions
be visible to all staff eg. night staff
the staff make it happen

Networking: vital, started 20 years ago and still using and developing

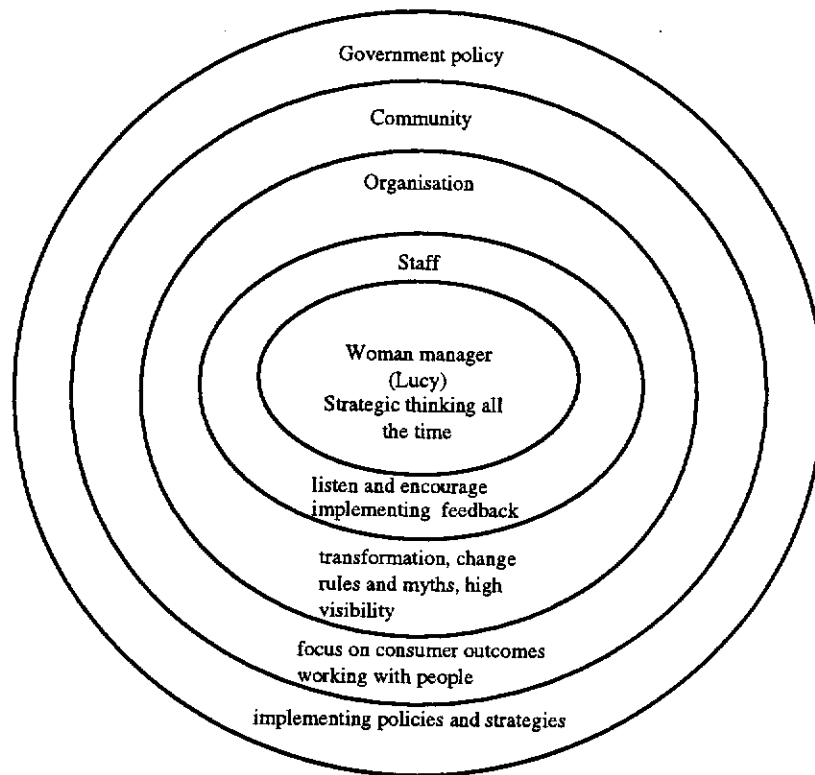
Politics: big picture
implementing government policy
small politics - be aware of what people are trying to do

Organisational culture: transforming the organisation
breaking the rules, destroying the myths
strategic thinking all the time

Astute reasoning

The four main points this participant was making, which were echoed by others, are that women in senior management positions need to take risks, become competent negotiators, have high visibility with staff, across the organisation and community, and to be thinking strategically all the time. In Figure 2 selected skills are related to the levels of influence required for women in senior managerial positions.

Figure C2 Skills and levels of influence for a woman in a top managerial position



"Strategic thinking all the time."

MSc, Management Courses

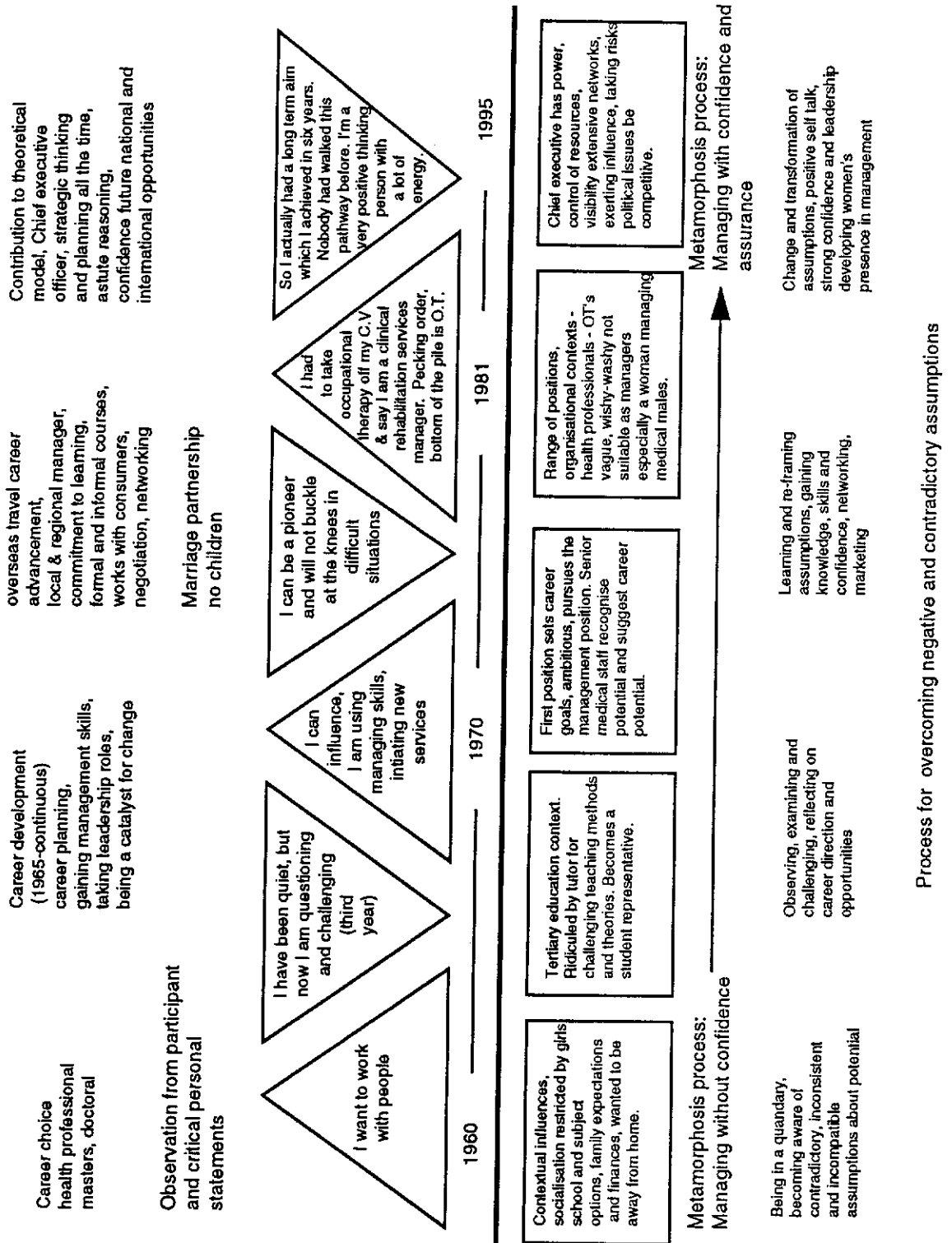
PhD in process

Example of CEO, Manager, negotiation clear, confident,
knows the risks but makes it work

Characteristics	Work experience	Influences and stages
		Husband determined not be another hassle.
Clear outline of management skills decision making	Importance of political change/transorm risk just to be in this job	Doctoral student
Initiator - every job a new one	Chief Executive Officer	
Risk taking pioneering positions	Region	Career planning - Masters
Plans, set goals, long term aim	Local	
Learnt management, financial management	Staff	Certificate in health service management
Learnt to challenge	Career planning, diverse range of positions	Middle management courses
Change - OT education strong opinions & ideas	Change of countries	Management development
High profile	In service short courses association	Career direction
New ideas for practice. Active in association, active student representative	Expert advisor Management position	Career counselling
Had a fair idea how and what she wanted/knew leadership role - quite good	Wanted to influence change	Personal assumptions. Career plan
	Wanted management position, wanted to succeed, ambitious	Girl's college emphasis on arts, Family finance
Effect of being a woman on career choice - limited to very top	Occupational therapy. Wanted to study away from home. Sister was an OT.	Career choice influencing factor things which involved people.

Figure C3

**Managerial career development pathway sequence
Creating a picture from career narrative one - LUCY**



Career Narrative Two: Karen

Selections of information from this participant illustrate the stages of the managerial career development process and add to the development of the theory. In contrast to Lucy, Karen had no career plans and took a considerable time to start the process of overcoming her assumptions about her ability and lack of direction before she moved to overcome the negative assumptions of others. Also, this narrative demonstrates the complex progressive spiral nature and need to revisit stages of the process so as to continually add to the revised portrait of the female therapist as a competent and credible manager.

With Karen her career choice was made by chance. She described having to make a decision related to her O levels and at 13 sticking a pin in a career magazine:

Well, very straight forward, at 13 I had to decide which O levels to do and you had to pretend to do something to get into courses. I got a careers book out, went through it, stuck a pin in and [course] popped up and I thought I could do it and then I was just 13. Then I was interested in something around the medical care service as my family were in that area and it was just followed logically. I did cadet nursing but I didn't actually intend to be a nurse it was just that you could live in and do, between 16 and 18 until you were ready to start your course. So I suppose my mind was set from reading the career book and I thought I'd rather do it.

