“I’ve Accomplished Something Here” The Lived Experience of Employed Breastfeeding Mothers: A Phenomenological Analysis

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“ I’VE ACCOMPLISHED SOMETHING HERE” THE LIVED EXPERIENCE OF EMPLOYED BREASTFEEDING MOTHERS: A PHENOMENOLOGICAL ANALYSIS

A Dissertation Presented for the Doctor of Philosophy Degree

The University of Tennessee, Knoxville

Jennifer Diane Stewart-Glenn

December 2012
DEDICATION

For my first and best teachers, my parents.
AKNOWLEDGEMENTS

My dream to acquire a research degree became a reality due to the influences of my parents, Joe and Phyllis Stewart.

I would like to thank each of my committee members: Dr. Sadie Hutson for her practical insight and valuable wisdom as a colleague, Dr. Carole Myers for allowing me to participate in her own scholarship endeavors and for helping me develop my own voice as a researcher, Dr. Howard Pollio for introducing me to the fascinating existential-phenomenological approach to research inquiry, and Dr. Sandra Thomas, my committee chair person, for her unfailing support as my mentor. Words cannot express my gratitude for her. Each member of my committee was carefully selected not only because of his or her professional expertise as a brilliant scholar but because of his or her ability to inspire others. They have made me a better researcher, a better nurse, a better listener, a better leader and a better human being. This has been a deeply transformational journey and I am thankful to have had such wonderful role models.

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Abstract

The purpose of this study was to describe the experience of employed breastfeeding mothers. Using a phenomenological approach based on the works of Merleau-Ponty, the researcher completed 13 interviews in which mothers with experience working full-time while breastfeeding were asked to describe their experiences. The interviews were transcribed verbatim and analyzed using a hermeneutical approach developed by Pollio and applied to nursing research by Thomas. Each interview was examined within the context of all the interviews to identify themes found throughout.

While participants’ experiences were grounded in the unsupportive world of the workplace, aspects of their experience became figural at any given moment. Participants experienced the world of the workplace both by and through their breastfeeding bodies and the world of the workplace is very much grounded in the context of time. An encompassing central theme of “there’s conflict” wove throughout the interviews as participants described the emotional, social, and physical conflicts they encountered.

Three overlapping themes manifested within the encompassing theme including: (1) “As your priority, it consumes you;” (2) “At work, it is just different;” (3) “I’ve accomplished something here.” Each theme revealed a unique context of “there’s conflict.” The theme “At work, it is just different” contained five interrelated subthemes: (1) “veil yourself;” (2) “if they would just let me;” (3) “not what I expected;” (4) “You have to be brave.”

This study supports previous research findings that workplace is largely unsupportive of breastfeeding mothers and that conflicts arise while trying to be both a “good” mother and a “good” employee. Using a phenomenological method, this research offers a rich understanding of the everyday realities of employed
breastfeeding mothers and a new insight into the complexities of embodiment and the social and emotional conflict they experience in trying to enact their ethical identity of mother and worker.
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“I've Accomplished Something Here” The Lived Experience of Employed Breastfeeding Mothers: A Phenomenological Analysis

Chapter I

Introduction

There they go, our brothers who have been educated at public schools and universities, mounting those steps, passing in and out of those doors, ascending those pulpits, preaching, teaching, administering justice, practising medicine, transacting business, making money. It is a solemn sight, this procession, a sight that has often caused us, you may remember, looking at it sidelong from an upper window, to ask ourselves certain questions. But now, it is no longer a sight merely. For there, traipsing along at the tail end of the procession, we go ourselves. We too can leave the house, can mount those steps, pass in and out of those doors. You will have to lead the same lives and profess the same loyalties that professional men have professed for many centuries. There can be no doubt of that. And it is obvious that if you are going to make the same incomes from the same professions that those men make you will have to accept the same conditions that they accept. Even from an upper window and from books we know or can guess what those conditions are. For we have to ask ourselves, here and now, do we wish to join that procession, or don't we? On what terms shall we join that procession? Above all, where is it leading us? (Virginia Woolf, 1938, Three Guineas)
Women did join the professions of men in overwhelming numbers. Women now make up almost half of the American workforce and currently nearly 70% of American mothers work outside the home (USJEC, 2010). Many mothers of infants who choose to breastfeed while employed experience great difficulty, constituting the problem to be explored in the present study.

Breastfeeding continues to be a struggle for modern working mothers in the United States. Breastfeeding has largely been neglected as a workplace issue and breastfeeding employees are often relegated to express milk in places like toilet stalls, cars, or closets. This chapter will first provide a general introduction to the health benefits of breastfeeding and the current recommendations of breast milk as the ideal form of infant nutrition. Then, the historical context of formula feeding and breastfeeding will be discussed followed by a discussion of the modern context of employed breastfeeding mothers including social and political aspects when considering research on employed breastfeeding mothers. The historical and modern contexts provide a backdrop for this study’s research question and purpose, followed by the defined key terms of breastfeeding and employment, philosophic underpinnings and study limitations, delimitations and significance.

The numerous health benefits of breastfeeding have been well documented for some time and breastfeeding practices can have a significant impact on the health status of infants and mothers and on healthcare costs. Widely recognized health benefits of breastfeeding to the infant include reduced gastroenteritis, ear infections, respiratory tract infections, urinary infections, decreased incidence of obesity, and decreased susceptibility to diabetes when compared to formula fed infants (American Academy of Pediatrics,
While early research demonstrating the health benefits of breastfeeding primarily focused on the health of the infant, more recently, researchers are discovering that breastfeeding is more protective of maternal health than previously expected. Established benefits to the breastfeeding mother include lower rates of breast and ovarian cancer (USDHHS, 2009). Additionally, Groer and Kendell-Tackett (2011) report on the growing body of new data on maternal benefits of breastfeeding in the field of psychoneuroimmunology, an emerging, interdisciplinary science that considers how the human mind and immune system interact and influence each other, specifically that stress and coping can produce changes in immunity that contribute to disease. This new research strongly correlates breastfeeding with lower a maternal risk for mental health disorders, cardiovascular disease, metabolic syndrome, and diabetes in middle and old age (Groer & Kendell-Tackett, 2011). Higher rates of illnesses in formula-fed infants translate into higher health care costs (Wambach, Campbell, & Gill, 2005). In the United States alone, a minimum of 3.1 billion in health costs is attributed to low breastfeeding rates (Weimer, 2007). A single case of necrotizing enterocolitis, a disease of the bowel with a very high morbidity and mortality, which has a significantly decreased incidence and severity with breastfeeding, can cost well over $200,000 (Spatz, 2009).

Organizations have taken notice of the health benefits of breastfeeding and issued formal statements in support of breastfeeding. The World Health Organization (WHO, 2002) supports exclusive breastfeeding for the first six months of age and continued breastfeeding for children up to two years of age. The National Association of Pediatric Nurse Practitioners (NAPNAP, 2007) supports exclusive breastfeeding for the first six months of age and continued breastfeeding for up to twelve months of age and beyond.
The American Academy of Pediatrics (2005) supports exclusive breastfeeding for the first six months of age and continued breastfeeding, along with solids, for infants up to one year of age.

**Historical Context**

To gain an understanding of prevailing modern practices and attitudes toward breastfeeding while employed, it is important to consider infant feeding within a historical context. Until recent history, breastfeeding was the cultural norm. However, infant nourishment other than mother’s milk is not a new phenomenon. Throughout history there are accounts from the 1500s through the 1900s in industrialized nations of infants receiving milk from women other than the infant’s mother (wet-nursing). In some cultures wet-nursing is still shared among women of a kin group and is viewed as a means of strengthening family bonds; however, wet-nursing is no longer common in industrialized nations like the United States (Parkes, 2004; Hrdy, 2000).

Throughout most of American history women have had fewer legal rights and career opportunities than men. Motherhood and wifehood were regarded as the most significant female professions. It was not until the Second World War that women were actively encouraged to work outside the home. Women were considered useful to industries in need of substitutes for the large number of vacancies left by the wartime deployment of male workers (Fildes, 1988). Just prior to this, the scientific community became interested in infant nutrition and infant formula was created and then commercially introduced as a means to encourage more women into the workplace during the war (Fildes, 1988; Latteier, 1998).
Following the war, the infant formula industry became intensely competitive and formula was marketed to be associated with affluence and consumerism. Scientists and physicians became the experts on infant feeding and predictability and measuring exact intake was emphasized in order to control and regulate feedings (Apple, 1987; Murphy, 2003). Infant formula was part of a scientific paradigm in which women were encouraged to take part and formula feeding became the norm. Experts professed that human lactation was unreliable, and often an immeasurable bodily function. This emphasis on unreliability contributed a significant lack of confidence and a mistrust of their own bodies in women about breastfeeding. This lack of confidence and the cultural view of human lactation as unreliable persists in many American women still today (Wolf, 2000). Conversely, the widespread adoption of infant formula also afforded mothers new freedom since they could be separated from their infants in ways that they could not with breastfeeding. It was not until decades later, breast pumps became widely available outside of hospitals and mothers could continue feed their infants breast milk while being separated from their infants.

**Problem Statement**

Despite current recommendations and known benefits of breastfeeding, most employed mothers do not breastfeed and unfavorable attitudes remain present by both employers and employed breastfeeding mothers. Employment is a frequently cited barrier to breastfeeding (Galtry, 2007). Breastfeeding rates are significantly lower among employed mothers than unemployed mothers at six months post delivery (United States Center for Disease Control, 2009). Breastfeeding rates sharply decrease in American mothers of infants six weeks to three months of age (Galtry, 2003). This sharp decrease
correlates with the timeframe of when many mothers are returning to work (Galtry, 2003). In the past three decades, the number of women in the workforce with infants has increased from 29% to nearly 65% (United States Department of Labor, 2009). Many mothers perceive that breastfeeding and employment are mutually exclusive or perceive breastfeeding while employed cannot be accomplished without a good deal of additional stress (Kimbro, 2006; Rojjanasrirat, 2004; Stevens & Janke, 2003).

**Modern Context**

In the United States, the dominant discourse on breastfeeding has been associated with an emphasis on health benefits (Gatrell, 2007) with little emphasis on the social milieu. Many modern mothers encounter a significant number of influential people in their reproductive lives where formula feeding is the norm, and this type of social environment can have a profound influence on feeding decisions and practices. The role of social support of breastfeeding mothers in the workplace will be further discussed in Chapter 2.

It is of interest that mothers around the world find ways to breastfeed with little discourse on health benefits because breastfeeding is fundamental to infant survival and or it is interwoven into their social or cultural contexts. In Sweden, employment has not hindered breastfeeding for decades and interestingly this success has been attributed more to a cultural shift rather than Sweden’s family supportive policies (Greiner, 1993). It becoming more accepted that breastfeeding is beneficial in the United States, yet there is still a low rate of breastfeeding among employed mothers with only around 24% of employed mothers breastfeeding infants up to six months of age (Galtrell, 2007; Spatz,
Therefore, it is essential to explore those forces that affect the everyday life experience of employed breastfeeding mothers.

**Current policy.** When compared to other developed countries the United States has relatively little by way of government mandated maternal support. Federal legislation was not enacted until 1993 with the passage of the Family Medical Leave Act (FMLA), which provides up to twelve weeks of unpaid leave only for qualified mothers and fathers following the birth of a child. The FMLA (1993) does have significant policy limitations and restrictions. For example, in order to be eligible for leave an employee must work for an employer with at least 50 employees and must have had continuous employment for 1 year prior to taking leave. Because of such restrictions, it has been estimated that only about 50 percent of new mothers in the United States are even eligible for unpaid leave through the FMLA of 1993 (Waldfogel, 2000). Also, the employees most likely to be ineligible for FMLA benefits are least likely to breastfeed because qualifying employees are more likely to be higher income and more educated, both of which are characteristics of those most likely to breastfeed (Murtaugh & Moulton, 2011).

Although this legislation is an important step toward supporting families, it is still a stark contrast to other countries such as Ireland and Sweden where family leave is provided for eighteen weeks at 70% pay and 480 days at 90% pay, respectively (Galtry, 2003). Maternity leave provisions were commonly cited as the leading factor influencing increased breastfeeding rates in the 1970s and 1980s in other industrialized nations where infant feeding patterns are not influenced by work maternal work patterns (Galtry, 1997).

Most recently provisions of the Patient Protection and Affordable Care Act (ACA, 2010) require government and healthcare employers, schools, and those employers with
an intake of over $500,000 to allow unpaid breaks for a reasonable time and a designated place for milk expression for one year after childbirth. This is a significant policy because not only does the ACA (2010) reach a broader class of employees and make them less dependent upon voluntary employer efforts of breastfeeding support, it also provides a more robust backdrop of federal protection for highly variable and often non-existent individual state legislation. Murtaugh and Anthony (2011) found that only 23 states had specific policies in place protecting breastfeeding mothers. These policies were highly variable with 21 state provisions focusing on break times for expressing milk, 19 focusing on private location for breastfeeding, 8 prohibiting breastfeeding-related discrimination, and 3 encouraging “infant” or “mother friendly workplaces.” The effects of ACA (2010) remain to be known but research by Chertok and Hoover (2009) found a significant correlation with more robust individual state breastfeeding legislation and higher state breastfeeding rates. This study did not focus on exclusively on workplace legislation but included it among other legislation such as decriminalizing breastfeeding as an act of public indecency.

