

April 24, 2012

NHWI

**GENDER AMBASSADORS PANEL (GAP):
CONTEMPORARY GENDER EQUALITY LISTENING SESSION REPORT
FOR EXETER, NEW HAMPSHIRE (NURSES)**

Exeter Mill
Community Room, Exeter Mill Apartment Complex
10 Chestnut Street, Exeter, New Hampshire 03833

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About the New Hampshire's Women's Initiative (NHWI):

The New Hampshire Women's Initiative (NHWI) is a new non-profit organization dedicated to continuing the legacy of success of our merging partners: the Commission on the Status of Women, the Women's Lobby and Alliance, and the Women's Policy Institute. The NHWI mission is to advance social, economic, and political opportunity and equality for women in New Hampshire.

The NHWI has a unique governance structure. Its board is supported by both a Founding Mothers' Panel, comprised of the founders of the merging partners, and a Gender Ambassadors Panel, a group of young women leaders who are interested in better understanding and re-framing the dialogue around gender equality issues in New Hampshire. This multi-generational sphere of influence will help the NHWI leverage both the rich history and accomplishment surrounding women's issues in New Hampshire and at the same time craft a new path forward for gender equality born out of contemporary thinking and needs.

About the Gender Ambassadors Panel (GAP):

The goal of the Gender Ambassadors Panel (GAP) is support the mission of the NHWI by informing its research, outreach, and advocacy with a better understanding of the gender equality issues that younger women and men identify as important to them. GAP members will work toward that goal by hosting Contemporary Gender Equality Listening Sessions in various geographic locations around the State. The Listening Sessions will be facilitated focus groups consisting of six to ten participants engaged in a formal discussion for up to ninety minutes using pre-determined questions. Results will be documented and shared with the NHWI Board. The first round of Listening Session participants will come primarily from the existing networks of GAP members and are expected to be primarily women, however the method can be adapted to reach other networks and populations, including men.

Methods

Gaining insight into a community with the use of focus groups is a commonly used approach to qualitative research. Qualitative research is a systematic approach to understanding human thoughts, behaviors and motivations through thoughtful survey design, observation and inquiry.

The GAP Listening Sessions are designed like focus groups where a facilitator and note-taker work together to gain insight into participant's thoughts and feelings about contemporary gender equality issues facing young women and men in NH.

Prior to conducting the listening sessions, each facilitator and note-taker is provided a facilitation packet that details instructions for conducting an effective focus group. This includes instructions for the specific roles of the facilitator and note-taker, the length of the session and how to draft the report after the listening session.

Location

Exeter Mill Community Room, Exeter, New Hampshire

Participant Background

5 Participants ranging in age from 43-75. All white females.

All of the women in this session are or have been in the nursing profession. Their education and training ranged from BSN 4-year college program, to 3- year nurse training program, to engineering training followed by nurse's training. One has an MBA. Several were or are in supervisory positions in community health clinics, several had worked in hospice or school nurse positions, and one is in an information technology position.

Summary of Findings:

The Summary of Findings is organized by each question asked at the listening session. Synthesis of material will occur at a later date when all of the listening sessions have been conducted. Please note that participants are identified only by their initials to protect their privacy.

QUESTION #1: What made you interested in attending this session today?

*Note: When participants were introducing themselves, they made several comments about nursing trends and experiences which did not directly address question #1. I have summarized these comments in the "Closing Remarks from Participants" section of this report. P.Y.

Participant	Comment	Note-Taker Observation (optional)
4	I know what (NHWI) is up to. In my busy life style, women's issues are not foremost in my mind. But it is nice to have the opportunity to talk about them.	

4	It is always interesting to hear how other women see their role in the world. I have 2 adult daughters. One gave up her career as a consultant with an MBA to be with her husband in Argentina. Women's issues are interesting. Women should be able to support themselves, married or not.	
2	This session is an opportunity to talk and think about things I haven't spent time at home thinking about: equality issues. I'm interested in what others say.	
5	Women's rights are now being attacked. It concerns me. Women need to stand together. We should not be going backward. Politically I'm very concerned. But I'm also concerned for my granddaughters. Women's choices and opportunities should be equal (to those of men). I want to know what women in New Hampshire are doing about these issues.	
5	Reproductive choice and contraception should not be issues in 2012. But we are fighting for those again!	
FAC	Do you consider yourself political?	
5	Yes!	Others who work with her nod in agreement.
3	Change is coming. There are more stay at home dads. I heard on NPR the story of a stay-at-home dad who was ostracized by the mothers at the playground when he was caring for his kids. Our rules are changing. Women shouldn't have to fight these alone. Regarding abortion: because of some current attitudes, poor women will end up using coat hangers. Men no longer have iron-clad rules. I'm looking more closely at women's issues, because I'll be returning to the workforce soon.	
FAC	The issue: people are not talking about equality even though they are interested in the issue. That seems significant. Future (Listening) sessions may focus on policy; outreach programs may be in NHWI future. The questions are more open-ended now.	
4	We (nurses) work in a male-dominated field (Medicine).	
1	Engineering is male dominated too. (Her field) We need peer groups for support (in our work places.)	