Her family background had strong medical influences and her sisters went into nursing and dentistry. Once qualified as a health professional Karen says that she had no career plan or ambition. She worked in several temporary jobs and then decided, because she couldn't think of what else to do and she didn't want to marry her present boyfriend, to travel:

For nine months just because again, I couldn't think of what else to do and then I remember the first Christmas after I graduated sitting at home thinking I've got to do something with myself. I didn't want to marry the present boyfriend who was talking of getting engaged and decided I would emigrate. I was more interested in what I could do with myself and travelling around the world was definitely something I wished to do.

During her time working overseas she set up a new department where she stayed for three years. Then she moved on, still fairly indecisive regarding any career direction. She returned to her own country:

What made me move on, I don't know, I got itchy feet again. I still had no money, I never had any money, got a job temporarily in a hospital where they'd give me a room.

It was during her next position, where she stayed for five years that Karen became involved in a research project. She started observing and reflecting on the opportunities the people she was working with were obtaining from her work. This was a significant event and started the spiral process of changing her assumptions. After observing and reflecting she started learning by enrolling for another degree.

I got involved with some Canadian doctors doing research on children with learning difficulties and they talked me into collecting their data for them from the children I was treating which was fine until I realised that they were getting PhD's out of it. I'd done all the bloody work and they actually cheated on the results, it was published with lies in it. I mean they are still there and at that point I thought if they can do research like this, which is so awful I can do better so I decided to head off and looked around at where I could get research training and decided psychology was a good idea.

Karen was really surprised she did so well and this contributed to her overcoming her assumptions and starting to learn and re-frame her view of her potential. She worked full time as she needed the money and also committed herself to full time study:

I finished my degree and got an upper second and that was a surprise because I actually left school at 16 because I felt I wasn't bright enough and I've had to really assess myself from that time on as being capable to that sort of thing so that meant I thought good gracious I'm quite bright.

Why was this such a surprise? The influence and assumptions were created at school and not changed until ten years later when Karen did well in her second qualification:

Yes the school, I did my O levels and I sat eight and got six and the head mistress said I wasn't suitable for the sixth form and I'm afraid I took her word, I believed her, I left. It was when I did my psychology degree that I twigged that I could cope with the challenge.

It was also at this time that she started to take charge and make decisions regarding her life and career roles:

That was quite exciting and I re-assessed myself and then I applied for clinical psychology and I got into the Hospital, which was considered the place to go and the day before the interview I woke up and suddenly thought I don't want to be a psychologist, so I rang up and cancelled the interview and that was really the first time I haven't just gone where the wind leads me and was certainly more independent.

At this time, there were limited opportunities in being a full time researcher in her health profession so Karen worked in occupational psychology. In fact she was made to feel rather different:

And there were no research jobs and I was considered rather odd and embarrassing and people were very threatened in some centres and I just felt I was on a limb and very isolated.

Karen continued needing to re-frame her assumptions, when a change of government cut her work on a funded project. She had been working on this project for eighteen months:

We were chucked out and with the change of political party I arrived one morning and could not get into that room. That was a very body stiffening experience. By then I was beginning to get very assertive and want my way.

After working as a consultant and around ten years as a psychologist Karen returned to her first professional qualification and became a Head of Department. After two years she moved on to be Head of School. With each of these moves she was learning, re-framing, discarding existing assumptions and creating a new future for herself. During her training and work, Karen says she had no mentor or person who helped provide her with confidence in her abilities. In fact it appeared to be the opposite:

I can't think of anybody through my career who took an interest apart from a negative interest. I mean I remember them taking a bet in the department, when I started work on a psychology degree, started to bet that I wouldn't last the first term, they all lost but there was very negative feelings about anybody trying to do supposedly out of one's arena.

She remembers one person who assumed she was capable and encouraged her development:

I wouldn't say she was a mentor but she certainly assumed I was an able person and challenged me a lot and that made me feel good. Apart from those I don't think anybody... it is surprising how often you are up against people who are saying you won't get there. And you just think hope I get there... I used to stop expecting anybody in my career to say well done, you can do it. No, I think on the whole my responses to people who were negative thinking, I'll show you and then all my battles to show it's possible.

Karen was extending her roles and becoming more effective as a senior manager. She found that she enjoyed challenges, liked initiating new programs and had become an influential manager and leader. In her position as chief executive Karen had to make many changes. As well she tried to be popular with staff but found in the end she had to take responsibility for action and change:

So it's very difficult to find people who value you and that actually was very critical for me because until that point I had needed people to like me in their good will and I learnt at that point to stop minding about other people's views. I don't say I don't want them but I realise that it was an unachievable thing and

I should stop bothering. It was no good waiting for that when it would never arrive.

In this period Karen re-framed her assumptions. She had learnt during earlier work experience by observing and reflecting on colleagues behaviour, particularly when working as the only women with 28 male colleagues:

I was the only woman in a department of 28 men and it was fascinating to me how they functioned and I learnt a lot from being alongside them. In fact the men that wished me to be a woman, and used me as a repository of all marital and family problems... that was part of the reason I left, I was becoming the woman counsellor on staff.

Bearing in mind Karen's previous experiences and career steps so far; we examine her current senior executive position and the steps in the managerial process, along with the characteristics and skills she identified as necessary. Does she enjoy making decisions like Lucy? How does she operate in the organisational environment and can we identify the capacities required of becoming effective in a senior managerial role?

By the way, Karen never married, and believes this has enabled her to give more time and energy to devote to her learning, work and career development. She understands that not all therapists, educators and managers can be as single-minded:

My staff said I used to make them feel guilty because I would arrive with a clutch of papers... had done more, they all knew I intended to work at weekends. They need to feel guilty, at times I felt at times it was almost them finding excuse. I didn't really see it as me. I talk to myself.. I don't do as I want to these days... so you see most of the people I work with are married with families and children and of course there's a problem which I don't have. And I kept saying to them you have to recognise that I am freer to do this sort of thing and talking about guilt is neither here nor there because you're not free to do it. I am very manipulative I know that.

Characteristics and Capabilities

Karen identified these characteristics and capabilities which helped her to become more effective in managerial roles:

You have to be very politically and financially astute and I feel a lot of health professionals are not. They are naive when it comes to politics so they have a fear of politics, knowing how to manipulate, knowing how to be astute about the dynamics of what is going on under the working roof.

She emphasises that one of the vital management skills is appreciating the importance of organisational politics, and getting your working group acting as a cohesive team. Karen was always thinking ahead, considering the implications - she calls this the

"helicopter factor". A vivid image which is useful for previewing and planning change:

*They need to know the skills of management, really you need, I mean playing politics is something at another level, the day to day management of staff, secretary, personnel and so on. I mean getting the team right and building them up and making them strong and supportive is very, very important. Knowing your way around your professional body and having professional allies and having professional nouse and also being able to look forward. The other things which are more to do with process and structure and what I call the AA advance driving test, being able to think way ahead, I mean one thing I decided made me stick from some others, I'm thinking five years ahead most of the time. Many of my colleagues think about next week and I think while they're thinking about the implications of that knocking on the door and the other thing is successful management is the **helicopter factor**, being able to stop, pull yourself up, see the whole thing, tie it together and come back down again.*

This ability to preview and consider the past, present and future issues is also part of Karen's decision making process:

I suppose when I'm confronted with something I start by going back to known ground and saying have I done this before or something like this, how did it work and can I adopt that. I then think are there other ways I could tackle it before I adopt that one, I then would listen. I've got two or three people appointed, I would sort of sound out, before I arrived at anything that I thought I wanted and sound them out in case they have another way of looking, probably want to sleep on it for a couple of nights unless it's a fairly minor event. What I often do is write it down, get it typed up and look at it and then put it away and come back to it. At midnight last night I was dictating all sorts of memos because I'd arrived at the conclusion about certain things and having got them, once I've decided, that's it, I don't pause, I don't waiver, I don't have second thoughts, I get on with it.

Karen has learnt from observing and reflecting on other managers and their decision making behaviour:

I think having watched managers around me, one of the mistakes, is either to arrive at too quick a conclusion or not be convinced by your decisions and then start wavering. I mean I'm not saying I wouldn't change my mind if I realised that I had made a great error, I would but on the whole I would commit myself to think it through while doing it and then make changes.

Another of the managers' roles is negotiation. Karen tells us she spends a considerable amount of time in negotiation:

We're starting from scratch in this job. We don't even have a chair to sit, so if you're starting from nothing, not even a room you have to negotiate everything from laboratory paper to employing staff and negotiating lectures in other departments to contracts in the regional health authority to getting students in. It's fascinating you've go to do everything. Couldn't even make a cup of

coffee the day we arrived we had no facilities, but that's basic, so we negotiated everything from cleansheet. There was no course, there were no students, there was no staff, there were no premises. There was no contract, there was no money... we had to negotiate everything.

Karen has spent time reflecting on her tactics and style of influence:

They actually say that I am very manipulative and that I work on guilt and to an extent that is right so I have been actually been trying to get round that. Having had that identified by them I have tried to deal with that and I don't know if I'm going to do that in this present job.

When she met her current colleague she said:

Look watch out because I'm told this is the way I perform and I think we need to keep each other in order, what is your style? He's very loud and yells a lot. He's a very straightforward man and of course what we're discovering is that people that we're working with, some respond to my approach and others respond to his.