While the ACA (2010) addresses breastfeeding and requires employers to give mothers a break to nurse, it does not specifically protect mothers from being fired if they ask to do so and this leaves a significant gap in current policy. Recently a federal judge ruled against a Texas mother who was fired from a Houston debt collection agency for asking for a place to pump breast milk (Plushnick-Masti, 2012). Current law clearly protects pregnant women from being fired simply because they are pregnant, however, the federal judge ruled that lactation is not a "pregnancy-related condition” and so her firing was not based on sexual discrimination (Plushnick-Masti, 2012; Pregnancy
Discrimination Act, 1979). While the case is expected to appeal, until there is a higher court ruling, many mothers remain unprotected in legal policy limbo.

**Modern social context.** A good deal of policy is shaped by social and cultural norms. In the United States, labor market policy has been influenced largely by the notion that gender equality is equivalent to gender neutrality (Greiner, 1993). Part of the argument supporting the adoption of gender neutrality in the workplace has been to avoid gender discriminatory practices by employers (Galtry, 1997). The adoption of gender neutral workplace strategies, or sometimes what has been referred to as “gender-free” by feminist scholars, raises a number of practical social questions and is problematic socially in two very important ways to employed breastfeeding mothers (Houston, 1994). First, it is likely to cause society to miss or even reinforce more subtle forms of social tensions and gender inequities because it is doubtful gender can be completely ignored and second, it will likely ensure that breastfeeding mothers will continue to have little employer support because gender neutrality tends to hold the male employee as the norm and the female as the “other” (Gilligan, 1994). Moreover, A simplistic gender neutral approach assumes that gender and mothering are irrelevant to our societal organization as are complex structures of power. A more promising social strategy is what Martin (1981) refers to as gender-sensitive. What differentiates a gender sensitive approach from a gender neutral one is that it allows one to recognize that at different times and in different contexts opposing policies may need to be adopted in order to ensure gender equity (Martin, 1981). Gender sensitivity requires vigilance because it assumes there is an ever changing social context.
Because breastfeeding is sex-specific, it adds a sex-specific social focus with surrounding policies such as mandating that employers provide breaks for milk expression and this further challenges gender neutrality and can add to social tensions. Although there is little by way of formal research on the context of social tension in regard to employed breastfeeding mothers, it has been evident in some discussions in the forms of editorials in journals and in mainstream media. Rosin, in a 2009 article offered insight into this tension by discussing how professional positions of “serious power” (p.64) are held by her male friends, because all of her female friends in these positions have disappeared over the years because they are “stuck” (p.65) at home breastfeeding. Rosin seems to have a deep anger at the limits on freedoms of breastfeeding mothers but it is interesting that she blames breastfeeding “propaganda” (p.69) rather than social inequalities and their effects on working mothers in constraints on choices and freedoms.

While most feminist scholars would agree with Rosin (2009) that motherhood may be associated with a lack of women in powerful positions, what is often unrealized is that motherhood may reveal structures of inequality that a woman may have not ever previously experienced (Hoffnung, 2011).

In addition to the problematic adoption of gender neutrality, the United States places a strong emphasis on individuality rather than community and considers each individual as a separate unit with an individual basis of responsibility (DiQuinzio, 1999). Issues surrounding the complexities of motherhood, require acknowledgment of interconnectedness and DiQuinzio (1999) concludes that this is why motherhood and ideas of shared responsibility of child rearing, such as mandated employer breastfeeding support, also ignite social tensions.
Like gender neutrality in relation to employed breastfeeding mothers, there is no identified formal research on social individual responsibility and employed breastfeeding mothers but editorials have appeared in the peer-reviewed *Journal of Human Lactation*. Furman (1993), a female pediatrician openly criticized employed breastfeeding mothers who thought they could “have it all” (p. 1) by remaining employed while breastfeeding and suggested that many of these mothers do not “need” (p. 2) two incomes. This stance is openly criticized by breastfeeding advocates as coming dangerously close to blaming mothers (Greiner, 1993). However, Furman does present a legitimate point of view that is no doubt shared by many mothers, at least in the United States. Many mothers find combining breastfeeding and employment impossible and many more are told so by others including the infant food industry, female health professionals in powerful elite positions like Furman (1993), and other self-proclaimed experts (Hoffnung, 2011).

In the United States, where society is said to promote “family values”, there are many family-hostile elements. This paradox is what is called by Chrisler (2010), a “culture of contradiction” (p. 202). Chrisler goes on to explain how there is social stigma not only to breastfeeding mothers but also to mothers who choose not to breastfeed. This further demonstrates the need for redefining workplace standards of gender comparison and an intensified awareness of employed breastfeeding mothers’ own realities.

**Purpose and Question**

The purpose of this research is to gain a deep understanding of the experience of being an employed breastfeeding mother. This research will address the following research questions:
1. What is the experience of mothers who combine breastfeeding with full time employment?

2. What is the meaning of this experience to employed, breastfeeding mothers?

**Key Terms**

The two key terms in this study are breastfeeding and employed.

**Employed.** The United States Department of Labor does not define full or part-time employment and leaves this definition to the discretion of individual employers (Fair Labor Standards Act, 1938). Webster’s (2006) business dictionary defines full-time employment as ranging from 35 to 40 hours per week. Employed for the purpose of this study is defined as work duties performed outside the home for wages involving 35 hours or more per week.

**Breastfeeding.** Although it may seem trivial to define breastfeeding, the subject of a standardized definition has been a somewhat controversial issue. For many years, a lack of an agreed upon definition of breastfeeding led to confusion and inconsistency in interpretation of research results (Labbock, 2000). In 1988, the Interagency Group for Action on Breastfeeding (IGAB) developed a standardized set of terminology for research on breastfeeding behavior (Labbock & Coffin, 1997). It was this terminology that was later published by Labbok and Krasovek (1990) as the “Schema for breastfeeding definitions.” Many scholarly journals including the *Journal of Human Lactation* and the *Journal for Nurse Midwifery* require or encourage respectively the Labbok and Krasovek (1990) breastfeeding definitions.

The World Health organization (WHO, 1991) adopted this schema but changed the terminology from Labbok and Krasovek’s (1990) “almost exclusive” category to
“predominate”, and accepted drops or syrups in the Labbok and Krasovek (1990) “exclusive breastfeeding” category, and accepted certain liquids or ritual fluids, in limited amounts, in the renamed “predominate breastfeeding” category. A recent study in Australia (2009) conducted by Binns et al. examined the definitions used in breastfeeding research and found approximately half of the literature provides a definition of breastfeeding with either the WHO (1991) or Labbok and Krasovek (1990) definitions being of equivalent use but there is a slightly wider international acceptance of the WHO (1991) definition. Adding even more confusion is that in the United States, the USDHHS (2009) for purposes of WIC defines breastfeeding as the infant receiving breast milk at least once in 24 hours.

For the purpose of this study, breastfeeding is defined as inclusive of the World Health Organization (WHO, 1991) criteria for “exclusive breastfeeding” and “predominate breastfeeding.” Exclusive breastfeeding requires that the infants receive breast milk either from the breast or previously expressed, with the infants allowed to receive drops, syrups (vitamins or medications) and nothing else. Predominate breastfeeding requires that the infants receive breast milk from the breast or previously expressed as the predominate source of nourishment, however, liquids such as water or fruit juices are allowed along with ritual fluids, drops or syrups (vitamins or medications). In both exclusive and predominate breastfeeding, the infant does not receive any non-human milk. The WHO (1991) definition is most widely accepted and allows for a greater inclusion of participants because mothers often give their infants medications, syrups, or water for common infant ailments such as constipation, fussiness, or gas.
Delimitations and Limitations

Before specifically outlining the delimitations and limitations of this study, it is important to address some general boundaries. First, it is recognized that most mothers in the United States breastfeed for substantially less than a year, irrespective of employment status (Frank, 1998). This suggests there are other social factors that discourage breastfeeding, however this research focuses exclusively on employed mothers because of the frequency with which employment is cited as a barrier and the significant influence employment has on breastfeeding rates (Galtry, 2007). It is important to note that participants included in this study are a unique sample in that they are mothers who are in the minority in because of having experience breastfeeding while working full time.

Second, a significant number of mothers do not wish to breastfeed no matter how great the benefits (Mozingo, Droppleman, Davis, & Meredith, 2000). This research is bound within the context of protecting breastfeeding for those working mothers who do wish to breastfeed their infants. Greiner (1982) suggests that priorities of breastfeeding programs should first give primacy to protecting breastfeeding mothers from market forces and misinformation about infant feeding; second priority should go toward providing support and correct information about breastfeeding to those who want to breastfeed but need help. Additionally, Greiner (1982) points out that it is important that breastfeeding not be promoted by pushing women to do so or insisting it is a woman’s duty. Once these two steps are achieved, there may be little need to promote or encourage breastfeeding to those who are doubtful because more and more women will see breastfeeding while employed can work. It is imprudent to try to create breastfeeding
“converts” unless essential protection and support systems are in place (Greiner, 1982). Promoting breastfeeding without a careful assessment of individual protections and support may lead to perceptions of unrealistic expectations, early weaning, and associated maternal guilt and shame (Mozingo et al., 2000)

**Delimitations.** Participants in this study are delimited to English speaking mothers who have experienced breastfeeding while being employed full time. Participants are further delimited to residents of the Southeastern United States. Mothers within the United States are affected by unique national and state maternal policies as discussed earlier in this chapter. Also, the Southeastern region of the United States is one of the least supportive regions of breastfeeding, having more negative perceptions of breastfeeding in general, less public support for workplace breastfeeding policies, and is less knowledgeable of the health benefits of breastfeeding (Hannan, Li, Benton-Davis, & Grummer-Strawn, 2005).

**Limitations.** In order to address potential concerns participants may have had over employer knowledge of the interviews, all of the actions taken to ensure confidentiality were emphasized to participants prior to interviews. Also, it is common for breastfeeding mothers to receive comments from relatives, friends, or complete strangers about feeding their baby. Great care was taken to ensure participants understood the purpose of the study and that their mothering or feeding choices were not going to be evaluated.

**Philosophic Basis and Theoretic Lens**

Breastfeeding is both a natural phenomenon and a socio-cultural construct (Britton, 2008). The reasons women do not breastfeed or prematurely wean are multiple
and complex and cannot be exclusively confined to scientific reasoning. Societal and
cultural influences shape how individuals learn the norms of managing their body,
including breastfeeding, in everyday life. The understandings of the breastfeeding
experience of employed mothers can be strengthened by incorporating a
phenomenological perspectives on women’s embodiment and influences.

For the existential phenomenologist Merleau-Ponty, there is a great deal of
emphasis on embodiment and egalitarianism and this is congruent with nursing’s own
paradigm (Thomas & Pollio, 2002). Recognizing human beings as individual holistic
entities of body, mind, and spirit is a long held value in nursing. Like the philosophy of
Merleau-Ponty (1962), nurses highly revere the human body and the mind and body are
held as unified entities. Part of this reverence is a desire for egalitarianism in that all
humans are equal in fundamental worth (Thorne & Henderson, 1999). Additionally,
Merleau-Ponty’s egalitarian stance and belief that behavior is rooted in meaning lends
itself as an appropriate philosophy to investigate breastfeeding behavior as a feminist
issue.

An existential-phenomenological basis will allow for a rich description of the
breastfeeding experience of employed mothers and for an interpretation of its meaning to
the mothers. Existential writings are found in a wide variety of disciplines and are
frequently sources of philosophical debates among scholars. Existentialism is not a
distinct and prescribed systematic paradigm with logically defined ideas and precise
concepts. Rather, existential thought emerged as a collective refusal to accept systematic
abstract thought, categorizations, and methods of traditional philosophy such as
rationalism or empiricism, which assert the primacy of ontological principles or the
structure of the external world (Valle & Halling, 1989). Existentialism is rooted in existence rather than being (Friedman, 1999). Existence relates to the passing flux of life lived as opposed to being as unchanged, eternal, and idealistic beyond earthly existence. Existence is a unique, subjective, and relational process and existential writings often highlight the existent’s freedom. Often this freedom has not been recognized or individuals have been denied or blinded to choosing their way of being. Given this complexity, existentialism can more simply be viewed as an orientation to the emerging drama of actual lived experience.

Existentialism, deriving its insights from phenomenology, is the philosophical attitude that views human life from the “inside” rather than pretending to understand it from an outside, “objective point-of-view.” Phenomenology is an effort at improving our understanding of ourselves and our world through careful and rich description of experience (Creswell, 2007). On the surface, this seems like little more than naturalistic observation and introspection. Examined more closely, one can see that the basic assumptions are quite different from those of the mainstream experimentally-oriented human sciences. Phenomenology attempts to describe a phenomenon without reducing it to supposedly objective attributes. Instead of appealing to objectivity for validation, phenomenology appeals instead to inter-subjective agreement. Existential-phenomenological perspectives, as a philosophy or a psychology, are not a tightly defined system by any means. And yet its adherents are relatively easily identified by their emphasis on the importance of individuals and their freedom to participate in their own creation. Existential phenomenology emphasizes our creative processes far more than our adherence to laws, be they human, natural, or divine.
In 1966, Berger and Luckmann synthesized existential phenomenological thought with social constructivism. In the last four decades, this synthesis has had an important impact on many disciplines and theories. Within a social constructivist paradigm, individuals construct new knowledge as they interact with the environment (Creswell, 2007). Social constructivism allows an inclusive focus on the social and historical contexts of an individuals’ life as he or she seeks understanding of the world in which men and women live and work. In this world-view, the goal is to rely as much as possible on the participants’ view of the situation (Creswell, 2007). Subjective meanings are often negotiated and formed through historical and cultural influences within the individual’s life (Creswell, 2007). It is important for the researcher to identify their own background and experiences as influential to interpretation in order to provide a faithful interpretation of the meanings others have.