QUESTION #2: How do you define gender equality? What does it mean to you? What does it not mean to you? What subjects/issues do you think about when you think about gender equality?

Participant	Comment	Note-Taker Observation (optional)
5	For nurses, gender equality is not as important because this is a female-dominated field. But male nurses advance faster.	
4	Do men have more drive? Or do they advance faster because they don't take off time to have babies?	
5	My husband noticed that male nurses aren't helping young female nurses...	
4	Male nurses are not mentoring or nurturing others.	
2	Regardless of gender, there should be the same pay and the same opportunity to advance (for both genders).	
FAC	How would you define gender equality?	
4	Equal treatment	
2	Equal respect	
4	Equal opportunity	
3	Gays and bi-sexual people are not being treated equally either.	
1	Racism too. Unequal treatment because of racism is here too. Gender is only one factor to consider when we think about equality and inequality.	
3	We've gotten better on equality, though.	
5	This young generation is more open-minded, even conservatives are more open-minded (than our generation.) I didn't ever come in contact with people of color when I was growing up. Black employees were kept out of sight in Rhode Island. There were segregated neighborhoods near us. We never came in contact with each other. In our school, we didn't have blacks.	
FAC	Tell me about racial, GLBT, and gender equality.	
5`	I've heard black women say that being a woman is more of a handicap than racism.	
4	I didn't think about race in terms of gender equality.	
1	Color is one component of inequality.	
FAC	Anything else?	
5	Equal opportunity in education, etc., shouldn't be	

Participant	Comment	Note-Taker Observation (optional)
	denied to anyone! Men should be encouraged to teach young children. It is still unusual to find male nurses. Men rarely are pre-school teachers; they go into school (or nursing) administration. And there is an absence of father in the lives of many children. It is so important to kids to have both parents.	
FAC	What does gender equality not mean?	
1	It does not mean a formula.	
4	You should be able to be what you want to be.	
2	One shouldn't be judged by gender. Because women have been home with kids, they don't advance as quickly. And men should have that opportunity (of staying with their kids) too.	
4`	There is a book about how much women lose when they leave the workforce.	
5	Not all careers lend themselves to part time work. (Some) physicians want to work part time too.	
3	There are few part time jobs for women in nursing now. And Medical assistants are changing health care.	
FAC	Let's talk about language. Do you like the phrase "gender equality"?	
4	I think so.	
1	The term has been about a long time.	
3	I think of <i>human</i> equality.	
FAC	"Feminism"?	Brief silence here.
4	I'm okay with it, but it does have a negative connotation.	
3	I haven't heard it used for a while.	
5	There are stereotypes for feminists.	
FAC	What are the stereotypes?	
ALL	Marches. Bra-burning. Gloria Steinem.	
2	I feel feminism is positive.	
FAC (continuing)	Women's movement?	
1	Where are women moving to?	
FAC	Women's Issues. Women's Rights? What phrase should be use?	

Participant	Comment	Note-Taker Observation (optional)
4	Gender equality is vague.	
3	Don't we want it to be vague?	
FAC	It's important to be clear.	
5	Less well-educated women don't identify with these terms. The women's movement hasn't reached less well-educated women.	
2	It would be great to have a session (like this) with our patients!	
FAC	Gender empowerment? Women's lib?	
FAC	What other issues are there under "gender equality"?	
4	Respect.	
1	Do some patients treat you differently because you are women?	
4	Patients see male nurses as doctors.	
3	At the high school, we are uncertain whom to call, male nurses? Women are moms, so they'll most often be called. We can't tell if patients care about gender for nurses.	
5	Female patients prefer women nurses. Young ones in particular prefer female nurses. Older women are use to male doctors...	
4	We had midwives at one time. We don't have midwives anymore. Some doctors left our clinics when midwives were no longer there. Midwives stay with the patient until the baby is born. Male doctors (Ob/gyn) just check in and come back just in time for delivery.	
FAC	Any other specific issues?	
1	Training and retraining opportunities.	