Another characteristic which comes through strongly from most of the senior managers, particularly in the interviews from this study was visibility and being known:

You have to be known. When you ring people.... and say your name they need to say yes... You have to put yourself out to be available, to be at social events, to have contacts. I seemed to know somebody everywhere, you ring the department, try so and so. I know him, department of employment, try him, I know him and yes I mean you need contacts all over the place, you must keep that network up and running and you need to use and not mind about, in senior management everybody uses everybody else, there is no reason to feel alarmed about it.

For example:

We have just organised a party for our new department, we've got the regional general manager for... coming with his wife and kids. There are ways that one makes sure that they will all know who you are. I have just been put on the Regional Research and Development Committee, got 28 people and 26 medics. I think of the future. I think you've got to keep yourself well up and known to people. They start ringing you saying, hey, can you organise that. I went to the usual regional research committee for the first time, made jolly sure I opened my mouth a lot and by the end I could see all these senior consultants nudging, who's she, who's she, right you know who I am, within two weeks I had an invite to the Equal Opportunities Committee, now how did they hear about me. Somebody said ooh we have this new..

Remember back to our first meeting with Karen. An uncertain, confused person who lacked direction, a therapist who having gone through the metamorphosis process for

overcoming her assumptions continues to add to the new picture of women in senior management. Karen described herself as a change agent. Lucy also liked initiating and change within her context of health care. Karen is within education:

I love initiating, I am never so happy. I used to lecture on change. I've done research on change, I really feel that change is something that has been my forte. I mean, in industry my job was setting up site and retraining the entire staff and everybody is extremely resistant to change and there are many ways that one can overcome that. Some more brutal than others but no, change stimulates me rather than alarms me on the other hand, having said that I am totally committed to manage change and I am very very frustrated and angry about what is going on in the health service, such a lot of it is just ad hoc change without any particular planning or management. Change handled well is very constructive.

She is continuing to revise, change and take risks, trying out new ways of education and management. From past experience through the process of managerial career development she has learnt to have confidence. Her confidence convinced others. A simple example, was when she discovered there was no appeal system:

We've discovered the University has never written down an appeal system and that is just one example and in a way my head is saying oh hell, I've got to go through this all again, because what will happen is, if we do it well and go public and are seen to do it well they will slowly adopt our ideas, they'll become the university's and a bit of you is resentful that they haven't got a better system going and part of you is quite reassured that your standards of managing education are good enough. So things will crack and will happen, just give it time. I am quite confident I can turn them over.

In another example, her experience with the planning and finance department:

They were very reluctant to start with. They've actually done the costings of the course and got them all wrong. We redid the lot, explained to them how to do it. They were astonished, how do you reimburse if most heads of departments are not managers and certainly don't understand finance and we're a very odd, new breed. We're coming in and saying listen we know more than you do about it, don't be offended, let us tell you and they are now letting us, we're dealing with our own contract and we're dealing with our own funding and they've agreed to let us do that. You know even in five months we've managed to make inroads in a way.

And now for one related to women and their role in the university:

They have very few female academics. But the attitude towards women getting on is frightening. We have just appointed a senior secretary who is incredibly able and we have money for an administrator and we said we do wish to do that, we would actually promote her to our administrator. And they were outraged... Secretaries can't ... good God they refused to pay her fees so we were going to pay them for her. Do you know that sort of attitude is very aggravating, we thought they were over now.

Once again we see Karen overcoming others' negative and false assumptions concerning roles of women in organisations. She has found that her male colleague is more accepted and likely to receive more requests for information and attend committees. This is in spite of the fact that Karen is more highly qualified, has done more research and had more published:

Certainly I have made a few in-roads and I have met at least three of the professors who I can only say seem to be rather threatened by a woman who says that you can combine different forms of research. My colleague, their response to him is very different to how they have responded to me and yet on paper, I have published, done much more research, he has published nothing but they go to him just because he is male and they are all male. He and I laugh about it because he is very aware, I've got this partner who is extremely sensitive to people, he knows all about it and he is a very good ally that at the moment we are being entertained by it. But I think it could get irritating.

Karen described more assumptions regarding gender relations or gender stereotypes that had to be overcome in the university context:

I know that the professor of sociology certainly found me terribly threatening and told people so afterwards and it had gone around and it came back to me afterwards because I said a number of things in a few committees which have been repeated ad nauseam so something about this woman who has wandered in, expresses her views fairly very loudly, they are not sure how to feel yet. You see I think if I had been a man and gone and said these things I doubt it raised very much of their interest.

She added to the assumptions that need to be overcome when she discussed the factor of age:

I am also aware that what I do now that I am counted as an older woman is very different to what I did when I may have been within what I call the sexual range and I always think that is interesting. You fitted a category at some stage where you are potential material as a girl friend or a wife. Getting to being an older woman is really quite useful in that I don't feel that gets in the way really very much. That is something that has struck me over the last ten years. You're just a woman who happens to be a colleague. Though I had more sexual harassment in the past five years.

Karen displayed one of the main characteristics of women who have achieved positions in senior management, that is the one of risk taking:

I thoroughly enjoy taking risks. Though I have to say one takes calculated risks. I don't think that because so many people depend on you and some would have been highly risky I worked out that the implications for the students were so great that if anything went wrong but I couldn't do just my own... because of the knock on effect to other people so I think that on the whole I want to take more risks than I can reasonably do in reality. I mean

I've wanted the students to all walk out when ... and we would have had to have done something, we wouldn't do it and I could have stirred. I've often thought that was not fair, you have a responsibility to look after their interests even though that is the right thing that they should be doing, it's not fair to land them in that. So I think in a sense want to do more risky things with my staff and students, which is a source of constant frustration, so bloody conservative.

In selecting new staff for the current context Karen was looking for other risk takers and people willing to learn:

We've gone for clinicians and we are going to train them up because we don't want people who are dyed in the wool. The ones who applied were all people we felt who wanted to bring with them their baggage of years and do it again and I don't want to employ somebody who wants to bring their baggage. So you've got to find a balance between say we need some tried and tested and a level of risk but not settling for one, you must never move totally into all risk or turn your back on all established procedures, you've got to find some balance in the middle.

Returning to her style and ways of working Karen commented on her long hours of work. It appeared that long hours went with the position of senior manager:

I go to work at 8 and I work through until, in ... I was there until 6 or 7pm and that was silly but I didn't have to be there till then but because my style is a very hours demanding one. I would spend four or five hours of the day talking with students or staff or secretaries whereas I know colleagues of mine who spent most of that getting the paper work done and it's fine. I mean I'm not sure whether their department was any worse than ours, I just feel very strongly about human contact and I'd also swan around corridors making sure I'd bump into students, librarians and there were various things I did as part of my style that I chose to do, I didn't have to do. I tended to do my paper work when they had gone and I'd work Sundays for years and I mean I've always worked Sundays and that is by choice, it just became a habit and... well occasionally I mean I take long weekends.

But she has many interests and liked entertainments such as eating out and theatres:

Well I love eating out, I'm devoted to it, in fact interestingly coming here I found time... so what I've done is list 72 restaurants and will eat at one a fortnight until I've gone for roughly two years actually and I've found that I can afford to do that. I've season tickets for the theatre, I go to concerts, I like gardens. I adore book shops and libraries. I actually spend most of my time, reading. Novels and all sorts of things, I adore the radio, I don't often watch the television.

The New Picture

Karen makes a significant contribution to the new picture of effective managerial roles. She has many messages learnt from her progress through the spiral of her managerial career development. She wondered why more people were not interested in career

development and had greater confidence in their ability. She wondered why there weren't more people interested in senior positions and offered some suggestions, ideas and techniques to overcome their personal and professional assumptions:

No why aren't more people more interested in striving forward I mean there is all this self facing nonsense and I don't think I'm good enough, I spent years saying to staff, shut up of course you're good enough, do this, this and this, you'll if you are good, go for it, but there seems to be almost a belief that it is improper or not a very nice thing to say I'm terrific, I'm terrific, I'm going for it and yet why not. Forget yourself and you teach students about self-esteem, about patients about self esteem for goodness sake do something about your own self-esteem.

Karen's enthusiasm challenged assumptions, traditional academic thinking, and practice as well as valuing the excitement of new ways of achieving results:

We are going to be recruiting academic high flyers, so the advice I would give them is the opportunities are there and you can see the old hacks off any time, get in and you can change things, I mean a way we will be saying to them the opportunities are all yours because of the way reasons we have been discussing, it has recruited people who seem on the whole to want a quiet life and don't disturb it, but everybody now who really feels strongly they want a career and want to make way it is the perfect opportunity. I mean in my last three groups of my final year students I was wondering which would have my job, they were so assertive and very effective and so willing to challenge. It is highly delighting I mean I was beside myself with excitement about these students. The staff hated it, they challenged everything and they were not happy with what they do in clinical and they're going to go out there and change it. I mean if they can keep that enthusiasm, I mean you're absolutely right don't let anybody tell you otherwise. You can have this profession because some of the old people or even recent ones don't deserve to have the leadership and the direction you do and you assume that and get out there and see them off. I'm very optimistic about the level we are recruiting at and the potential students and new courses which are very student centred and resourced based.