Gender norms are examples of social construction and surround us from birth. The existential feminist scholar Simone de Beauvoir (1973, p.301) said, “one is not born but rather becomes a woman.” That is, femininity is socially constructed. Phenomenological influences are becoming more widely recognized within feminist theory but can be traced back to de Beauvoir’s 1949 work *L’Experience Vecue* translated as Lived Experience. Feminism has typically been associated with more contemporary theoric orientations such as Marxism, deconstruction, and postmodernism as a few examples. Phenomenology until most recently has been notably absent in feminist work and recent recognition of phenomenology is not without criticism in that phenomenology evades a focus on gender experiences. Feminist scholars have criticized phenomenology for a lack of focus on embodiment and material lived experience and for choosing instead
to focus on cognitive and ontological analysis. Although controversial, the work of existential phenomenologist Merleau-Ponty (1962) has more recently resonated with many feminist scholars because of the inclusivity of material experiences, sexuality, and embodiment (Fisher & Embree, 2000). Phenomenology, from the perspective of Merleau-Ponty, holds much promise for feminist thought (Fisher & Embree, 2000).

For Merleau-Ponty (1962), people both have a body and are a body and we exist both through and in our bodies (Thomas & Pollio, 2002). Merleau-Ponty (1962) distinguishes between “body-object” as the body of mechanistic pieces and parts and the “body-subject” as the body of subjective experience. The act of self-contemplation is different from traditional body-mind dualism. One must exist physically to think about what it means to exist and the body is our general medium for both having a world and creating one’s essence that is self. It is important to recognize that Merleau-Ponty (1962) is not referring to one’s spirit in his writings of the “body-subject” and his ambiguity between bodily existence and self-contemplation is significant as he relates that the body-self cannot be severed, yet the two are not exactly one entity. Consider how our thoughts move us to act physically. The relationship between the physical neurochemical and electrical processes of the brain with self-conception is complex but if we consider only these physical properties when examining topics such as human behavior, we reduce humanity to nothing more than collected data. Lending further complexity and uncertainty to the struggle of defining ‘body’ and ‘self’ are the tangled webs of relationships we have because we shape and are shaped by our environments. Merleau-Ponty (1962, p. 530) phrases this as “…Man is but a network of relationships, and these alone matter to him.” Not only can social relationships influence the maternal experience
of breastfeeding, it is a deeply embodied action. While feminist scholars have long
brought attention to the work world as organized along an implicit model of male
embodiment, in the last decade, feminist scholars have taken an interest in the
intersection of embodiment, sociality, ethics, and lived experience and this offers an
enormous scope for understanding and interpreting breastfeeding with the context of the
workplace (Hausman, 2007; Shaw, 2004).

There is much evidence to the proposition that we know considerably less about
the meaning of the body and the human experience of the body, or what Merleau-Ponty
(1962) calls the “body-subject” or “lived body”, than we know about the physical body
(MacGillivray, 1985; Shaw, 2004; Thomas & Pollio, 2002). MacGillivray (1985) found
in a phenomenological investigation of the lived body that categories of engagement,
corporeality, and interpersonal meaning emerged through asking 16 healthy adult
participants to “Please tell me of about some times in which you were aware of your
body, and then tell me what you were aware of in the situation.” Engagement relates to an
awareness in which the person experiences his or her body in relation to an activity
within the world as a complete unawareness of the body is reported, or as an activity
focusing on concrete movements, or as a feeling of vitality in feeling and of being
absorbed in the world. The second thematic category of corporeality relates to
experiencing the body as an object or an instrument for meeting goals. Appearance and
expression of self combine to form the third category of interpersonal meaning. These
three themes and embodiment are further discussed in Chapter 5.
**Significance Of The Study**

Healthcare providers are appropriately encouraging breastfeeding, yet mothers are often left to their own devices when it comes to how to continue to breastfeed while employed, and this leads many mothers either not to attempt breastfeeding or prematurely wean their infant (Johnston & Eposito, 2008; Stevens & Janke, 2004). Traditionally, health promotion is considered the most important aspect of encouraging mothers to breastfeed. It is presumptuous and naïve for health professionals to believe that simply providing knowledge of the health benefits of breastfeeding will increase breastfeeding rates without a critical examination of social and cultural influences that hinder breastfeeding in employed mothers.

The perceived realities of these mothers hold much significance to nursing practice, education, and research. This study specifically focused on the lived experience of employed, breastfeeding mothers. No studies to date have used existential phenomenology to examine breastfeeding in working mothers. Previous researchers have predominately used questionnaires, employer perspectives, and structured interviews. This leaves a significant gap because behavior is rooted in first person significance (Thomas & Pollio, 2002). Examining the experience of the behavior of breastfeeding while employed from the mother’s perspective, will provide critical information for nursing practice and education to develop strategies to promote health through breastfeeding advocacy. Increased knowledge of the lived experience of breastfeeding while employed would impart fundamental information enhancing the skills and proficiency of nurses who assist these mothers in preparing for the experience of breastfeeding while employed.
Nurses must strive to gain an understanding of mothers who successfully combine breastfeeding and employment in order to effectively promote and influence overall health. Professional nursing organizations overwhelmingly support breastfeeding initiatives, including providing lactation support to working mothers. The American Academy of Nursing (AAN, 2011) identifies the lack of breastfeeding as a health care crisis. The Association of Women’s Health Obstetric and Neonatal Nurses (AWHONN, 2007) issued a *Breastfeeding and Lactation in the Workplace* position statement and an excerpt from this statement is as follows:

Recognizing the fact that breastfeeding is the optimal form of infant nutrition, AWHONN supports legislation and initiatives that promote and protect lactation in the workplace. AWHONN believes that employers should provide lactating women with break time that permits adequate frequency and duration of milk expression. It is critical that women have a safe, clean, private location for breastfeeding or milk expression within the workplace. AWHONN supports legislation and policies that would facilitate increased breastfeeding rates.

The American Academy of Nursing (AAN) lends further professional support of breastfeeding mothers and has issued a call to action position paper authored by Spatz (2009), a leading nurse researcher in breastfeeding outcomes and the chair of the AAN’s expert panel on breastfeeding. This panel serves as consultants and provides testimony to numerous government agencies including the Centers for Disease Control, the United States Surgeon General, and the Department of Health and Human Services. AAN (Spatz, 2009) calls for increased research on breastfeeding, increased access to lactation consultants and high quality breast pumps, increased educational preparation of health
professional students on the topic of lactation and emphasizes infants, particularly pre-term and premature infants, as vulnerable populations. Particularly noteworthy, is the AAN’s testimony to the Academy of Breastfeeding Medicine (Spatz, n.d.) emphasizing nursing’s important role in breastfeeding as health promotion. This testimony is critical of nursing’s current lack of breastfeeding knowledge and the predominate idea of “breastfeeding support” as “picking up the phone to call a lactation consultant.” The testimony supports more breastfeeding education in nursing and medicine so that overburdened lactation consultants can focus on more specialized or complex cases. This critique is important because more educated health professionals can positively influence the current breastfeeding culture.

In terms of research significance, the Healthy People 2020 initiative includes goals to increase the number of breastfeeding mothers in the United States at hospital discharge to 75% and to increase the number of breastfeeding mothers with infants six months of age to 50% (United States Department of Health and Human Services, 2009). Nurses are typically one of the first and most frequent points of contact in healthcare settings signifying the nursing profession as critical in making progress toward these breastfeeding goals through breastfeeding protection and promotion with research, education and practice.
Chapter II

Literature Review

Research on employed breastfeeding mothers began to emerge in the 1980s when healthcare providers became more aware of the evidence of the health benefits of breastfeeding. For the next two decades, research on combining breastfeeding and employment largely centered on demographic characteristics of employed breastfeeding mothers, educating mothers on the health benefits of breastfeeding, identifying elements of workplace support, and identifying barriers to combining employment and breastfeeding. More recent research, although limited, is recognizing the importance of the workplace environment in influencing maternal decisions about breastfeeding through explorations of the perspectives of employers on breastfeeding, and the perspectives of mothers combining breastfeeding and employment.

A search of the literature was conducted in CINAHL, PubMed, Psyc INFO, and Social Science abstracts databases using the key words: breastfeeding, employment, employee, workplace, employer, and support. The literature review focused on literature from the last ten years although older significant literature was included to present theory and what is well known. After an introduction to what is well established in the literature generally about breastfeeding and specifically about employed breastfeeding mothers, the literature is further categorized into the following areas for discussion and critique: extant theory related to employed breastfeeding mothers, breastfeeding mothers’ perspectives and experiences, employer perspectives and workplace lactation programs. Emergent in the literature of employer perspectives are the elements of breastfeeding support, concepts of knowledge deficits and support variability among employing institutions, and
conflict of perceived support between employers and breastfeeding employees. Finally, a summation of the literature inclusive of literature gaps is presented.

**Employment & Breastfeeding Mothers**

Breast milk is the ideal infant nutrition and is associated with decreased risk of allergies, infections, asthma, childhood obesity, leukemia, and sudden infant death syndrome (USDHHS, 2009). The health benefits of breastfeeding have been widely recognized by health professionals for some time and most mothers cite these health benefits (as outlined in Chapter 1) as to why they are committed to breastfeeding (USDHHS, 2009). In addition many mothers and infants alike enjoy breastfeeding (Greiner, 1993). In the United States, the majority of pregnant women plan on breastfeeding yet a much small number actually do breastfeed after hospital discharge and mothers often find themselves without means of identifying or obtaining skilled breastfeeding support (Stark & Lannon, 2009). Difficulties in sustaining breastfeeding are most likely to arise during the first four months post partum (Fein & Roe, 2008). In general minority, lower income mothers are the least likely to breastfeed (USDHHS, 2009). Lack of knowledge, social norms, poor family of social support, embarrassment, lactation problems and employment are the among the major barriers to breastfeeding in the United States (USDHHS, 2009).

Affluent, professional, non-minority mothers are more likely to breastfeed while employed (Chertok & Hoover, 2009; Fein & Roe, 2008). Although employment does not influence breastfeeding initiation rates, it significantly reduces the duration of breastfeeding, with most employed mothers not breastfeeding infants six months of age (UDHHS, 2009). Many mothers do not attempt to breastfeed (or wean early) because
they anticipate not being able to continue once they return to work without a significant amount of stress and the research is clear that full-time employment is associated with a significant decrease in breastfeeding in the United States (Abdulsadud & Snow, 2007; Guendelman et al., 2009).

Early studies with employed breastfeeding mothers focused on barriers to providing infants with breast milk such as limited access to breast pumps, lack of time and space to nurse or express milk, and lack of refrigeration for milk storage (Duckett, 1992; Hills-Boncyk et al., 1993). Some elements of breastfeeding support in the workplace have been established in older literature (Duckett, 1992; Hills-Boncyk et al., 1993). These include private space with a locking door (other than a bathroom stall), time to express milk at work, adequate refrigeration, and flexible work environments. A recent systematic review suggests corporate lactation programs and flexible work scheduling as interventions most likely to be supportive of breastfeeding mothers (Abdulwadud & Snow, 2008). The efficacy of these interventions in increasing rate and duration of breastfeeding remains unstudied in the form of randomized controlled trials.

The Experience and Perspective of the Breastfeeding Employee

More recent studies have been focused more on mothers’ experience and perceptions of combining breastfeeding and employment. The experience or perception of being an employed breastfeeding mother is the focus of four studies identified in the literature (Chen, Wu, & Chee, 2006; Mlay, Keddy, & Stern, 2004; Payne & Nicholls, 2009; Rojjanasrirat & Sousa, 2010). Overall, these studies support previous knowledge of important role of the healthcare provider as a source of knowledge and support and the barriers of space and place in order sustain breastfeeding such as finding a time and place
to use a breast pump. Most of the participants in these studies experienced great difficulty in sustaining breastfeeding while employed and Tanzanian mothers, although encouraged by healthcare providers, felt they were left on their own to manage breastfeeding while employed (Mlay, Keddy, & Stern, 2004). Part of this difficulty arose from the role conflict of the breastfeeding employee experienced in balancing being a good mother with being a good employee (Mlay, Keddy, & Stern, 2004; Payne & Nicholls, 2009).

It is problematic that researchers who conducted three of these studies have identified their methods only as “a qualitative inquiry” or only identify “employing qualitative methods” for data analysis and do not offer specifics on the type of qualitative method used (Chen, Wu, & Chee, 2006; Mlay, Keddy, & Stern, 2004; Rojjanasrirat & Sousa, 2010). This may influence the depth of the content emerging from the analysis and may explain the findings, which only deal with the mechanics of combining breastfeeding and employment such as finding a time and a place. While this is important information it does not provide new information or a critical analysis.

There is no mention in any of these studies of philosophic underpinnings or a theoretic lens with the exception of Payne and Nichol’s (2009) Foucauldian secondary discourse analysis (n=25). This study provided perhaps the deepest insight in that it sheds a critical light on some of the more elusive cultural aspects and social norms of being a breastfeeding employee. Many of the New Zealand mothers reported needing to remain silent or invisible as a breastfeeding employee, because they felt that attempting to breastfeed while employed would be perceived by employers and co-workers as a threat to the mission of the workplace. This finding is consistent with more recent research by Brouwer, Drummond, and Willis (2012) using Goffman’s (1959) theory of social
interaction to examine first time Australian mothers’ experiences with social norms of breastfeeding infants under three months of age. While this study excluded employed mothers, the findings were similar in that participants worried about the social views of breastfeeding. Generalizability is limited in these four studies in relation to American employed breastfeeding mothers because these studies (Chen, Wu, & Chee, 2006; Mlay, Keddy, & Stern, 2004; Payne & Nicholls, 2009; Rojjanasrirat & Sousa, 2010) took place outside of the United States, which has unique policies and cultural perspectives on breastfeeding as discussed in Chapter 1.