QUESTION #3: Why is gender equality not talked about?

What has been your experience or observation in New Hampshire on gender equality and gender inequality? (This is the way the question was presented in the Exeter April 24 session. Questions 4 and 5 on this template were combined and asked as Question 3 in our Listening Session.)

Participant	Comment	Note-Taker Observation (optional)
5	When health centers are put in high schools, the principals and directors of health education are always men. On a panel with doctors, all the questions were addressed to me, but these doctors always turned to me (woman) for all the answers!	

Participant	Comment	Note-Taker Observation (optional)
2	This is a positive example: My daughter-in-law is a physician, and so she is the primary wage-earner in her family. My son stayed home with their child. Now my son is going into his career. This worked for them. I wish everyone could have that experience.	
1	I am treated equally as an IT person; we all report to the City Manager. We're all heard, so I have success and support in my IT role.	
4	My husband cooks often. He's always respected my work and wanted me to return to work when I was ready. He'll do laundry, dishes, etc. He has always been hands on; he changed diapers, etc.	
5	It's doctor and husband moving in. (?)	
1	My husband supported me going to school. And he cooks!	
5	My sons-in-law are living equality. It benefits everybody.	
3	Culture accounts for equality in our lives. Other cultures have differences in gender expectations. We're all white Anglo-Saxons here.	
5	I started out in a traditional marriage. But my husband can't find the kitchen!	
4	My husband's cooking has improved.	
2	Here is negative experience. I was an MBA student. 2/3 were men. Women who were in the banking business as managers were in the classes. The male students and male professors tended to call on and talk to men first. Very different from women's college. I went to and from nursing school. Socializing regarding gender equality was different among men and women. Women supported each other. (Men didn't support each other or support women.)	
4	My daughter is in an MBA program now, and its half and half, women and men, in the program.	
2	MY MBA program was an executive program so men dominated.	
3	Medical school has changed. My son is in his medical residency. He says all of the residents are women and all of them are married!	
4	Nursing is interesting. Men gravitate to leadership positions. Women don't want the responsibility of more leadership. There is now 1 male in the nursing school class, and he is moving into administration.	
2	My daughter is now in a nursing program, and there	

Participant	Comment	Note-Taker Observation (optional)
	are many men in the program.	
4	There is a male behavioral specialist in the program. He takes charge; he just “does it”. Women act differently, we seek buy-in from others. The man gets the respect from administrators and female nurses, however.	

QUESTION #4: Issues/subjects that fall under gender equality?

This questions was rolled into question 2 in the April 24 session in Exeter.

Participant	Comment	Note-Taker Observation (optional)

QUESTION #5: Have you experienced or observed gender equality or inequality?

This was question 3 in the Exeter session on April 24.

Participant	Comment	Note-Taker Observation (optional)

QUESTION #6: The Post-It Exercise!

Participant	Comment	Note-Taker Observation (optional)
	ISSUES *Four dots: EQUAL PAY FOR EQUAL WORK (4 PEOPLE CITED THIS ISSUE) *Two dots: EQUAL RESPECT	

Participant	Comment	Note-Taker Observation (optional)
	<p>(3 people cited this issue) *2 dots: EQUAL OPPORTUNITY FOR GROWTH; EQUAL TREATMENT FOR ALL; (3 people cited this issue) *Two dots: PROTECT WOMEN’S REPRODUCTIVE RIGHTS; REPRESENT THOSE WHO MOST NEED ADVOCACY (2 people cited these issues) *1 dot: FLEXIBLE WORK SCHEDULES FOR EVERYONE; SUPPORT FOR MEN AND WOMEN TO TAKE “TIME OUT” FOR CHILDREARING. (2 people cited these issues) * 1 dot: ENSURE WOMEN HAVE A VOICE/SEAT AT THE TABLE RE: LEGISLATION AFFECTING WOMEN (1 person cited this issue)</p>	

Closing remarks/other comments from participants:

The following comments were made as the nurses were introducing themselves at the beginning of this Listening Session. They were not made in a particularly orderly way, but they were made with clear enthusiasm for talking with other nurses on the topic of gender equality. So I am presenting them without identifying the speakers.

- *There is much flexibility in schedules in the nursing profession. We can work 1 day a week, night shifts, short-term assignments.
- *Many nurses have left their work to have children, and then return to nursing.
- *There is usually no preparation for reentry.
- *There are changes in nurses’ training; and there are different kinds of programs these days.
- *Technology has influenced nursing.
- *There is no longer subservience by nurses for the male doctors in the medical profession. (We use to stand up when (male) doctors came into the room!
- *