She held strong views on the growth and development of students:

I think that we should be encouraging the students throughout the three or four years to express themselves, to value what they say and to become part of everyday practice to put, we need just to be encouraged to do assertion skills all the time.

One of the important topics which she considers should be covered, was political nous:

I think the area which we perhaps need to address is political nous. I really think that with all the changes going on we're still training people to do good things with patients and to help them understand that becoming political is not dirty. And the ways of being political are extremely effective in helping

patients is something I think we have got to link them to. I feel that we don't deal with that really as well as we should.

Another strong message was to provide confidence and strong self efficacy to practitioners and students:

But I think one has to give a strong message to all and sundry, I'm terrific, I know I'm terrific, you're very fortunate to have me working with you and we should stop doing the thank you very much for seeing me. When I walk into a room these days, I think, you lucky man, you've got a half an hour of my time and if I go in with that attitude with very odd exceptions at work.

Karen reflected on her past feelings of confusion anxiety and being in a quandary:

I used to be frightened of consultants, I mean I laugh now when I think about it.

It appeared from her own experience and the experiences of current students that academics and practitioners concentrate on the negative:

So few staff, I mean we were very good at telling when they did things wrong but I should say to somebody and I ran a Masters course last year I ran three modules and it was lovely because it was entirely mine and there was nobody else interfering, even part-time, I was actually able to say to a lot of them regularly, what you did, that was really because and know why and not just a lot of blanket stuff and I could see this lot growing in front of my eyes. It was wonderful. I'm having such a good time, I was having a good time because I saw this group blossoming forwards and getting a sort of little swagger in their mental aspirations and it was very good, but of course they were then devastated when I left and I think in some ways what they haven't yet twigged is how one acts and supports these people in a way that it is internalised. I suspect they haven't got that far and this business of the needing the external and taking it inside, is a very difficult one to work with, I think. I haven't cracked that one yet.

Karen has learnt and grown, developing a high personal value of herself and others which she believed is intrinsic to the success of women in their careers, in their life roles and particularly as managers:

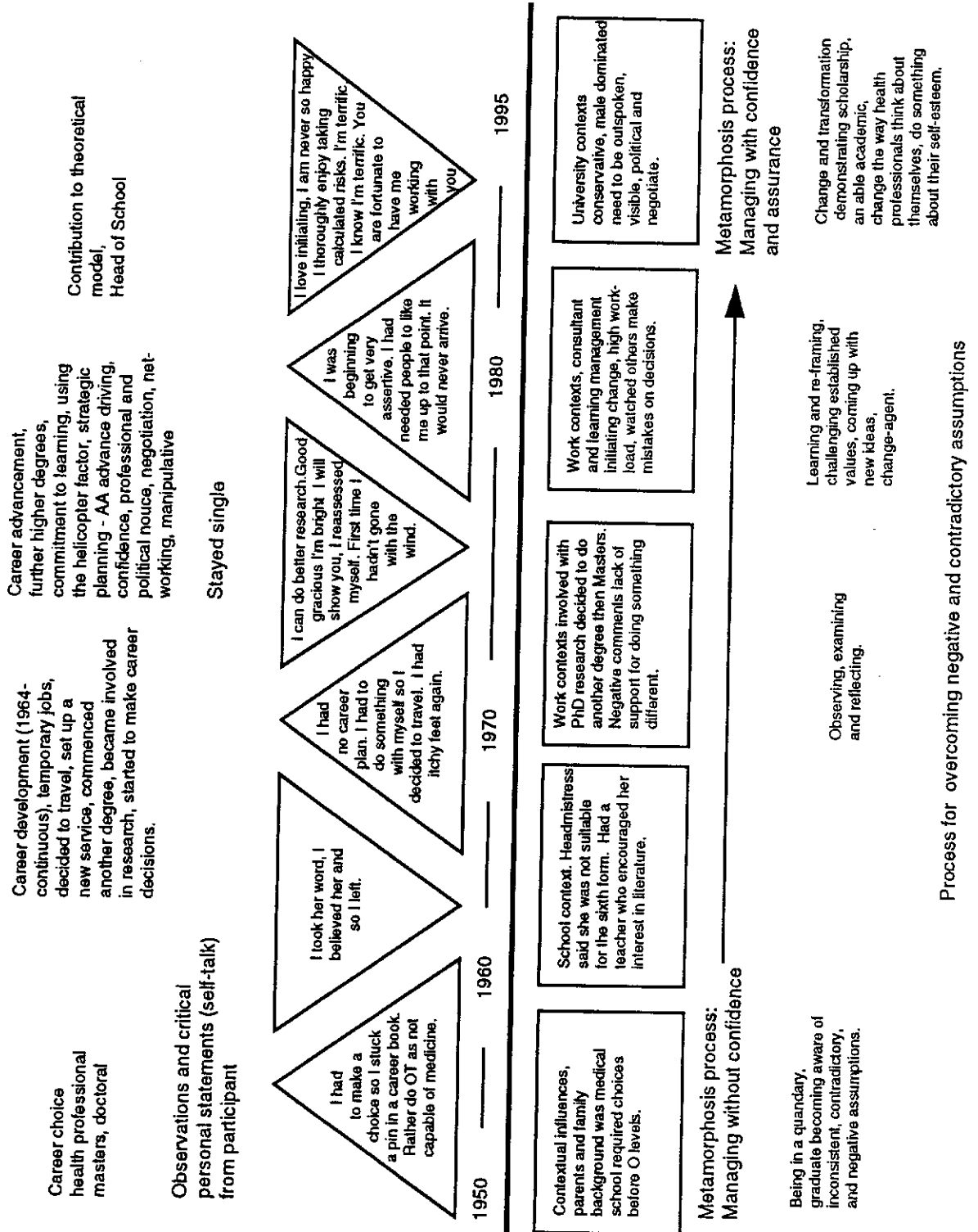
You see many people shocked if I say I'm terrific I say something, I really quite like myself and they're terribly shocked. Yet why shouldn't you say that, it took a long time to like myself and for many years I didn't. It's very comforting to know that it's quite nice to have my company. If a man said that it wouldn't be considered particularly odd but a woman saying that is definitely not something that many people can take with ease. And health professionals aren't terribly good at that. So I find what I do is often try to turn things into what people find funny but it is a way of getting over, if you sound earnest they're put off, what you do is make it sound as though it's really quite a funny thing... Let's go to the students and say I'm terrific and I'm feeling really good today. Do you believe me. Yes. In a way you can't well you try

and get over to them just when it's possible. It's not always like that, but why should you, it's the nature of life.

These concluding statements demonstrate the metamorphosis from the young adult lacking in confidence, ambition and in a quandary about the future to a person confident in her abilities. Karen's inner force turned her through the spiral of managerial career development and her development of effective management roles has shown the growth and potential success that all health professionals can aim for in their career and life roles.

Figure C4

Managerial career development pathway sequence
Creating a picture from career narrative two - KAREN



Career Narrative Three: Susan

This story of Susan is presented to make comparisons with the women managers in senior positions whose initial professional qualification was as a health professional. Susan had a number of qualifications including sociology, and law. She had made adjustments to her working life when she had young children to nurture and support them and it was only when they became older and independent that she started to actively pursue her career. She found there was a lack of opportunity to make career choices when you had to focus your energy and time on the care of the children. Susan engaged in a time of re-assessment and became more ambitious, and saw herself as something of a trailblazer; whose analytical mind and strategic sense ensured that she was successful in achieving senior positions of influence. She looked for positions in specialist areas which would provide a spring board, while also persuading other senior people within the organisation that she was the right person for promotion and organisational rewards. It is these perceptions of organisational contexts as well as her characteristics and attitudes which add valuable aspects to the managerial picture. In the area of women's issues:

I took on specialist areas, women's issues, where people were appointed, women were appointed at fairly senior levels where they wouldn't have had the opportunity to be appointed at senior levels in a comparable mainstream position. That then gave us the opportunity to show what you can do, basically, and once you've been at that level, people aren't going to appoint you at a lower level. You may not be able to get out of it if you are not good enough to meet the extra - to move sideways into the mainstream stuff, but, you know, it's hard to go downwards. I think that's part of it, so that in a sense the whole equal opportunity movement, the women's movement, did give a lot of women managers a real springboard into the public service from the side which they wouldn't have had if they had been slogging their way up through the ranks, and I think there's a number of women in our system that you can point to who've done that. I mean equal opportunity has been another area where that's happened because people have leapt from there into human resource management careers in a way that they wouldn't have been able to do without the equal opportunity network of jobs that were created. I think that's one reason. I've got a fairly good analytic mind and a fairly good strategic sense, so I'm usually able to figure out what people want in a job and know whether I can do it or not and persuade them that I can do it. I wouldn't say it's hard work or perseverance really. More a capacity to see an opportunity and take it and persuade other people that I'm the right person and the person that they want.