**Instrumentation Development**

When compared to other breastfeeding support instruments in the literature (Bar-Yam, 1998; Hughes 1984), the Employee Perceived Breastfeeding Support Questionnaire (EPBS-Q) (Greene, Wolfe, & Olson, 2008) is the only tested instrument (excluding informal surveys) intended to be used in a workplace setting. Reputable and hallmark research along with appropriate expert reviews during instrument development demonstrate content validity of the EPBS-Q (Dick et al., 2002; Johnston & Esposito, 2007). The EPBS-Q (Greene et al., 2008) is intended to operationalize the concept of perceived employer support into measurable quantitative values. The EPBS-Q is a 42 question self-administered questionnaire with categorical yes/no responses and Likert-type scale responses (e.g., “I would feel comfortable asking for accommodations to help me breastfeed at work”). Survey items are grouped together based on the specific aspect of the work environment support being evaluated: company (e.g., “my opportunities for advancement could be limited if I breastfeed or pump breast milk at work”),
manager (e.g. “I feel my manager views breastfeeding as a personal choice”), co-
workers (e.g., “my co-workers would think less of a worker that chooses to pump
breast milk at work”), or in terms of the physical environment (e.g., “I would feel
comfortable pumping breast milk in a designated space”) (Greene et al., 2008). The
developers of the EPBS-Q sought feedback from breastfeeding mothers and
healthcare professionals such as lactation consultants, nurses, and pediatricians
(Greene et al., 2008). Additionally, the items included on the EPBS-Q were
influenced by known elements in the literature that are frequently used to support
breastfeeding in the workplace (Dick et al., 2002; Greene et al., 2008; Johnston &
Esposito, 2008). This instrument demonstrated a high internal consistency (near
0.90) in a pilot study of 104 employed breastfeeding mothers and had a moderately
strong correlation between the two subscales (0.68) but at present it has not been
used beyond this pilot study.

Theory

Although only scarce theoretical research has focused specifically on employed
breastfeeding mothers, researchers have theorized about factors that generally predict
breastfeeding behavior. Some of the theories that have been applied to breastfeeding as a
health behavior include Social Learning Theory (SLT), (Bandura, 1977), Social
Cognitive Theory (SCT), and Theory of Planned Behavior (TPB), (Azjen, 1988). These
theories have been typically developed or applied to negative health behaviors such as
tobacco use; and have been seldom applied to breastfeeding as a behavior.

Social support, an important component of Social Learning Theory (SLT), has
been studied as a predictor of breastfeeding behavior with varying explicit linkages
to SLT. Individuals routinely turn to support for assistance in achieving goals (Vaux, 1988). The notion that support is only as useful as it is perceived to be useful is well documented, further emphasizing the importance of perception (Chronister, Johnson, & Bervin, 2006). Support is a multi-faceted concept and although extensively studied, there is little agreement on a theoretical or operational definition and this decreases contextual sensitivity (Williams, Barclay, & Schmied, 2004). House’s (1981) theoretical definition seems appropriate: Support is an interpersonal transaction involving one or more of the following: emotional concern, instrumental aid (goods or services), information, or appraisal (information relevant to self-evaluation). These relationship transactions may decrease stress (House, 1981). Elements of a work environment supportive of breastfeeding have been identified in the literature (e.g. private place with a locking door, access to a sink, lactation consultant access or policy in place) and include House’s (1981) examples. Johnston and Esposito (2008) provided the clearest operational definition of workplace support as structural, such as time and space provided for using a breast pump, emotional, such as co-worker encouragement, or informational, such as access to a lactation consultant. Although the literature shows support plays a significant role, again a lack of a congruent definition and a lack of insight into the employed breastfeeding mother’s perceptions of support limits the usefulness of the concept.

Often the decision not to breastfeed while employed comes from a lack of positive support for the breastfeeding mother (Johnston & Esposito, 2008). Support can be from health care providers or institutions, social organizations, cultural,
family, or peer support or workplace support (Dick & Evans, 2002; Kimbro, 2006). Interestingly, social support from a mother's social network or father of the baby is a strong predictor of breastfeeding intention while support from health care professionals is not a predictor (Humphreys, Thompson, & Minor, 1998; McInnes & Chambers, 2008). There is much evidence that maternity support services are not the main sources of maternal support, can be deficient, and frequently fail mothers. For example, some mothers report receiving encouragement but little practical information or realistic advice (Hauk & Iruita, 2003). Mothers have also reported that health care professionals have little time for breastfeeding questions and felt as if they were “left to get on with it” on their own (McInnes & Chambers, 2008). Skilled maternity support services from health professionals can positively influence duration, particularly when the mother’s social network has negative breastfeeding beliefs or attitudes undermining efforts to breastfeed (Renfrew, Woodridge, & McGill, 2000). A negative social network is more likely to evoke negative feelings of guilt, self-doubt, or confusion in breastfeeding mothers (Mozingo et al., 2000; Vogel, Hutchinson, & Mitchell, 1998). Support is a transactional process (Vaux, 1988) and further research on breastfeeding employees must be expanded to include the interpersonal system and functioning roles within the workplace.

Self-efficacy is a major concept of SCT, which stems from SLT, and refers to a mother’s confidence that she can maintain breastfeeding. Self-efficacy scales have been developed and the concept has been shown to predict adherence to breastfeeding recommendations (Dennis, 2003; Dennis & Faux, 1999). This
suggests that boosting confidence can sustain commitment to breastfeeding and that low self-efficacy is a significant barrier in those mothers wishing to breastfeed.

Intention to breastfeed is thought to be an antecedent to breastfeeding initiation and duration and is closely associated with TPB (DeGirolama et al., 2005). Duckett et al. (1998) included employed mothers as part of an overall sample (n=635) in testing this theory and found that the model became much more complex with employment and reconfigured the relationships in The Theory of Planned Behavior for Women Employed More than Half Time (TPB-BrF/EM). This study supports that strategic planning plays a critical role in the complex motivational process that take place beginning with breastfeeding intention and moving on through sustaining breastfeeding. Regrettably, no further work on TPB-Brf/EM is identified in the literature.

In assessing the behavioral theories SLT, SCT, and TPB have been employed to attempt to better understand breastfeeding decisions although no single theory seems to uniquely fit with the many predictors of this complicated behavior. Additionally, cognitive theories have come under recent criticisms as a means to investigate health behaviors because of the limited evidence of health outcomes and because of a lack of focus on modifiable aspects of the environment (Jeffery, 2004). This criticism is significant in that the context of human life seems to be part of this disconnect between a health belief and a health behavior, that is people do not necessarily adopt healthy behavior despite knowing what is healthy. Many of the concepts and elements described by these theories are already incorporated into counseling strategies and materials development, but a more thorough review of these concepts may broaden nursing’s
approach to improving breastfeeding intention, initiation and duration while combining employment and breastfeeding.

**Employer Perspectives**

Employer support can be critical to achieving a work-family balance including breastfeeding support (Rojjanasirat, 2004; Stevens & Janke, 2003). Although research on employer perspectives on breastfeeding is limited, in the last decade six studies can be identified in the literature examining the knowledge, perceptions, and attitudes and practices of employers toward breastfeeding employees (Brown, Paog, Kaspryzcki, 2001; Chow, Smithey, & Olson, 2011; Dodgson, Chee, & Yap, 2004; Dunn Zavela, Cline & Cost, 2001; Libbus & Bullock, 2002; Witters-Green, 2003). This research represents the increased recognition of the role the workplace can play in supporting breastfeeding. The concepts of knowledge deficit, support variability among employing institutions, and conflicting perceived support emerge from these studies.

**Knowledge deficit.** First, an employer’s lack of knowledge about the numbers of breastfeeding mothers and of the health benefits of breastfeeding appears to be a significant concern. Many employers report being unaware of employing breastfeeding mothers (Witters-Green, 2003; Chow et al, 2011). In focus group interviews of 25 managers, Chow et al. found that the few managers who did identify being aware of employees continuing to breastfeed while working did not know how this was accomplished. This lack of awareness on the part of the employer is incongruent with the dramatic increase of working mothers with infants. In the past three decades, the number of mothers who return to the workforce with infants has increased from 29% to nearly 65% and at nine months post partum, 60% of mothers are working with 25% of mothers
of infants attempt to breastfeed while employed for at least 4 weeks (United States Department of Labor, 2009; Zinn, 2000). Perhaps the most discouraging finding is that in two studies many employers thought formula feeding is as healthy as breastfeeding (Chow, Fulmer, & Olson, 2011; Witters-Green, 2003). Telephone interviews with 14 employers by Witters-Green (2003) found most of these employers did not know of any health differences between the two types of feeding. These findings are significant because they demonstrate that knowledge about breastfeeding mothers and the benefits of breastfeeding is not reaching employers.

Because employers included in this literature review often cited monetary reasons for not supporting breastfeeding (Brown, Paog, Kaspryzcki, 2001; Chow et al., 2011, Dunn, Zavela, Cline & Cost, 2001), research interpreting the health benefits of breastfeeding for mother and baby into the possible employer benefit of reduced sick time or decreased turnover may be needed. In studies by Chow et al. and Dunn et al., employers identified motivators for offering breastfeeding support such as promoting breastfeeding as part of employee wellness to recruit employees and reducing turnover. While encouraging, these findings could also suggest that employers may only be motivated to support employees who are the most expensive to replace.

**Support variability.** Support variability has been identified in the literature as an important variable in two studies (Brown, Paog, & Kaspryzcki, 2001; Dunn, Zavela, Cline, & Cost, 2001). Based on a sample of 157 Colorado businesses, Dunn et al. (2001) found a significant relationship between the size of the employing institution and the amount of breastfeeding support with larger businesses being more likely to offer flexible employment options, on-site daycare, lactation programs, and on-site written policies in
place for breastfeeding mothers. Smaller businesses offered less support and were least likely to offer maternity leave. Brown et al. (2001) also found increased support among larger employers but neither of these studies specifically examined the type of employer (e.g. government, private, service industry). There was also no mention of the exact number of employees defined a large or small business and no mention of FMLA (1993) not applying to businesses with fewer than 50 employees. This may explain why smaller businesses did not offer maternity leave.

Conflicting perceived support. Lastly, there is a noticeable difference in the amount of perceived support offered by the employing institution and the observable support at the workplace. Although employers reported an overall positive attitude toward breastfeeding, Libbus & Bullock (2002) found in their survey of 85 employers in various civic organizations, a considerable difference between the attitudes of male and female employers in that male employers were more likely to believe breastfeeding decreases productivity. An overall positive employer attitude toward breastfeeding is in conflict with the amount of physical support at their workplaces. Only 30% of these employers would offer a private place to express milk or nurse and less than 25% believed there was any value in promoting breastfeeding in the workplace.

One might presume that health care institutions, where the benefits of breast milk should be well understood, would provide high levels of support to breastfeeding employees. Dodgson, Chee, and Yap (2004), however, did not find this to be the case in their mailed surveys to 19 maternity hospitals in Hong Kong. Although most hospitals (90%) had lactation consultants on staff, only five of the hospitals had lactation consultants who were available to employees. Overall, there was considerable variation
in the data among the 19 hospitals. Only five of hospitals had a private room with a locking door available for breastfeeding employees, and only two allowed employees to take breaks as needed to express milk. Due to the small sample size, conclusions about government verses private hospitals could not be drawn. This is a significant deficit from the extant literature because little is known about the type of employer most likely to be supportive of breastfeeding.

These studies provide valuable insight to the general knowledge base of employer perspectives on breastfeeding employees and further demonstrate the wide variability of breastfeeding support among employers. Few of the employers have specific policies in place for breastfeeding employees and at least one study in the literature supports a positive association of breastfeeding policy and breastfeeding rates and duration (Chertok & Hoover, 2009). This insight is critical in developing strategies to encourage breastfeeding and protect breastfeeding from market forces while correcting misinformation. All of these reviewed studies are atheoretical. The majority had small sample sizes and used focus group interviews of employers or informal telephone surveys of employers making it difficult to detect significant differences among employment settings. Dunn et al. (2001) concluded that larger employers provided more support than smaller employers with their mail-in surveys of 157 Colorado businesses.

**Workplace Lactation Programs**

Workplace sponsored lactation programs have been received favorably by working mothers and can enable them to provide breast milk for their infants. Several formal statements have been issued by organizations urging employers to provide support for lactating mothers (American Academy of Pediatrics, 2005; DHHS, 2009). A few
employers have taken an interest in promoting breastfeeding among their employees based on perceived advantages of improved recruiting and retention rates, reduced absenteeism, and reduced health care expenses (Jones & Matheny, 1993; Miller, 2009). Employers with lactation programs tend to be larger corporations or government entities (AAP, 2005). Four studies specifically examining workplace lactation programs are identified in the literature (Cohen, Lange, & Slusser, 2002; Cohen & Mrtek, 1994; Cohen, Mrtek & Myrtek, 1995; Ortiz, McGilligan & Kelly, 2004). Breastfeeding mothers who utilize workplace lactation programs have overall positive attitudes in all of the studied workplace sponsored lactation programs and these programs are associated with higher incidence of breastfeeding and longer breastfeeding duration (Cohen & Myrtek, 1994; Cohen, Mrtek & Myrtek, 1995; Ortiz, McGilligan & Kelly, 2004).