She described an occasion when she was terrified in her work situation and the method of overcoming these feelings, which resulted in learning to recognise that other people are not necessarily more competent:

Well I guess like everyone else who did that, you know the first little while we were absolutely terrified. I mean, it's actually quite terrifying when you are

not used to that level of responsibility and also pressure, in terms of everybody's watching you in a situation like that. And I remember for the first three months I went there I was almost paralysed with terror, until I realised that really, I couldn't go on being terrified, it was absolutely useless and I would just have to stop and I did. In a sense that was a bleeding, I think, because I've never really been intimidated or frightened by a situation since. Recognising that other people weren't really any smarter than I was, and that also if you spent your whole time being terrified of what was going to happen to you it would make you very ineffective. I remember being conscious of the fact that I had to just stop. I had to stop being terrified and willing myself to stop.

She reduced some of the early phases in the managerial career process as she had a family background that influenced her assumptions, and with her personal characteristics quickly overcame contradictory assumptions, confusion and fears. She was skilled in observing, reflecting and learning new ways, so re-framing (once she re-assessed her career direction) into having re-visioned the senior manager as herself. She brings us many insights into the stages of metamorphosis as she discovered she could influence the organisational context.

Like some other participants, Susan described her career development as fairly serendipitous:

So I've had a number of careers really, and my career development has been, what I would call, fairly serendipitous. There's only really been one point in my life where I've sat down and thought where I want to go and that was fairly recently.

It was after her appointment to a senior position, that Susan thought about her personal goals and development of her professional career.

I spent two years in that job when I resigned. At that time I had no real commitment to a career in the public service. I really hadn't quite figured out what I wanted. I guess I would have been 39. At that time I had been in the workforce for ten years, since I was 29, but without any clear idea of what I was doing, where I was going, or why I was going there. So that was the time I took some time out to really sit down and think about what I wanted to do and work out what my personal goals were in terms of a professional career.

This re-assessment of direction and review of career goals was a result of a combination of events related to her personal hopes and reflection on the social context for women. Susan described the circumstances:

It was a combination of things. I had a length of time working and I felt that it was time to re-assess where I was going because I had never really done that. I'd been content just to sort of bumble along, and I realised that you couldn't

keep bumbling along forever, that you had, at some stage, to make a commitment to what it is that you wanted to do and work out what it is that you wanted to do. I suppose it's part of that woman's Cinderella complex. It takes a while for a woman to realise that Prince Charming is not going to come riding over the horizon and save her from having to make firm hard decisions about her own future. And many women are like that and it's not surprising, given that through centuries and generations we've never been in a position where we can make those kinds of decisions because we've always had, lurking in the back of our minds, the idea well our husbands might get a job somewhere else, or we might have a baby, or whatever. I mean it's part of our socialisation, not to think in terms of planning for the future. So that was part of it. Another part of it was that my career choices when my children were young were very much packaged around the need to focus a lot of energy and time into child-rearing, hence, when my youngest child was 14 or 15 that I started to think, well now I can make some decisions for myself that don't include them. That are not focussed around the need to be there for them when they need me. So I think that that was a major factor in the re-assessment as well.

"Bumbling along" in a vivid description of the experience of many women. This perception of waiting for others to make the decisions, and for circumstances to influence choices was part of the personal and social transition required by individuals to realise their need for planning and control over career decisions and life roles. As Susan stated this state of bumbling related to being a girl with expectations of marriage and being dependent.

As with many participants Susan had to recognise these assumptions in order to start taking charge of her career decisions. This stage was still required by Susan in spite of her having strong family influences to achieve beyond current feminine expectations. She related:

My parents, particularly my mother, well both my parents in the Australian context, were quite progressive in terms of their attitude to women's education. They believed that women should aspire to be as well educated as they were intellectually able. So that, for example if I'd ever showed any interest in being, say a nurse, they would say "Don't be a nurse, be a doctor." They wouldn't countenance the idea of me being a secretary. As far as they were concerned I should aspire to being a boss, not a secretary, which was quite unusual in my generation among Australian women, so I think that was a factor. I've always been a bit of a loner, a bit of an outsider, a bit of an individualist, and arts or teaching was what all the girls did who went to University and I didn't want to do that, just because everyone else was doing it. I was hopeless at maths, and useless at science, so that didn't leave a lot else. So I sort of fell into the law school because it was a bit different, it was not what everyone else was doing, it had a very good male to female ratio, in fact I think there were four women in my year out of 90 students and we were the most women in one year that they had ever had. So I guess that's why I did law.

Susan's characteristics of being a loner and willing to step out into new pathways, following her reflection on her career development goals has meant applying for top level executive positions. She reflected on several of her experiences, the contexts and comments made to her regarding these events. The first one related to working in a legal environment.

I had another experience recently of going back, if you like, to the lower middle levels when I went back to a law firm. That I did my articles and was a junior solicitor in over a period of about 15 months and right back to that same feeling of being invisible, powerless, and of no account in the organisation, because you were a woman, and I got very much back in touch with those feelings again when I was in that law firm. It was one of the reasons why I left. I actually couldn't cope with it. I hated it. I was miserable the whole time I was there. Part of it was that in the public sector now, the more overt manifestations of discriminatory and sexist attitudes have gone because people, on the whole, know that the organisation culture won't accept them, whereas none of that has even touched the private sector. You know they still call the secretaries girls and flirted with them and the male partners used to line up at lunch time and use their binoculars and make rude remarks about figures of the secretaries eating lunch on the lawns below. All of that was still there and I hated it. Far from it, they were not about to challenge the system, because they saw their compliance with the system as the only way they could progress. The period of my life when I felt I suffered the most discrimination and the most degrees of put-down because I was female was when I was in the University environment.

These comments related to her feelings and perceptions as to why she may have not been appointed to a senior position:

But I think one of the reasons I didn't get appointed, and I don't think this is just sour grapes, was because I was not part of the old boys' network. I had a conversation with a friend of mine who is a director, after that exercise and he looked at me and he said "What you have to realise, when you get up to that level, is that it's every man for himself" and he said "merit really doesn't have a lot to do with it". He said, you know "Everyone's fighting for the power and the status that goes with those senior jobs and they'll use whatever influence, strings they can pull, and all the rest of it, to get them.

So I suppose to that extent I was disadvantaged. But I've been in other situations, or seen other women in situations, I mean particularly in circumstances now where there are quite a few senior women, both in the bureaucracy and in Government, in the political area as ministers and Premier and so on, where being part of the women's network in this town is actually a great advantage and it's the guys that are excluded. You know, you get preferential treatment in the same way as the boys used to and still do in other contexts.

Susan believed another distinctive characteristic was the ability to understand the organisation culture and the way the system operated. This came from skills in social

analysis and constant willingness to observe and use the information. She described her style of operating:

I'm usually fairly good at reading organisations and organisational cultures and how they work. I guess it's one of the reasons why I'm reasonably successful within them. And that comes in turn, I think, from a combination of training in social analysis and how to analyse social structures, and legal training which trains you to think clearly and to categorise and analyse constantly. So I usually am fairly good at reading an organisation and what's going on in it. I mean I think I do tend to take a much more analytic and a much more strategic approach to what's going on than most of the people I know, particularly women. Women are not trained in that. Men sort of absorb it through their mother's milk, almost. It's part of their mentoring in an organisation. If they are going to be successful in that organisation many of them, some of them, learn how to do that, but women tend not to and they tend not be taught that sort of thing, and so I think that's a difference. The ability to think strategically within a location and there's a number of women who have been successful in, I guess using that terrible term, femocrats, and one of the reasons that that group of women, sort of stands out from the rest, is that because they are able I think to take that very strategic approach to what they do. And once you do that it's actually quite easy to be successful in an organisation, because very few people do it and you find that what you're doing is always thinking three or four steps ahead of other people, which is a great advantage in getting what you want.

One of the advantages of my fairly eclectic background and variety of areas that I've worked in over the last 15 - 18 years is that I've become reasonably adept at getting very quickly into a new organisation because I've done it so often. I'm reasonably adept at picking up the cues very quickly, learning the language, learning my way around the organisation, learning where the power is and where it isn't and things like that, so I didn't find it difficult.

When I started in an organisation, I stay very quiet in terms of asserting my own views for the first little while. I concentrate on learning the language so you sound as though you know what you are talking about, even though you don't, and on meeting as many people as possible and talking to them about what they do and listening to them talk about their organisation and their role in it. I usually spend a fair amount of time doing that in the first two or three weeks.

I remember that was a particular issue for me when I moved into the National Health Advisor's job, because I'd never worked in the health field before and there were a lot of people who said that it was quite outrageous to appoint somebody who didn't have a health background to that position. So I had to be very careful, I had to be very careful to show credibility and I basically did that by listening, not talking, and by learning the language. Literally learning the language so that I knew how to use the right buzz words in the right place, even though I wasn't too sure about what they meant for a while. I mean most of the jobs I've had I've taken not even established positions, I've taken new ideas and turned them into jobs and organisations.

Women managers with health professional backgrounds may learn from the other women in senior management within health care organisations some strategies and ways of thinking and operating which will help them achieve influence and social

structural change in health related institutions and health science faculties. It appears that women with other qualifications than health bring strategic and astute ways of managing and understanding the organisation.

Susan suggested that women managers with an allied health or nursing background retain traditional ways of being subservient:

There's another problem that women have in organisations, and I hesitate to say this because it sounds critical, but I think it's still a fact and I'll explain to you how I notice it. It's that most women health professionals are brought up in a tradition of subservience and a culture of subservience to male seniors, particularly medical professionals and, I notice it time and time again. For example, if I'm on a committee and if there's a working party going in which, usually a typical spread of representation. There is a number of women who have allied health or nursing backgrounds and a number of men, at least some of whom will be doctors, and I find myself, time and time again the only one who is arguing with the doctors. You know, the other women are just, sort of, sitting there and saying nothing, even though the doctors are saying the most outrageous things, but they are not challenging them. They can't challenge them. Their ability to confront and challenge the male dominance is severely limited I think by their professional training and background unless they make a conscious effort to be assertive and to get over that and many of them don't do that. But, it's also a power thing. I mean I'm thinking as I'm talking of one committee that I'm on. Remember I talked earlier about the dynamics between a nurse, which is a traditional subservient role and medical which is a traditional decision making - taking all the responsibility role. And I think it's worse in the health profession because that dichotomy is just writ so large. But I'm thinking of one committee that I'm on where one of the nurses, there's a patient, a woman patient on the committee, there's two doctors, there's a councillor from outside and there's a male nurse. And in fact the male nurse is silent as well. So he is clearly responding to that power differential, even though he, himself is a male.

Considering the organisational environment and dominance of male (mostly medical in this environment) patterns and structures, Susan believed that women could bring valuable contributions to planning and decision making:

I think it's a great shame that, given the extent to which the majority of health providers and health consumers are women, that in fact the kind of technocratic, rationalist, economic model of health service planning is still the dominant one in the senior levels of decision making in the health system. Because women contribute the concern for the consumer, the understanding of what it's like on the cold face in terms of health service delivery, you know, the idea that you start from who the customer is and what the customer wants. Whereas I was talking to some of my male colleagues, not all, who've come through the sort of economic rationalist training programs of health administration and so on, you'd swear that the consumer was the last thing on their mind, except as an abstract number. You know, we've got to put so many consumers through this unit. How many patients will go through this unit. Are there going to be more or less.

As with the other stories, her information on management characteristics and functions provided valuable guidelines. Susan described her leadership, supervision styles and practices:

Fairly flexible. It tends to vary. I'm a bit moody in the sense that sometimes I am filled with energy and enthusiasm for inspiring other people to do things and, when I'm in that frame of mind I can be quite good at leading people and encouraging them and getting them to work hard towards a common goal, to being a bit picky in controlling, to being rather withdrawn and just sort of leaving them to get on with it. And I tend to rotate through those three modes of operation depending on how pressured I'm feeling and things like that. I suppose I have a very, my personal style of leadership is one that not everybody finds comfortable, and that's whether they are men or women. I tend to want to engage people on a very personal level. I want them to get involved with me as a person, and me to get involved with them as a person. Some people really like that and really respond to it well. Other people find it a bit threatening and don't really like it, and on the whole men like it less than women. But that's sort of a universal rule. There are some women who don't like it and there are some men who do like it.

Once again, as with Karen and Sharon, we hear about the importance of informal relationships and politics. Susan stated that they are critical to getting things done:

Absolutely critical. I, in fact, think that if an anthropologist ever did a study of the way our society works they would have some very interesting things to say about the fact that we actually operate at two levels, and the least successful bureaucrats, or people in organisations, are those which actually don't understand that, and there are many. They tend to do everything through the formal, up-front way and then can't understand and feel rejected and discriminated against and all that sort of thing when it fails. When they don't get what they want. My view of the way organisations work and politics works, and just about everything works is that 99 percent of it is done at the informal level and the 1 percent of the formal overlay over the top is really not very important at all. I mean the classic example of that, which is always touted, is the meeting where everybody knows the outcome of the meeting before they have it, because all of the discussion has gone on before the meeting, or it's done in the tea break and then the meeting just becomes a formal way of ratifying what the informal system has already decided. And a key to success in organisations, I think, whether you are a man or a woman, is understanding that that is so. That you are operating constantly at two levels of reality and being able to make both levels work for you.

On negotiation, although operating intuitively, Susan had a position and fall-back point:

I tend to do that sort of thing fairly intuitively. I tend not to write it down or whatever. But I suppose yes, I would go to most situations involving some sort of negotiation with me and any of my staff who are with me who have ... we've already discussed what it is that we want and what it is that we will accept in terms of whatever the issue is as a subject of negotiation.

She viewed decision making this way:

I don't find making decisions difficult. Mind you, I don't know how good I am at making hard decisions. I have a horrible feeling that I tend to back off the very hard decisions and find some reason not to make them. But at the same time, I don't have a lot of difficulty with decisions. I don't find them threatening. I guess if you wanted to categorise it, I tend to be an intuitive decision maker. Part of the reason for that is that, mostly, like many senior public servants, we work under such work pressure load that we don't have time to weigh things up. You know, you are making decisions on the run, basically. People tell me that I'm good at it, and I do have, I think, a reasonable capacity to get to the heart of something and see what it's really about and then make a decision based on both understanding what it's really about and also an understanding of what the environment will bear in terms of a decision.

Susan believed that her contribution was valued by the current organisation and its director, but thought that could change with senior executives with different priorities and perspectives:

The ability that one has to secure the resources you have in the job depends on the perception of those who have the responsibility for allocating the resources, of the value of your role. At the moment, our branch is perceived as having a very high value in it's role. Now a different executive, a different group of people in charge and they could have a totally different perspective and that could be much more difficult.

As a consequence she rated her job satisfaction as high. This was achieved because of autonomy:

Autonomy. I have a very high degree of autonomy. A feeling that, for the first time really in my professional career, I'm actually utilising all of the skills that I have, in other words the background that I've built up in policy and senior Government work and strategic skills. At the moment, I feel valued by the organisation, and I feel that I'm able to make a fairly worthwhile contribution to the organisation. All of that adds up to a degree of satisfaction with the job. I suspect that that could decline over a period of years because I suspect that the organisation itself is not very good at producing outcomes and if I continue to work at the level that I am and find that the outcomes continue to be frustrated, then I expect that my job satisfaction will probably go down.

In statements similar to Freeman's (1990) participants Susan comments on the work environment and career development. She sees it as a different experience for women and men. Women bring particular skills and values to the organisation:

I think my impression, I think that's most focussed, in that my experience is that women expect different things from work to men. That on the whole women want to work in an environment where they feel reasonably comfortable in terms of the social relationships they are in, and they enjoy and get some satisfaction from the work that they are doing, and most women I

know are very intolerant of a work situation that's uncomfortable for them for the sake of future reward. And men, I find, I mean this is over-generalisation, but are exactly the opposite. They tend not to have such a strong commitment to what they are actually doing right then and right now. Yes, and men are prepared to put up with situations in which they are not at all happy for future benefit in their career progression, and I've noticed it, time and time again, women have made career decisions which are actually bad career decisions for them if you are going to be strictly dispassionate about it simply because they can't... whereas men would tend to just sort of stick it out and go into retreat and come into work each day without doing very much and therefore not getting a lot of satisfaction from what they were doing and just kind of put up with that in the expectation, which is usually borne out, that things will improve in the future. I mean that could be interpreted, I suppose, as a criticism of women. I actually think it's a criticism of men. They tend to be, women tend to be I think much more passionate and committed about what they are doing, on the whole. There are obviously exceptions on both sides.

Susan provided some strong comments on society and the current choices for young women. She advised young women to be aware of the influence of the gender relations in society:

I think the first thing that I'd say is that they need to be aware, which most of them aren't of the fact that they live in a sexist society, where it's still basically all the men's way, and that when it comes to the home/work conflict, unless they are very assertive, very pushy and very certain about what they want in terms of equal sharing, they won't get it and they'll be left, literally, holding the baby and that will, in turn, affect their career. It's one thing to make those choices in full awareness of that's the choice you are making, it's another thing, as most women do, to just find that's how it works out whether they like it or not. I think that it's important for women not to deny their womanness, I don't mean femininity, because I hate that word, I mean their womanness, the fact that they have strengths in terms of networking, you know an ability to empathise and all of that which is actually very valuable in an organisation and that they should use that. I've noticed a syndrome at the moment which is the sort of view that if you train more and more somehow you will crack the magic bullet and I've seen a lot of women who have put a lot of energy and time into postgraduate training, courses and this and that. I'm not sure that's going to be as productive as they think it is at the end of the day.