Taking notice of the significant other as one of the more important elements of social support, Cohen et al. (2002) studied a workplace lactation program for employees of a large city government that was specifically designed for male employees and their breastfeeding partners. Although the lactation program was also inclusive of female breastfeeding employees, they were not included in the study. The strategy of the program was aimed at reducing the male partner’s discomfort with breastfeeding and the intervention included discussion of educational topics such as the importance of the male role in caring for infants, health benefits of breastfeeding, and how to support one’s partner (e.g. changing diapers, bringing meals). The male participants (n=128), along with their breastfeeding partners, were also given breast pumps with instructions on use and educated on issues associated with breastfeeding such as breast engorgement and sore nipples. Nearly 70% of breastfeeding mothers in the study, most of them also
employed, were still breastfeeding at 8 months. This suggests that workplace lactation programs should consider including not only female employees but male employees as well. This program is also significant because not only does it address demonstrated educational needs but it also gives the male partners of breastfeeding mothers chance to air unspoken concerns about breastfeeding such as sexual relations or feeling left out, which have been shown to negatively influence breastfeeding initiation (Jordon & Wall, 1993; Rodriguez-Garcia & Frazier, 1995).

Workplaces are highly variable in the type of support offered, ranging from simply providing some time and private place to pump to providing access to lactation consultants, educational programs, onsite childcare, and the purchase of breast pumps (Miller, 2009). This variability combined with the small individual workplaces studied to date, and lack of control groups may decrease the generalizability of these studies of workplace lactation programs, although the favorable reception of such programs by breastfeeding employees and the initial correlation with higher rates of breastfeeding warrants further larger scale research.

**Pertinent Literature Gaps**

Few workplace environments are supportive of breastfeeding employees and employer perspectives toward breastfeeding, although mixed, remain discouraging. Although it is known that lower income women tend not to breastfeed while employed, the relationship between the type of employment and sustaining breastfeeding has not been clearly explained. Interventions such as corporate lactation programs are generally viewed as supportive but have not been tested adequately in the body of research. There is some evidence of benefits to employers such as decreased absenteeism and increased
retention but these benefits are also problematic in that employers may only be motivated to offer such programs to “more valuable” or difficult to replace employees because this may leave out some to the most vulnerable employed mothers.

Many mothers perceive that combining breastfeeding and employment can not be accomplished without a good deal of additional stress whether from role conflicts, overcoming physical barriers of finding a time and place to express milk, or attempting to conceal breastfeeding (Payne & Nicholls, 2010; Witters-Green, 2003). Attempting to overcome the environmental barriers of finding a time and place is the dominate theme of the recent studies on the experience and perspectives of employed breastfeeding mothers and this is consistent with earlier research on identified physical barriers. Studies with a more critical and deeper analysis, with specified philosophic underpinnings and theoretic lenses specific to the experience of the American employed breastfeeding mother are lacking.

What remains largely unexplored is how the healthful practice of breastfeeding is so obviously shaped by covert cultural norms and social inequities. Despite known health benefits of breastfeeding, all scientific evidence needs a cultural and social consensus to be accepted and the United States is at the low end of the international context of mandated maternity benefits which leaves many breastfeeding mothers are at the mercy of enlightened employers in order to provide their infants with optimal nutrition. Although there are known benefits of breastfeeding, there is also a cost of the mother’s time from work duties and employers do not consider employees whom are domestically encumbered ideal. Very little research focuses on the need for structural solutions. Because breastfeeding is so difficult to accommodate with a career, social and economic
structures can exclude breastfeeding mothers from positions of power. Breastfeeding without any loss of economic livelihood or freedom is not the current perception and both breastfeeding and employment are worthwhile endeavors for mothers and both deserve familial, professional, and societal support. Women at this life transition should receive such support in order to meet health goals.
Chapter III

Method

The purpose of this study is to gain a more extensive and rich understanding of the experience of employed breastfeeding mothers. The existential phenomenological method described by Pollio, Henley, and Thompson (1997) and Thomas and Pollio (2002) will be applied to the gathering and analyzing of data. This chapter discusses the definition of a phenomenon, phenomenology as a philosophy, outlines and discusses this existential phenomenological method elected, delineates the protection of human subjects, the selection of participants, and the procedures for data collection and analysis.

From Phenomenon to Phenomenology

The word phenomenon comes from the Greek work *phainomenon*, meaning appearance (Meriam-Webster, 2010). Thus, phenomenology is literally the study of phenomena, or appearances rather than reality. Phenomena were initially viewed by 18th and 19th century epistemology as observable building blocks of science that could help explain reality. However, for the late 19th century philosopher Brentano (Valle & Halling, 1989), phenomenon had a different meaning, and a phenomenon could appear in the mind as mental acts of consciousness or as external objects of perception. That is, phenomena are “objects” given to our consciousness whether in perception, imagination, thought or intention. More simply put, phenomena are whatever we are conscious of such as: objects, other people, ourselves, our reflections, events around us, our own conscious experiences as we experience them. Edmund Husserl adopted this version of the term phenomenon to describe his new philosophy (and science of consciousness), as *phenomenology* (Stanford Encyclopedia of Philosophy, 2003).
Existential phenomenology as a philosophy. Phenomenology is a method with strong philosophical roots in existentialism. Edmund Husserl (1859-1938), now considered the father of phenomenology, first used the term phenomenology when he proposed that in order to understand a phenomenon, one must seek its essence and dwell with the phenomenon of interest or what Husserl described “to the things themselves”.

The nineteenth century Danish philosopher Søren Kierkegaard is considered a major founder of existentialism. Foreshadowed by Kierkegaard’s interest in the value of subjectivity in individual human existence, existentialism later developed into the philosophy that everyday life has no universal or objective value but that the individual creates value (Valle, King, & Halling, 1989). Husserl and Kierkegaard’s ideas were blended by Martin Heidegger (1889-1976), a student of Husserl, who further developed the method and gave rise to existential phenomenology.

The existential phenomenological method used in this study is largely influenced by the philosophy of the existential phenomenologist Maurice Merleau-Ponty (1962). Notable among Merleau-Ponty’s many influencers are the phenomenologists Husserl and Heidegger, and Merleau-Ponty was closely associated with the existentialist philosopher Jean-Paul Sartre (1905-1980) and the feminist existentialist philosopher and social theorist Simone De Beauvoir (1908-1986) (O’Loughlin, 1995). Merleau-Ponty’s (1962) existential phenomenology innovatively speaks to the role of attention, the experience, mobility, and spatiality of the body; and the body in speech, other selves, temporality, and freedom. Merleau-Ponty (1962, p. 408) describes his embodied existential phenomenology so elegantly and succinctly as follows:
Insofar as, when I reflect on the essence of subjectivity, I find it bound up with that of the body and that of the world, this is because my existence as subjectivity [=consciousness] is merely one with my existence as a body and with the existence of the world, and because the subject that I am, when taken concretely is inseparable from this body and this world.

This passage is more than a rejection of Cartesian mind-body dualism; rather it is a deep reflection of Merleau-Ponty’s philosophy that human consciousness is embodied in the world and the body is equally imparted with consciousness in cognition of the world.

Foundational to Merleau-Ponty’s philosophy is an emphasis on the role of perception in individual understanding and engaging with the world, and his aim is to describe this experience in terms of how it is experienced by and through the human body. It is perception, not thought or language that most firmly links us to the world and is the truest director of us toward ourselves in the world (Thomas & Pollio, 2002).

Perception is primal in the expression of the phenomenological principle of intentionality, a basic configuration or patterning of the world as we experience phenomena in the world (Thomas & Pollio, 2002).

A central aspect of perception is that the perceived can be separated into at least two parts, figure and ground, each with different attributes but each influencing each other. Consider the faces-vase drawing (Appendix A) described by the Danish psychologist Edgar Rubin (1915). If one focuses on the white area, it becomes a vase. If one focuses on the black area, it becomes two faces. One’s experience and situational context helps shape which image stands out to her or him as what is figure, and which image is perceived as further away as ground. Which image stands out, according to
Merleau-Ponty, is perceived as having a figural form against a background (Thomas & Pollio, 2002). It is important to recognize that neither the vase nor the faces are visible without one another, that is figure and ground co-create one another just as any perceptions are co-creations of reality. The same is true in human experience and in order to reach a phenomenological understanding of a human experience, one must always consider how human existence is related to situational context.

**Existential phenomenology as a method.** Phenomenology was developed as a systematic method to conduct rigorous inquiry and has been a popular form of qualitative inquiry in the health sciences and sociology (Creswell, 2007; Thomas & Pollio, 2002). There are currently numerous adaptations of phenomenology as a method. Classic Husserlian phenomenology is often referred to as descriptive phenomenology and includes the approaches developed by the psychologists Giorgi, Colaizzi, Fischer, and van Kaam also referred to as “Duquesne school” (Thomas & Pollio, 2002). Descriptive phenomenology has been most widely used in nursing. It is noteworthy that within nursing, phenomenology began to emerge in the 1970s; Rosemarie Parse developed a method consistent with Husserlian phenomenology and Patricia Munhall (1994) supported the van Manen (1990) method, a blend of descriptive and interpretive phenomenology without a focus on rules or methods (Creswell, 2007; Thomas & Pollio, 2002). Moustakas (1994) developed transcendental phenomenology with systematic steps which draws heavily on the “Duquesne school” procedures and includes *epoché* as a means of the researcher to bracket or set aside his or her own experiences as much as possible. It is of interest that nursing research using phenomenology has been criticized
for misinterpreting philosophical underpinnings or neglecting to consider philosophy in relation to method (Crotty, 1996).

The philosophy of Merleau-Ponty is well suited for nursing research because of the fundamental parallels with the nursing’s own paradigm. Merleau-Ponty’s philosophy encompasses holism, subjectivity, and embodiment. Like Merleau-Ponty, nursing has long rejected a mechanistic and reductionist view of the human body. Nursing upholds mind-body unity with a conceptualization of humans as beings of mind, body, and spirit. This congruency in philosophical underpinnings and the deeply influential work of Merleau-Ponty makes The University of Tennessee existential phenomenological approach an appropriate method for this research to provide a deep understanding of patient experience for nurses. The utility of The University of Tennessee existential phenomenological method is detailed by Thomas and Pollio (2002) and includes examples of use diverse patient groups such as chronic pain patients or post-stroke patients. Thomas and Pollio (2002) highlight how an existential phenomenological approach in interviewing and analysis of transcripts allowed for nurse researchers to gain a rich understanding of individual participants through careful analysis of their dialogue.

**Protection of Human Rights**

Approval was obtained from the Institutional Review Board (IRB) of The University of Tennessee Knoxville (Appendix B). Participants were notified verbally and in writing via consent forms that they may choose to accept or refuse to participate and if they chose to participate and sign the informed consent form, they were free to withdraw from the study at any time (Appendix C). Decisions about participation had no consequences on professional standing or relationships with co-workers or managers at
the workplace and were not communicated to anyone at the participant’s place of employment. The purpose, potential risks and benefits, and estimated time for participation were communicated to participants both verbally and in writing via consent from (Appendix C).

The transcriber of recorded interviews signed a confidentiality agreement that she would not discuss any of the words, content, or phrases of the interview (Appendix D). All transcripts and digital recordings were stored in a secure location separate from consent forms in order to maintain participant confidentiality. Any publications, reports, or presentations of the findings in no way reveal the identity of participants or link them to the study. All quotes used to support themes were anonymous. All demographic information (Appendix E) was coded by a method known only to the principal investigator and did not include participant names or other identifying information. Transcripts used pseudo-names. All phenomenology team members analyzing transcripts signed a confidentiality agreement when reading a participant’s transcript (Appendix F). Only this researcher as principal investigator and the dissertation committee had access to secured data.

Munhall (1998) describes three underlying assumptions of ethical considerations in qualitative research. First, advocacy takes precedence over advancing nursing knowledge through research. Second, participants involved in qualitative inquiries should be thought of as equal collaborators; people are not to be treated as means. Finally, due to the ongoing, dynamic process of qualitative research informed consent should also be conceptualized as an ongoing process, rather than a past-tense concept. The investigator was sensitive to and respectful of all of the aforementioned ethical considerations and
guidelines and was responsible for ensuring ethical conduct related to this dissertation by the dissertation committee and the phenomenology research team.

**Selection of Participants**

Participants were limited to English speaking mothers at least 18 years of age who had breastfeeding experience while employed full time outside of their homes. Initial participants were already known to the principal investigator or referred from professional colleagues, such as nurse midwives, and the participants were from a variety of employment settings. These participants were selected using a purposive sampling design and were asked by the principal investigator in confidence to participate. A snowballing technique was also implemented as the researcher asked colleagues and participants to identify other eligible participants who may be interested in talking about their experience.

**Design and Data Collection**

The principal investigator participated in an initial bracketing interview. This interview was a critical initial component of the existential phenomenological method outlined by Pollio et al. (1997) and Thomas and Pollio (2002, p.37). An experienced member of the phenomenology research group conducted this interview. The purpose of this bracketing interview was to make the researcher more aware of her ideas, assumptions, and biases about a phenomenon. Both Merleau-Ponty (1962) and Gadamer (1976) have pointed out that it is neither impossible nor desirable for a researcher to be completely free of their own ideas and assumptions, but what bracketing does is provide the researcher an increased awareness of his or her own understanding about a phenomena. It is through this increased awareness the researcher becomes more open to
the phenomena as it is being described by participants. Using an existential phenomenological approach, the phenomenological team analyzed the bracketing interview and the results are discussed in the next chapter of this dissertation.