Reflections - Reading Susan Again

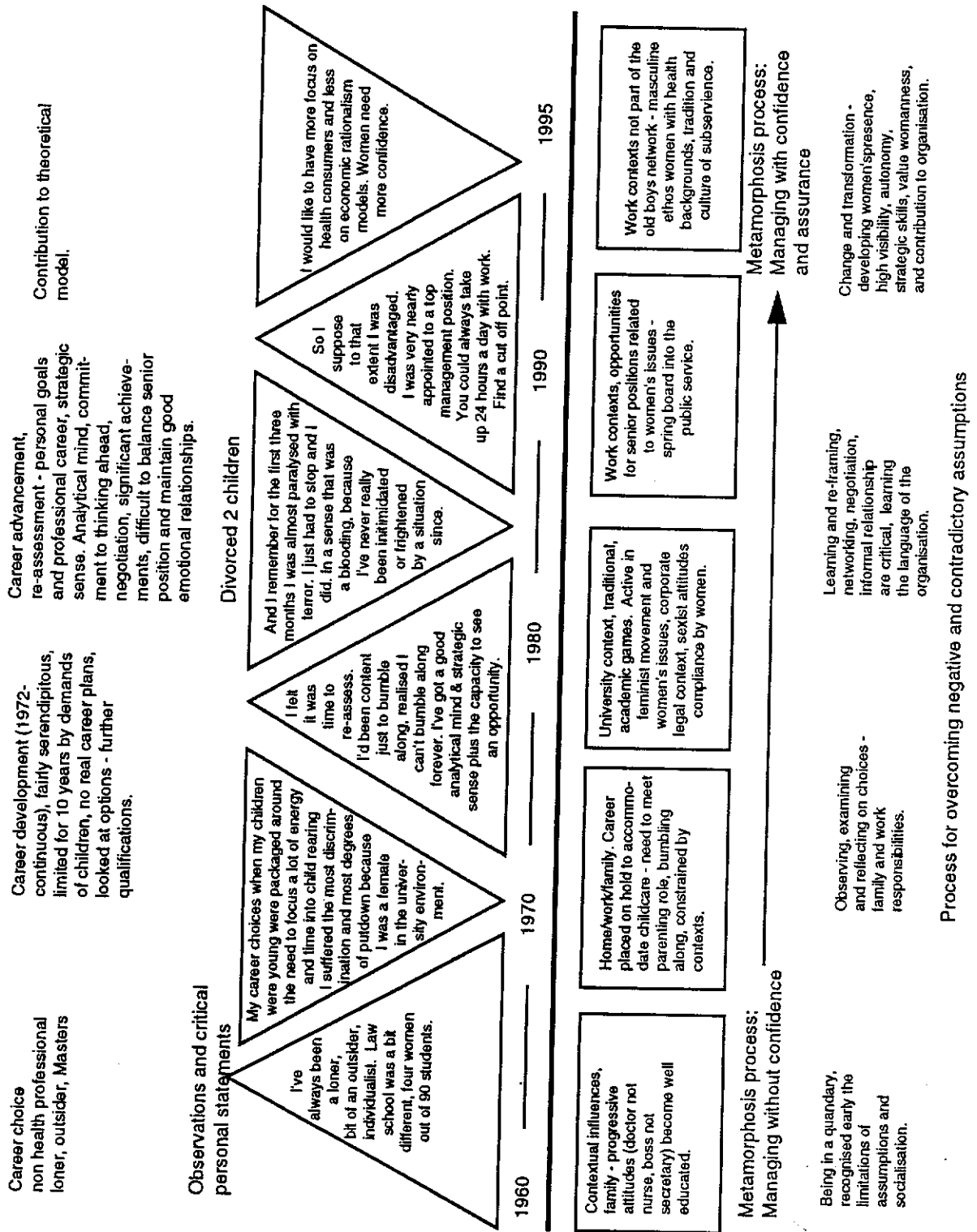
The narrative revealed a strong, motivated woman manager with confidence and specialist skills whose success since re-assessing her career had been significant. And yet there were the contradictions. As with Freeman's research participants (1990) she had made individual changes but these were still not reflected in the professional and social structures. She attempted to learn and observe the ways of the organisation to advance her career and enhance her position playing the boys games but still retain her womanliness and strength of female characteristics. While successful in a senior position she recognised these contradictions.

Her process of understanding organisational cultures has many similarities to the process of metamorphosis and managerial career process. In the beginning:

- quandary and confusion about the language and culture
- observing and listening
- learning - where the power was located
- reflection and strategic analysis
- taking new steps and risks to attain influence in a gendered and competitive organisational environment.

Figure C5

Managerial career development pathway sequence
Creating a picture from career narrative three - SUSAN



Appendix D

Phase One Documents and Interview Framework

Dear

The Characteristics of Women in Senior Management Positions in Health Care Services

Thank you for agreeing to participate in my study. This is to confirm details for our interview and to ask you to complete the attached orientation questions. If possible, I would like these returned prior to our interview.

Interview details - Time and Date:

Place:

The interview will take approximately 1 1/2 to 2 hours and will be based on a semi-structured interview framework. The themes will include:

occupational background	obstacles and barriers
goals or ambitions	formal and informal communication
managerial functions	pressures
achievements and opportunities	characteristics and feelings

With your permission I will tape the interview so that the content can be coded and analysed for themes, categories and patterns. I wish to assure you that you will be guaranteed privacy and that responses will not be identified publicly. Tapes will be numbered and locked in safe storage until the study is finalised, at which time the material will be destroyed.

For your information, I have included the definition of the research problem and the aims and objectives of this study.

If you have any questions please contact me.

Yours sincerely

Margaret Ross
Senior Lecturer
School of Occupational Therapy

Definition of the Research Problem

This study will be an exploratory study of women as senior executive managers in health care services. Despite official policies few women occupy senior positions involving critical policy and decision-making functions for health care. Although women make up approximately 75% of the workforce in the Health Department of Western Australia, they have only limited representation in the senior executive levels of the organisation. Similar patterns across senior management levels in many areas of employment and in other states of Australia and some overseas countries are apparent.

The advancement by women to senior management positions is difficult, complex and slow, and, although there is some improvement, progress has been fitful. However the increasing visibility of women's needs in management now enables attention to be given to research into providing the solutions. The Federal Government recently announced a five year program to improve the health of women - The National Women's Health Policy (1989). One of the five priority areas is:

No. 4 Women's participation in decision-making on health (p. 101-104).

Objective: "To achieve increased participation and control by women over decisions about their health and health care at all levels (p. 101).

One of the outcomes states - greater equity for women in health policy decision-making. A further recommendation is:

"That Commonwealth and State health authorities support and increase the participation of women workers in the decision-making process.... incorporate specialised advice on women's health in all aspects of health care planning including policy coordination ... increase the proportion of women professionals and community representatives on key health boards (p. 104).

General management literature has only recently begun to include information on women's experiences, attitudes and feelings regarding their employment as managers in organisations and systems largely established and developed with male traditions and values. It is important to describe and understand the specific organisational and career problems faced by female health professionals, especially those in predominantly female workforces.

It is on the basis of these factors and problems that this study will investigate the characteristics of women in senior management in health care services in the public sector in an endeavour to provide information and an impetus for change in the attitudes of health professionals and the organisations in which they work.

Aims and Objectives

The aim of this study will be to discover the common experiences, achievements, attitudes and feelings of women in senior management positions in health care organisations. It is hoped this study will result in greater participation by women in policy development and program management.

Objectives

1. To identify salient characteristics of women who are senior managers in Western Australian health care organisations in the public sector.
2. To define the common theories, patterns, experiences and characteristics of women managers in Western Australian public health care organisations.
3. To describe the achievements, attitudes and feelings of women in senior executive positions and create a profile of some successful women managers in Western Australian health care organisations in the state's public sector.
4. To examine the obstacles which impede women's access to senior positions in health care organisations and record strategies they have used to overcome these obstacles.
5. To investigate career paths of these women managers, including their education and preparation for senior positions in health care organisations.

The Characteristics of Women in Senior Management Positions in Health Care Services

Orientation Questions

Please complete these questions and return to me before our interview

Code name or number:

Title of position:

Level and department:

Position data form no.:

Brief description of functions: (or supply your position data form)

Length of time in current position:

Length of time in department: (if different)

How many staff report to you directly?

How many staff in your section or department?

When in your view did you first start work in a managerial position?

Title of managerial positions and outline of functions

How many people did you supervise in that position

Promotions and job changes over the past 10 years (attach your cv if possible)

Name of committees and working parties: (on which you currently have a position)

Name of boards: (on which you currently have a position)

Age:

Nationality:

Place of birth:

Number of children and ages: (if applicable)

Educational background: (including professional and any management qualifications or relevant continuing education courses)

Details of total work experience: (including career breaks or attach your cv)

Year	position title
------	----------------

Thank you for your assistance.

Framework for Interviews

Agreement to participate forms

Introduction

Thank you for agreeing to participate in my study. The aim of this study is to discover what it is like to be a senior manager in health care organisations and to facilitate greater participation by women in policy development and program management. It is my hope that we will make women managers more visible by documenting your experiences, general characteristics and feelings. This discussion will be confidential and only general characteristics and patterns will be taken from analysis of the transcripts and written in the subsequent thesis.

Interview Format

During this interview there are some topics or questions I would like to cover, however, it is unstructured and designed to explore what it is like to be in your place as a senior member of this organisation.

Occupational Background

Let us start with your occupational background and some reasons for your career choice.

- Please describe your career history since starting work.
- Were there any events or experiences which were important to your career decisions?

The Organisation

- Please tell me something about this organisation's culture and climate. What is it like working in this system? Do you feel you understand how the system operates?

Managerial Functions

- How would you describe your primary tasks?
- Demands of the position.
- When you commenced in this managerial position did you receive or had you received management training or development?
- What are the most important things you have done in this job and why?

Strategies used to advance your career

- Can you comment on these strategies.
- Have any factors hindered your progress?

- What do you think is the attitude of your organisation to the promotion of more women to senior positions?

Job Satisfaction

- What are some of the things which contribute to this?

Occupational Stress

- What are the pressures in your current job?

Social and Family Life

- Please tell me about your life outside work.
- What are the main pressures and satisfactions outside work?
- What effect if any has being a woman had in your career and in this job?
- What advice would you give to a young woman starting out and wanting a satisfying life?
- What is the most important thing you still want to achieve?
- Any comment you want to make or question you would like to ask?

Thank you for your time and willingness to share.

Appendix E
Example of a Career Profile (P22)

Characteristics	Work Experience - Career Path	Comments
Leadership style Visible, outspoken at meetings	Creating new program. Move to another university	Enjoying the challenge. Observing university culture
Change in self, overcoming assumptions, model for others - "a little mental swagger"	Head of School - 5 years Development of policy & self-directed learning styles.	Considerable amount of financial and budgeting learnt. Set long term goals
	Head of Department	Beginning to develop her concern
Positive self talk "I'm terrific"	Public Health Research - 4 years	Observing her work environment
Becoming assertive	Research work, 18 months	Change of goals
Becoming more independent	Left OT because no research jobs	"first time hadn't gone with the wind"
Dedicated commitment, no support for being different	While working fulltime another degree, psychology	Reassessed herself, quite exciting social life with other students
Challenge - to obtain research skills	Paediatric position, 5 years research	Started research interest collecting data
Disillusioned by research	Return to own country temporary jobs	They were getting PhD's, I'd done all the work
	set up a paediatric dept, changed country, 3 years	Wanted to travel
Confusion, "I've got to do something myself"	Confusion, temporary jobs	"I didn't know where I wanted to work"
Quiet and shy, undecided	Occupational therapy course - selected by using a pin	No career plan, career choice from a book, family medical background

Appendix F
Phase Two Documents and Revised Interview Framework

Contact address
6 North Gyle Loan
Edinburgh EH12 8JH
Tel. +31 3391502

Dear

**Research Interviews: Career Patterns of Senior Women Executives in
Health Services and Health Faculties**

Thank you for your interest in this research and your willingness to participate in these interviews. This is to confirm details of our interview:

Time:
Date:
Place:

The tape recorded interview will be about one hour on the following issues:

- *career choice and career development
- *working environment and managerial strategies
- *opportunities, achievements and barriers
- *social and organisational culture

Thank you for your assistance.

Yours sincerely

Margaret Ross
Senior Lecturer
School of Occupational Therapy
Curtin University of Technology

Revised Interview Framework

Career Paths of Senior Women Executives in Health Services and Health Faculties: Implications for Organisational, Professional and Personal Development

Details of Participants

Code Number:

Title and Position:

Level and Department:

Length of Time in Current Position:

Length of Time Working: (Details of any breaks)

First Qualification:

Additional or Higher Qualifications:

Continuing Education: (Recent Example)

Membership of Committees and Boards:

Professional Association:

Age (30, 40, 50, 60)

Marital Status:

Children: (Ages)

Agreement to Participate

Details of Participants

Career choice -

influencing factors
cultural and social expectations
parents and family
personality

Career development - plans, ambitions

counselling
career breaks
higher qualifications
management education
financial education or experience

Occupational background -

significant experiences
number and type of positions

Current working environment -

What would someone need to know to
do your job? what's going on and what
to do?

Organisational culture and climate

Effect of being a woman in this environment

Achievements

Occupational stress -

What are the pressures in your current
job?

Social and family life -

tell me a little about your life outside
work, main pressures and satisfactions

What advice would you give to a young woman starting out and wanting a satisfying
life?

Summary any comments or questions

Thank you

Dear

**Research Interviews: Career patterns of senior women executives in
health services and health faculties**

Thank you for your cooperation and participation in this focus group interview for my research study. The information and transcripts will be a valuable contribution to the data. I hope this research will ensure improved career pathways and increased recognition of the contribution women make in the provision of health education and health care services.

Yours sincerely

**Margaret Ross
Senior Lecturer
School of Occupational Therapy
Curtin University of Technology**

Appendix G

Focus Group Issues

Issues for the Focus Group Interview (One)

Career Counselling

How important is counselling to career development?

Career Patterns

Occupational background -

- Describe a significant experience, trigger or critical incidents which was the reason you applied for another position (up, down or across).
- How would you describe your career pattern?

Career Advancement and Promotion

- What are some of the requirements for success and access to senior executive positions?
- How do you move around in this organisation and find out what is valued or not?

Juggling Roles and Coping Strategies

- What makes women - people resilient?
- Are there any gender differences that you have observed?
- What are the costs or benefits of having a senior position?

Issues for Focus Group Interview (Two)

Propositions and Questions

1. Most women do not have a career plan until later in their career.
2. It is only women who are risk takers and optimists who succeed as senior managers?
3. What makes it easy to be a woman in a senior executive position?
4. What makes it hard to be a woman in a senior executive position?
5. Is it possible to be ambitious and career minded and lead a satisfying life which combines work/career with home and family?

Appendix H Consent Forms

Curtin University of Technology
School of Nursing

Informed Consent Form

Thesis Title: Women's career paths to senior management in health services and health science faculties: Implications for organisational, professional and personal development.

The purpose of this research is to increase the understanding of women's experiences and career paths and to facilitate their access to senior executive positions in health care organisations. Interviews will last approximately one hour and cover the topics of career choice, career development and your experiences of working in an organisation managing health care services or providing health science education. The tape from the interview will be confidential and transcribed using only a code for identification. The tapes will be erased following completion of the transcription.

This is to certify that I, _____
print name

agree to participate in this interview and for this interview to be tape-recorded. I understand that this interview will be confidential and that it will remain anonymous in the subsequent thesis and any related publications, unless I explicitly state otherwise about a specific point. I understand that I am free to withdraw from this interview at any point without causing problems.

I have been given the opportunity to ask questions about this study, and all such questions have been answered to my satisfaction.

Signed _____ Participant

Signed _____ Margaret Ross, PhD Candidate

Signed _____ Witness

Date: _____

Consent Forms

The Characteristics of Women in Senior Management Positions in Health Care Services

AGREEMENT TO PARTICIPATE

I, _____ AGREE TO PARTICIPATE IN THIS INTERVIEW WHICH IS PART OF A MASTER'S THESIS STUDY. I UNDERSTAND THAT THIS INTERVIEW WILL BE CONFIDENTIAL AND THAT IT WILL REMAIN ANONYMOUS IN THE SUBSEQUENT THESIS AND ANY RELATED PUBLICATIONS, UNLESS I EXPLICITLY STATE OTHERWISE ABOUT A SPECIFIC POINT.

SIGNED: _____ Participants name and position

SIGNED: _____ Master's student

SIGNED: _____ Supervisor and Lecturer,
Curtin University of Technology

Appendix I

Preliminary naming of the stages

Figure I 1

Naming the Stages	Characteristics	Context
Re-framing ceasing to meet others expectations, assumptions 'freeing up our creativity' 'revising one's world view'	Astute, reasoning skills leadership belief and value of own ability, courage, risk taker, communication, interpersonal skills, negoiator, political knowing my capacities are good enough to take risks	Confident - one mistake is not the end, realising your personal worth clear self identity 'helicoptering' 22.6 shaping and changing
Re-framing ceasing to meet others expectations, assumptions 'freeing up our creativity' 'revising one's world view'	threats into opportunities higher qualifications active membership of professional association positive about self P:17 continuous working life	learning the language of success, commitment to change flexibility adaptability, clarifying roles, re-vision, network, mentor, resolving conflict over assumptions challenging stereotypes
Learning to have a revised view of themselves, internal perceptions of themselves different to managers (male view)'	confronting assumptions and stereotypes, overcoming doubts changing internal views	Being in the right place at the right time - seizing opportunities positive proactive negative reactive
Beginning to take change examining my assumptions, feelings, perceptions and experiences	Short times of reflection - insights, Reaction to circumstances and barriers "followed the script" lack of support uncertain	barriers to career advancement - better not to try
Surviving		'borrowed masks' women adopting male styles
Confusion		June 1994