After signing the informed consent form (Appendix C), participants were interviewed individually and face-to-face in a quiet and private setting consistent with the interviewing techniques outlined by Pollio et al. (1997) and Thomas and Pollio (2002). The interview technique was critical to the method as language is the basis getting to the participants understanding of a phenomenon. The interview began with the phrase “Please tell me what stands out for you about your experience of breastfeeding while employed.” This question was purposefully broad to allow for a wide range of descriptive responses. Further questions were only asked to clarify responses or to ask for examples.

All participant interviews were digitally recorded in order to capture a verbatim transcript of the participants’ words. The transcriber signed a confidentiality agreement pledging not to discuss the interviews. Immediately after each individual interview, the participants were asked to complete a demographic data form (Appendix C). This demographic information included the participant’s age, occupation, education, and information about the duration and type of breastfeeding experience. Each participant received a $25 Visa ® gift card.

Data Analysis

The hermeneutic procedure of examining given text was a vital component of this methodological process (Gadamer, 1976) and has origins in the philosophies of both existentialism and phenomenology. In contemporary nursing, it is critical for nurses to have an understanding of patients’ experiences and perceptions as they function in
society or seek health knowledge. Understanding is language bound (Gadamer, 1976) and language is the “bridge to everyday realities” (Thomas & Pollio, 2002).

Initially, each transcript was read through in its entirety by the researcher in order to capture a general sense of the overall interview. The transcript was then read repeatedly to distinguish pertinent words, phrases, or metaphors that were carefully identified as meaning units. These meaning units served as a point of origin for themes. All of the meaning units with identified unity were then later merged into patterns of descriptions called themes (Thomas & Pollio, 2002). As each additional transcript was read, a constant comparative analysis was performed to identify any common or repetitive words, phrases, or focus of subject matter in relation to other transcripts. Determining themes was not a matter of counting or quantifying meaning units but rather with The University of Tennessee method, determining themes was a matter of this researcher’s, along with the phenomenological research team’s, deep reflection of the context of word meanings in relation to the entire participant narrative (Thomas & Pollio, 2002). These shared themes that reoccurred among numerous participant transcripts are what Thomas and Pollio (2002) identify as experiential patterns and led to more global themes and gave way to an emerging thematic structure, which was also confirmed by the phenomenology team. Elements of thematic structure can be compared to a textile with interwoven threads of themes and meaning units making up the fabric. Consistent with the method Thomas and Pollio (2002), these themes were named with the participants’ own words. Data saturation was reached when no further global themes were discovered.

Members of the interdisciplinary phenomenological research team analyzed four of the transcripts as a group for interpretation and this further ensured the principal
investigator identified all pertinent meaning units and themes. All team members who reviewed transcripts for this study signed a confidentiality agreement (Appendix F).

At the conclusion of thematic analysis the results were presented to some of the participants in order to determine if the themes were true of their own experience as employed breastfeeding mothers. After the thematic structure was verified, a final report of themes was prepared. Appendix G outlines the existential phenomenological approach to data analysis. It is through interviewing and a careful assessment of language that the experience of the employed breastfeeding mother was discovered. An enhanced understanding of the patient’s experience is critical in creating more effective and more beneficial nursing leadership in promoting health.

Validity and Reliability

Validity and Reliability were preserved through the adherence to the phenomenological method outlined by Pollio et al. (1997) and Thomas & Pollio (2002) and by utilizing evaluative criteria set forth by Guba (1981) and Polkinghorne (1989). Adherence to the existential phenomenological method ensured validity and reliability of the research findings and validity and reliability are both emphasized and discussed extensively by Thomas and Pollio (2002). Specific aspects of sound work in existential phenomenology are outlined in Pollio et al. (1997) and in Thomas and Pollio (2002) and includes the following:

1. Use of bracketing for investigator participation
2. Use of phenomenological interviewing
3. Review of transcripts by an interdisciplinary team
4. Member checking after data analysis
5. Use of participants’ language in themes

6. Careful interpretation without inferences

The phenomenological research team analyzed the bracketing interview of the principal investigator. This allowed for careful identification of the researcher’s own beliefs and assumptions so that the researcher was aware of these so as to attempt to set them aside as much as possible during the interview process. Diverse participants from a variety of employment settings were selected to ensure a diverse description of the experience of breastfeeding while employed. Consistent with Thomas and Pollio (2002), the thematic structure of participants was explained in the participants’ own language to interpret a faithful description of the participants’ experience of being an employed breastfeeding mother. Using the participants’ own words for themes also diminished the risk of introducing unsubstantiated assumptions into the research. Utilizing a phenomenological research team for participant transcript analysis further enhanced reliability that the principal investigator had faithfully identified proper meaning units and themes.

Many authors have described concerns regarding the adequacy of standards of scientific rigor in qualitative research compared to that of quantitatively based studies (Guba, 1981; Sandelowski, 1986). Sandelowski argues that generalized evaluation frameworks are counterproductive and inconsistent with qualitative paradigms. Each qualitative study should undergo individual appraisal (Sandelowski, 1986) and the principal investigator selected a strategy of insuring a trustworthy and scientific study suitable for this particular research study. The appraisal strategy calls upon the evaluative criteria offered by Guba (1981) and Polkinghorne (1989).
Guba (1981) describes four terms to address trustworthiness of naturalistic inquiries. These are: credibility, transferability, dependability, and confirmability.

Credibility refers to plausibility of data that represented by thematic structure. Credibility was maintained in this research though use of prolonged engagement, persistent dwelling with the data, and multidisciplinary peer reviewing of transcripts. Transferability means that the data can be applied in other contexts. In order to assure transferability during the study, a collection of thick descriptive data was enacted and interpreted from multiple participants in diverse workplace settings until data saturation was reached.

Dependability refers to stability in the data. After study completion, the investigator arranged for a dependability audit in order to assure that the data collection procedures were acceptable. Part of this audit included utilizing Polkinghorne’s (1989) criteria for validity of phenomenological studies. Polkinghorne (1983) focuses on the artistic dimension of qualitative research and argues that vivid description, accuracy, richness and elegance will best help the reader judge the power and trustworthiness of phenomenological research. Finally, confirmability is movement away from the idea of investigator objectivity. This was done through practicing reflexivity and bracketing by keeping an introspective journal and participation in a bracketing interview.

Polkinghorne’s (1989) evaluative criteria allowed for a further appraisal of scientific rigor and further ensured the data is interwoven into the themes with the thematic structure substantiated by and rooted in the data. Polkinghorne’s (1989) five criteria of phenomenological studies were met to further ensure scientific validity. The first criterion concerns if the true response was conveyed and if the interviewer influenced the participant’s response. This was controlled for by asking the opening
statement “When you think about the experience of breastfeeding while working full time, can you tell me about a particular incident that stands out to you?” The investigator listened carefully and attempted to only ask further questions to ask for examples or seek clarification of participant responses about a phenomenon. Seeking specific examples allowed for a greater understanding of how the phenomenon was experienced and for identification of unfolding themes.

The second appraisal criterion addresses the accuracy of the transcripts. Transcripts were carefully examined for errors to ensure a true verbatim account of the interview and appropriate corrections were made before data analysis. Additionally, other important information such as laughing, pauses in speaking, crying, facial expressions, or gestures were included in the transcripts in parentheses when they occurred in the recorded dialogue.

The third criterion concerns the question of if alternative conclusions could be reached about the data. The input of the phenomenological interdisciplinary team served as a system of consensus and checks and balances for conclusions that all participant transcripts are connected to global themes.

The fourth criterion Polkinghorne (1989) proposes if all thematic structures can be found in specific areas of the transcript. This means all global themes were traced back to specific areas of in the transcripts. This process ensured themes were not lost or contrived unfaithfully in the initial theme identification from meaning units.

The final criterion questions whether the thematic structure is situation-specific or may be applied to other contexts. The thematic structure was confirmed as representative of the experience of being an employed breastfeeding mothers by selected participants
and other employed breastfeeding mothers not participating in this research study. Through careful consideration of the above measures, the proposed research should be upheld by the canons of “good science.”

**Summary**

Chapter 3 has outlined the research method used in this study. The research design and its philosophic origins were discussed and outlined. Means of protecting human rights of participants were stated within the contents of the IRB approval forms, informed consent forms, pledges of confidentiality, and demographic data fully disclosed in the appendices. The overall process for data collection and analysis was fully described and outlined, including a diagram of the process. Lastly, methods of appraisal and efforts to ensure scientific validity and reliability were presented.
Chapter IV

Findings

This study utilized a research model (see Appendix G) based on existential phenomenological principles to gain a rich understanding of the lived experience of employed breastfeeding mothers. Following an analysis of the bracketing interview, face-to-face interviews with working breastfeeding mothers were digitally audio-recorded and transcribed verbatim. Through an analysis of the content of the language of the participants, a thematic structure was identified. Based on feedback from three of the participants and two other mothers with experience breastfeeding while working full-time, the thematic structure as presented in this research study was found to “ring true” to them.

Bracketing Interview

Prior to interviewing participants, the phenomenology research team and the principal investigator analyzed her bracketing interview which explored her own experiences and assumptions of working full-time while breastfeeding. On the basis of this analysis it was discovered she would need to bracket her own beliefs that combining breastfeeding and employment is difficult and for some mothers may be impossible without critical environmental support. Her own experiences as a working mother, who breastfed one of her two children, created the feeling that her own employment setting was much more conducive to breastfeeding than many other settings in that she had a good deal of control and flexibility in her employment position as an Assistant Professor and in addition she reported that she perceived her own work as an important aspect of her own identity. The bracketing
interview also revealed that she has a deep level of respect and admiration for mothers who accomplish breastfeeding while employed, particularly those who may not be privileged with the level of support she experienced. The recognition of her own experience and identified assumptions of working breastfeeding moms was discussed with the phenomenology research group prior to the principal investigator conducting interviews with participants. This discussion served to increase her awareness of her own preconceptions and assumptions about breastfeeding while employed.

**Demographics**

Thirteen participants were interviewed, including one pilot interview, all with experience breastfeeding while working full-time (see Chapter I limitations and delimitations and Chapter III sampling). Four participants were interviewed in their private offices, one in the principal investigator’s private office, and seven in a private and quiet conference room. The thirteen participants ranged in age from nineteen to forty-three years of age with a median age of twenty-eight. Of the thirteen participants, ten were Caucasian, one was Hispanic and two were African American. Ten of the thirteen participants were married. Eleven of the thirteen participants had recent breastfeeding experience within the last five years while working full-time and four of these participants were currently breastfeeding while working full-time. Four of the thirteen participants had prior experience breastfeeding another child while being either a stay at home mother or working part-time, before breastfeeding while working full-time. Over half of the participants
had more than one child, yet none of the participants breastfed more than one infant while employed full-time.

One participant had a formal lactation policy at her workplace where her employer offered lactation support services including a lactation room and access to a lactation consultant. None of the participants had access to onsite daycare but four participants did report going to their infants during their lunch break to nurse if time permitted.

The participants came from diverse employment and educational backgrounds. Two were attorneys (different employers and located in different states), and the other 11 participants included a resident pediatrician, an elementary school principal, an administrative assistant for a construction company, a payroll officer for a county school board office, a property manager for an apartment complex, an accounting clerk, a telephone collections representative, a licensed practical nurse, a registered nurse, a licensed physical therapy assistant, and a customer service representative for an employment staffing agency. In terms of the highest level of completed education, two participants had post-graduate degrees as the highest degree obtained, three had graduate degrees, two had undergraduate degrees, three had some college, and three had a high school diploma. One of the thirteen participants had formal training as a certified lactation consultant. All of the participants were returning to a workplace where they were employed prior to delivery.
**Participants (pseudo-names)**

Ruby is a registered nurse, who breastfed her daughter until the child was six months old while Ruby was working full time as a flight trauma and emergency services department nurse. At the time she was breastfeeding, Ruby’s husband was unemployed and she was the sole source of income for her family. While Ruby was glad she was able to breastfeed her daughter for six months, she stated it “was not the nice bonding experience you are told about” when going back to work.

Kay is an attorney, who has specialized in many fields including employment law. She has breastfed all three of her children. Her middle child is now four years old and is the only child she breastfed while working full-time. Kay identifies herself as a supporter of breastfeeding and family friendly work environments.

Lola is also an attorney who currently teaches law at a university. She was practicing in a medium sized firm of approximately 20 attorneys while she was breastfeeding her son who was five years old at the time of the interview. Lola expressed a very deep commitment to breastfeeding her son but found her experience transformative in that she is now “less preachy” and more understanding of mothers who choose not to breastfeed after returning to work.

Beth is a telephone collections representative. At the time of the interviews, Beth was still breastfeeding her son and working full-time. At nineteen years of age, she is the youngest of the participants. Beth went back to work when her son was five weeks old due to financial constraints after her husband’s layoff. While Beth reports she is glad she was able to breastfeed, she says that if she is still working when she has a second child she does not think she could do it again.
Mary is a thirty-eight year-old pediatric physician resident and like many of the participants relates that she is a breastfeeding advocate. She is currently studying to be a board certified pediatrician and has four children, including two she and her husband recently adopted. She breastfed both of her biologic children but only the oldest, who is now four, was breastfed while she was working outside the home. At that time, Mary was working more than 80 hours per week as a pediatric resident physician.

Ruth is an administrative assistant for a large construction company who shares an office with another administrative assistant. Ruth is the only one of the participants with a formal lactation policy and a corporate lactation program, which included access to a lactation consultant and private lactation facilities. She was currently breastfeeding her 14 month old daughter at the time of the interview. Ruth found breastfeeding very rewarding overall despite feeling many time constraints.

Gail is a payroll officer for a rural county school board office. She has an associate’s degree in business management. She was in the process of weaning her only child, a five-month old infant, at the time of the interview due to her child’s allergies. Gail expressed much gratitude for a co-worker who helped her accomplish breastfeeding for two months at her workplace.

Sue is an elementary school principal who works in a small city. She breastfed her now two year old son until he was 14 months old. He is currently her only child but she would like more children soon and she would breastfeed again. She was appreciative of having her own office and related that she tries to support
teachers in working in her school who are breastfeeding by offering to cover their classrooms if they need to go pump.

Ann is a licensed physical therapy assistant. Her work duties usually take place in a physical therapy center but she does do some home visits, which she found much more difficult to accomplish while breastfeeding. Ann breastfed her oldest child, who was three years old at the time of the interviews, and she has two children. Ann related a deep sense of pride and accomplishment in breastfeeding and lamented being unable to breastfeed her second child due to the infant’s allergies.

Rita is a licensed practical nurse who has two children and breastfed her oldest child while working in a long-term care facility. During the interview, Rita often compared her experience of working full-time with her oldest while breastfeeding to working part-time with her younger child. While Rita did not have any formal breastfeeding training when she began breastfeeding, she found the experience very transformative and developed a desire to help others breastfeed. She later became a certified lactation consultant and started working in women’s health.

Deb is an accounting clerk in a small city accounting firm. At 21 years of age, Deb is one of the younger participants. She has a high school diploma and attended some college and plans to finish one day. Deb was able to use an empty office for pumping upon returning to work. At the time of the interviews, she was currently breastfeeding her ten month old infant, who is her only child.
Jill is a property manager for a large apartment complex that is part of a larger organization of properties owned by a corporation. Jill has attended some college and has one two year-old daughter. She works in a rental office alone, which she reports made pumping a challenge since she would have to close the office. She weaned her then infant daughter when she was eight months old due to the difficulties she encountered while trying to sustain breastfeeding while her work duties called for some extensive work related travel.

Sara is a staffing agency representative who works for a large temporary employment agency. She was breastfeeding her fourteen month old while child at the time of the interviews. She reports mentoring another mother considering breastfeeding who works with her.

**Contextual Ground of the Experience**

**World of the workplace.** For the participants, the world of the workplace is the primary contextual ground. They reported the workplace world as controlled by others and as predominately insensitive and unsupportive of breastfeeding employees. Participants described their workplace experiences within an ever-present context of being a breastfeeding mother. Varying conflicts arise for the participants while trying to be both a “good” mother, by continuing to breastfeed after returning to work, and trying to be a “good” employee. While participant experiences were primarily grounded in the unsupportive world of the workplace, aspects of their experience became figural at any given moment.

**The body.** Participants experienced the world of the workplace both by and through their breastfeeding bodies. Embodiment is an important element of the ever-
present consciousness of being a breastfeeding mother. The breastfeeding mother as a pumping worker is continuously aware of her embodiment and lactation serves as a constant reminder. If pumping does not occur as needed, their breasts may become engorged, painful, leaky, or possibly infected. Participants spoke of how breastfeeding became more mechanized and “more clinical” at work with pumps and “pieces and parts” when compared to nursing their infants at home or in other social contexts. This creates a professional conflict in that while pumping serves to embody an employed breastfeeding mother, it simultaneously transgresses the image of a productive disembodied worker and pumping at work makes it difficult to uphold the appearance of a disembodied worker. This transgression contributed to a sense of being an “other” for the participants in the workplace world.

**Time.** The world of the workplace is grounded in time. Time, pressure and the stress associated with managing time is very much a part of the workplace world as participants try to fulfill breastfeeding obligations, such as pumping or in some cases nursing during lunch breaks, while also still needing to accomplish workplace duties. All of the participants interviewed pumped at least two to three times per workday, spending an approximate minimum of forty-five minutes to an hour total pumping or nursing daily while at work to avoid painful engorgements or embarrassing leaks. In all cases, time weighed heavily on the participants, with breastfeeding cutting into their workday time. The total amount of time spent pumping depends on how efficiently the mother is at producing and extracting milk. Participants were all very specific when speaking about how long it took them to pump and how many ounces milk they could produce during a pumping session of time. Like many of the participants, Mary, a resident pediatrician,
owned an expensive electric double breast pump costing upwards of $250 in order to pump more efficiently in less time. Also like many of the participants, Mary discussed the difficulty and additional time required to achieve the emotional serenity at work for physiological process known as the “let down” for milk flow to commence. Mary expressed she felt she was a slow producer:

“I have friends that are lightning fast pumpers. It amazes me how they go and ten minutes later they come back and I am like “oh my goodness how did you get all that in that time frame?” It always took me a good 20 to 25 minutes to pump and I would probably have like three let downs on the pump. The first one always took forever because I would have to settle down from my activity of running around and everything.”

Ruby, a registered nurse, noted a similar connection between productivity and time and her narrative also illustrates the time-squeeze employed breastfeeding mothers experience:

“In the charge nurse role in the emergency department, it was very hard to find time to take breaks to breastfeed. There was no equipment and no space available and I had to go seek, find, and argue my case that I needed time away from the unit to do that, taking more time. I think the thing that stands out for me the most is the stress of knowing I needed to pump and having so much difficulty in finding time...sometimes you feel yourself becoming engorged and you know you really need to breastfeed or pump but you can’t find the time to step away for 15 minutes and there were several instances where that happened. It did take a lot of effort with very little breaks and so I could not drink the fluids I needed to
produce the quality milk. Even when I wasn’t breastfeeding the type of work I was doing was hard. I mean rarely getting breaks to go to the bathroom and it is hard to drink or take time to eat, even without having to keep up your milk supply. I could really tell a difference in my supply if I didn’t get time to drink enough fluids.”

Because pumping takes time, employed breastfeeding mothers often explored various ways at work to accommodate their desire to breastfeed. While some mothers took breaks from their paid work while pumping, many identified productive tasks they could engage in while pumping such as emailing, driving, phone calls, or thinking. Sue, an elementary school principal, pumped in the car daily on her way to work:

“I pumped every day in my car on the way to work because I knew there would not be time at work with the constant interruption in the mornings. In my mind that 20-minute drive meant 6 or 8 ounces. In the afternoons sometimes I could email or take conference calls while I pumped.”

Mary, a resident pediatrician who worked more than eighty hours per week, did not view pumping as unproductive time but felt it could impede her work if she did not work while pumping. She was very time-conscious and praised her hands-free double breast pump:

“Now they are everywhere, this bra, this little halter top zippie thing you attach your pump to. I went online and found it and ordered it. It is totally hands free and you sit there with your arms out. It made the time I was pumping very productive. I could do my charts or paperwork and eat my lunch while pumping. It kept things from coming to a halt at work.”
Some of the participants felt more of an obligation with their time to employers, as Mary explained:

“If getting other work accomplished is possible while pumping I absolutely encourage that. I mean women should not feel obligated but I encourage it to be part of the negotiation with their employer if that is what it takes.”

Ruth, an administrative assistant did not purchase an electric pump but kept a less costly hand pump in the lactation room provided by her employer. She perceived pumping time as a break she was entitled to:

“I just told them (supervisors). Just FYI. This is what the policy says and this is where I’m going twice a day just so you know where I am. I didn’t really have to justify my time with them.”

As did Lola, an attorney:

“I just had an attitude of entitlement to take that time if I needed it. I didn’t ask.”

Some other participants felt that break times to pump make employees feel more valued and more productive as Ruth, an administrative assistant, states:

“If you have an environment that allows you time to pump, it encourages, it keeps your work morale up. I think it would keep us around longer as an employee and make me want to be more productive employee.”

Yet, she sometimes resented taking time to pump:

“Three hours goes by really fast, you don’t realize how fast it goes between pumping and then your don’t realize you’re leaking and you have to step
away for a few minutes and find someone to cover the phones. It's stressful and a hassle sometimes.”

Many of the participants found it impossible to work while pumping, and thus took breaks from all paid work. Most experienced routine interruptions when trying to pump or when trying to take a break from work to pump. Most regarded the break times either with resentment or a necessary sacrifice or both, and many expressed guilt in stopping work duties to pump or for asking other employees to “cover” for them while they take time to pump as Gail, a payroll office relates in her narrative:

“I feel guilty, like the lady that I work in the office with, she covers for me when I leave to pump and it makes me feel guilty that this is the decision I made and it has nothing to do with her, nobody made me do it but she is covering for me of her own free well and she says she doesn’t care but I still feel like I am not doing what I am supposed to do by taking time off my job to pump.”

Though all of the participants successfully incorporated breastfeeding into busy work schedules, the additional time demand at work came at a price. Many felt they could not afford to take additional breaks during the workday. Beth, a telephone collections representative, who is paid hourly, not salaried, hints at the hidden financial costs of making time breastfeeding at work in her narrative:

“ If my break was at 9:45, I would be off at 9:45 making sure I did everything I was supposed to do (pumping) in those 15 minutes to get back at 10:00, back on the phones. I wouldn’t always get done and it would go against my pay ... my manager would say “what is taking you so long”? I would just be like I will try to do better next month...because then the only other option was to go to a
20 minute unpaid break to pump and I would lose an additional two hours a week. That was a lot of pay to lose.”

Mary views her breastfeeding time as a sacrifice:

“I gave up a lot of my education time and things like lunches with colleagues or even the eating part of lunch to breastfeed.”

While most of the participants acknowledged that pumping at work is a physically demanding task, most viewed their time in pumping sessions as “breaks” from “real” paid work. Therefore, in practice, pumping break times often translate into no breaks for the (re)productive worker. Few mothers thought their workload should be reduced due to the time required for breastfeeding; as Rita, a licensed practical nurse put it, it is each woman’s responsibility to “figure out how to get the work done” and she went on to say

"You need to be extra careful not to spend too much time on anything else considered a break, like taking a personal phone call or whatever, because you don't want to create problems since you are already taking a break to breastfeed.”

Some mothers thought differently as Kay, an attorney relates:

"Sometimes I am very bitter about it. I have seen so many women that were just top of the line, top of their class, top of their game, brilliant doing work better than the next and they are so undervalued because in some professions there is no way for a woman to get back on that track once she has a child because it takes time, time for an obligation outside of work and that's what it's all about. Time. Until there is more value placed on allowing time for caring responsibilities it is going to be very difficult for mothers to remain in positions of value and stay where they are working."
Central Theme: “There’s Conflict”

An encompassing theme of “there’s conflict” emerged as the central theme and is present throughout the transcriptions as participants described their experiences as employed breastfeeding mothers. Each participant described social or emotional conflicts, paradoxes and contradictions associated with the simultaneous identity as a mother and role as an employee. The shared experiences of these mothers pumping at the workplace exposed many fascinating aspects of the conflicts, contradictions, and paradoxes these mothers face in an attempt to accommodate their professional, maternal, and embodied identities. While being “allowed”, to use a word many of the participants used, to pump in the workplace, provided them with a way to combine being a nurturing mother with work, it also complicated their lives. While all participants acknowledged being encouraged, and some reported being expected, to breastfeed, such encouragement was often incongruent with the insensitive, unsupportive, and at times openly hostile environments they encountered at the workplace. Participants also experienced internal conflict in that they expressed feeling guilt over not being with their infants or over having to take time away from their work duties to pump breast milk. This conflict often contributes to stress in the form of physical exhaustion or psychological distress. All the participant interviews contained elements of conflict and all participants used the word ‘stress’ or "stressful' in describing their own individual experience as an employed breastfeeding mother.

Gail, a payroll officer, discussed the conflict in her narrative:

“Oh there's conflict, and stress, and heartache. Trying to breastfeed and work may be good for your heart but it's not for the faint of heart (laughs)...It's
very hard to get all of your work done and just have one more thing (pumping) on top of it all, to take care of your child and do your job both. You just, you can’t be everything to everyone, you know?"

The complexities encompassing theme of "there’s conflict" is universal across the participant experiences and can be likened to a thread weaving throughout a cloth of all of the three identified and overlapping themes. This conflict is counter-balanced with a sense of joy and pride in continuing to provide their infant with breast milk as discussed later in the theme “I’ve accomplished something here.” Sara, a customer service representative relates:

"It was a struggle to do and there’s just this overall weariness that’s part of it but I’m glad I accomplished it. It makes me feel good knowing what I provided for my daughter."

All three of the overlapping themes were clear in connection with this central theme “There’s conflict”: (1) “As your priority, it consumes you;” (2) “At work, it is just different;” (3) “I’ve accomplished something here.” Each theme revealed a unique context of women’s experience.

**Theme One: “As Your Priority, It Consumes You”**

In the first theme "As your priority, it consumes you", mothers describe their infants as their ‘priority’ and how continuing to care for their infants after returning to work as fills one’s consciousness in the world of the workplace. One participant describes:

“You don’t want to worry about it, but it does consume you, as your priority it consumes you. It was always on my mind...the thought that they will
run out of milk and you are at another location.” (Gail, Property Manager).

Some elements of how being a breastfeeding mother fills one’s consciousness is present in all of the other themes, particularly permeating into “At work, it is just different” as mother’s experienced a heightened awareness of conducting their breastfeeding bodies in the world of the workplace. While this increased consciousness may be present in other contexts as a breastfeeding mother, it is magnified in the world of the workplace. Also, many of the participants felt like they did not produce as much milk while pumping at work as with nursing at home and this was a source of worry in their thoughts.

Participants discuss this ever-present mindfulness that is part of breastfeeding while working:

“Trying to breastfeed and work was not terrible but there was always this feeling that I have to make sure there is enough milk...I tried to stock it (milk) but we went through it very quickly and I just felt like I was always pumping. I was trying to catch up to what he was eating and it was just hard to make enough when I was away from him so there was just always that feeling, what if I don’t have enough milk? It was always on my mind.” (Lola, attorney)

“Breastfeeding just added a level of stress at work I think...I think it is easier when you are with your baby because it’s not as relentless, but when you are away of course you have the hassle of having to pump and you had to be very careful not to miss because the formula if I had wanted to give it to him would I would have to buy that $40 a can kind so I just felt like I had to stay one bottle ahead of him all the time. I would call the babysitter from work and see how much he had eaten that day and I always tried to keep one bottle extra. It was almost
like OCD I guess and I wrote all of it down, how much milk I pumped all of that, meticulous records, which is not like me at all. I think I was a little overboard (laughter). I found one of those notebooks awhile back and I think I might have been a little crazy about it ” (Sue, elementary school principal)

“I was always worried that she (daughter) would wean early because of work. There is a constant anxiety you know, ‘am I going to make it to the bathroom on time to pump? Am I going to leak? Am I going to have to cut this appointment short and reschedule?’ ” (Kay, attorney)

“When you have a three month old at home who nurses every two to three hours, your body tells you that you have to go get relief right then. I would not be able to focus on anything completely at work because I didn’t want to get to the point of ‘oh my gosh! I have to pump right now.’ And in the back of my mind when I go pump I know that work is building up and work means people are waiting longer and they are getting more frustrated because they are not getting care as quickly as they think they should and that made it harder for me to step away and do.”(Mary, pediatrician)

“It’s just part of your subconscious you know. Like I had one of those shoulder bag type breast pumps and just like my briefcase, it went everywhere with me. I don’t think I ever once forgot it.” (Sue, elementary school principal)

Part of this consciousness includes an increased mindfulness of time and of one’s body in terms of avoiding leaks or breast engorgement and to maintain a milk supply with regular pumping and keeping hydrated and nourished with the increased calories required. Ruby, a registered nurse stated:
"You have to be sure to take the time to get enough water you know to keep up with, with your supply. You have to pay attention to things like that and just always be aware of the time and how long it's been since you pumped."

Some of the increased awareness stems from the view that breastfeeding their child is viewed by the participants as an overall priority and commitment based on a serious decision before returning to work. All of the participants placed the greatest importance on their identity as a mother and on mothering their children and this priority extended beyond the world of the workplace and into other social worlds such as in public or at home. Interviewees, as they talked about their experiences of working full-time as a breastfeeding mother, revealed a serious dedication and commitment they have for breastfeeding even when encountering conflicts, constraints, or stress presented by the workplace environment:

“**You know your job is a priority but to me breastfeeding was the priority while I was at work, even with the stress.**” (Lola, attorney)

“**My number one career goal is to be the best pediatrician I can be but my number one priority in my life is my baby and my baby will get breast milk.**” (Mary, pediatrician)

“I was just determined for the health benefits to breastfeed and I wanted to do whatever I had to do so I bought an expensive pump before I went back to work.” (Ann, physical therapy assistant)

“You have to be serious about it. You can’t just decide willy-nilly to breastfeed because you are carrying half of your house to work with you to
accomplish it, your pump, pieces and parts, a cooler, bottles and if you go into it half-hearted you won’t succeed.” (Gail, payroll officer)

Breastfeeding was a viewed by many participants as a way to mother their infant while at work and separated from their infants, whom absorbed much of their thoughts. Continuing to provide their infants with breast milk after returning to work, while stressful, as later themes will illustrate, also helps to mitigate guilt or conflicted feelings over leaving their infant that many mothers express as Rita, a licensed practical nurse, stated “Sometimes you feel like ‘I should be at home.’”

Ann, a physical therapy assistant, expressed this:

“I felt it was some of me he could have when I was not there. So I think that made me feel better knowing, and I have never really analyzed it but that may have been my determination in continuing to breastfeed, knowing that he was getting what he needed and a part of mommy was there, even though mommy was not there.”

Mary, a resident pediatrician, had similar feelings:

“For me pumping milk helped with the guilt of leaving her because I felt like I was still doing something to care for her even though I could not physically be there with her all the time.”

Theme Two: “At Work It Is Just Different”

Many of the participants contrasted being a breastfeeding mother in the social world of the workplace with being a breastfeeding mother at home, or elsewhere in the social world. The world of the workplace creates a much different and often conflicting social context with different or magnified social norms. All of the participants felt the
workplace environment is negative toward and less conducive to breastfeeding than other settings and this contributed to conflict and stress among the participants. Many expressed the view that breastfeeding is more labor-intensive in the workplace when compared to home and a much more clinical process, without the bonding that takes place at home.

“At home I can just be with my son, and just... just nurse and it’s not as big a deal as at work.” (Rita, licensed practical nurse)

Additionally, some participants reported being confronted with resentment by others in the workplace, which was a different experience for them:

“It was always so difficult to breastfeed at the firm. There wasn’t a whole lot of tolerance for it. The partners were obviously uncomfortable with it. At this point I think most of Tennessee has seen me breastfeed so that doesn’t make me uncomfortable, at home or even in public, but at work, it is just different, I just felt like if someone has a problem with it, I would rather just be someplace else. I mean should I have to make them comfortable in addition to everything else I’m trying to do? I was made to feel like I was taking money away from them, like I should be doing something else. I was almost always working while pumping, either taking calls or answering emails, its not like I was just sitting in there (my office) eating fudge” (Kay, attorney)

“It was just easier at home. I wasn’t having to ask or plead for taking time or finding a place you know. I didn’t have to put up with the snickering or the evil eye. I enjoyed it before I went back to work and then it just became exhausting” (Ruby, registered nurse)
The participants report a good deal of satisfaction or pleasure in breastfeeding at home or in other social settings. However, at the workplace breast pumping becomes stressful, more mechanized, less enjoyable, less convenient and more like a chore:

“Being at work is different. At home I just pop out a boob and it’s no big deal. It is just such a clinical process at work, I mean from having to sterilize bottles and is this milk still good? It was just so much work, I had to pump, get it home in time, charge the pump, make sure I had the right plugs. It was just very, very clinical and time consuming and at home there is literally nothing do but pull my shirt up and just feed him and there is the bonding, there is nothing to clean, nothing to buy.” (Lola, attorney)

“We can just pick up and go, no pumps or contraptions, not like at work.” (Ann, physical therapy assistant)

“Work just adds another level of stress and hassle that you don’t have anywhere else. It was still rewarding to be able to breastfeed but in a sense it is just easier when you are with your baby, no hassle of having to pump, and being careful not to miss pumping, and no one knocking on your door wanting to know what’s going on in there” (Deb, accounting clerk)

Participants who weaned early while working, while reporting some guilt also reported a sense of relief when it came to work:

“I felt bad I could not breastfeed her longer, but buying that formula was such a relief at the same time. It was one less thing I had to think about at work.” (Rita, licensed practical nurse)

“I wish I could’ve done it longer but something had to give and it was just such an
ordeal to do at work, it was a chore, not like at home. I enjoyed it at home.” (Kay, attorney)

Within the theme “At work, it is just different” are four identified subthemes: (1) “veil yourself;” (2) “if they would just let me;” (3) “not what I was expecting;” (4) “You have to be brave.”

**Subtheme: "veil yourself".** The subtheme “veil yourself” theme is a subtle element of the theme "At work it's just different" and relates to participants feeling the need to conceal the activities associated with breastfeeding while at work or attempting to make breastfeeding activities less visible. The participants were continuously more aware of how they conducted their bodies in concealing breast pumping materials and behaviors. Many of the participants used euphemisms for pumping breast milk in the workplace such as “I’m going to step away for a few minutes”, “go do my thing”, or “I’m going to Dairy Queen.”

An important aspect of the subtheme "veil yourself" is that there is some level of embarrassment that is present while breastfeeding at work that is not present when at home or in other social contexts. Despite acknowledging the health benefits and recommendations of breastfeeding, all participants related some degree of embarrassment about breastfeeding at work, whether it was their own embarrassment or in their attempts to protect others, such as their co-workers or supervisors, from being embarrassed or uncomfortable:

"I took those recommendations (about breastfeeding) seriously but it's embarrassing. I don't want to talk about my boobs to my manager...there was one point I put everything in a baggie and I go to leave for lunch and I am just
walking and I am streaming milk everywhere because the bag was busted or leaking and everyone was like 'you are leaking' and that was the most embarrassing thing ever. "(Beth, telephone collections representative)

"I never used the refrigerator in the staff lounge but I wanted to. It would have been easier than my cooler but some people were already uneasy about what I was doing." (Kay, attorney)

"There were several embarrassing moments including having a telephone repairman walk in on me bare-breasted...my office door didn't lock and I had a sign up but I guess he didn't notice. I sent an email out after that about my sign." (Sara, staffing agency representative)

Notably, some of the participants went so far as to avoid speaking to their supervisor about a breastfeeding because of embarrassment. Instead, they relied on a trusted co-worker, with experience breastfeeding, to be their guide or liaison between them and their supervisor for communicating breastfeeding issues.

"A lady I worked with would tell my manager what I needed. I just didn't feel comfortable talking about it to him. I'm just not that secure." (Gail, payroll officer)

"She talked to him for me. I don't want to talk to my manager about it...He would have turned very red." (Beth, telephone collections representative)

Part of the sentiment in the “veil yourself” subtheme, whether it is the participants’ own embarrassment or the participants trying to keep others from being embarrassed about activities surrounding breastfeeding, is related to a sense of shame and
a stigma surrounding breastfeeding. Concealing breastfeeding activity is a means of protection and a means of avoiding embarrassment from an unsupportive environment and co-workers who can sometimes be resentful. Concealment is also a means of keeping others from being embarrassed or uncomfortable. Concealing the activity can also serve as a way of trying avoid appearing as an incapable worker or hide being a different "other" worker with family obligations.

"Sometimes you just have to veil yourself because it can be very much resented from people who have never had to do it or watch a loved one in the same situation, maybe they think it's not fair you get a break to do this or maybe they're not comfortable with it." (Deb, accounting clerk).

"The lady holding our meetings asked why I was running late from breaks (during a conference) and when my co-workers explained to her that I was going up to my hotel room to pump she said breastfeeding just tied women down and then when I came back she even told me she didn’t like it and she didn't encourage it. She even said it like that and that's just wrong...Breastfeeding is something very natural and yet it is still so taboo and you are made to feel dirty and wrong, like you are sneaking or doing something dirty and it shouldn't have to be that way..." (Jill, property manager)

"You are hiding something that is very natural and shouldn't be a big deal and you know the benefits. It would be helpful for moms to get more support and not feel like you are doing something wrong as an employee and not being able to be open about it...Some of my peers were ok with it but some would make snide remarks when I would come back (from pumping), 'Oh have you relieved yourself
"If there was ever any mention in the office that I was breastfeeding, there would be an immediate 'I don't want to hear anymore. That is gross.' response. So there was a distaste for it (breastfeeding). And they would say things like 'I didn't want to knock on the door because I didn't know what you were doing in there.' I can be very good at hiding things. I mean they didn't know what I was doing."

(Lola, attorney)

“Even in my own office, with all the blinds shut and the door shut and locked, I felt the need to cover myself with a blanket and turn away from the door. I don’t know why. I don’t even do that when I breastfeed out in public or anywhere else.” (Kay, attorney)

Often the participants without private offices, or those required to go outside their office for work duties for extended periods, described going to places to use a breast pump like a maintenance closet, the bathroom, or the backseat of a car, as if using a breast pump is an covert activity. One participant described being asked by her manager to "put all that stuff away" regarding any breastfeeding items (e.g. her pump, drying bottles and attachments etc.) she stored in an empty office prior to a visiting manager coming to her workplace.

Several of the mothers discussed storing their breast milk in the staff refrigerator using inconspicuous containers, such as brown paper bags, and using inconspicuous breast pump bags that would not be noticed by others. Also, the noise of the breast pump was a concern for some of the participants:
“I turn up the air in the office so the heat pump kicks on and they won’t hear my pump.” (Gail, payroll officer)

“I’m sure everyone wondered what I was doing in there with that noise since there was just a curtain. It was embarrassing but I wanted to breastfeed as long as I could.” (Ruby, registered nurse)

**Subtheme: “if they would just let me”**. Participants expressed an overwhelming desire to be in control of their own lactating bodies and over aspects of their workplace environment conducive to accomplishing sustained breastfeeding after returning to work. The ‘they’ in this theme refers to the unsupportive entity of the workplace world of others. The participants were faced with the unattainable task of being in control of lactating bodies within a constrained world of the workplace and this contributes to several aspects of conflict including time as discussed earlier in this chapter. Having control over their workplace environment minimizes conflict and stress in participants.

The subtheme “If they would just let me” is primarily about control and how that control is different at work as part of the theme “At work, it is just different,” yet it also shares some considerable space with the theme “As your priority, it consumes you” in that the participants were always faced with the material facts of their lactating bodies and their own body’s relationship to functioning in the given workplace environment. The workplace world presents a different social context with differing social processes, which determine control and freedom, to breastfeed. Some of the participants question who is in control of their lactating bodies:

“You wonder who is in charge your body, really even to just taking time (to breastfeed). It’s (breastfeeding) a very obvious commitment to something
outside of work. A lot of it is the idea that ‘I am paying you money to work for me I own you for at least the time you are in the building, I own you and all of your time here is mine.’ It’s just an approach to how it’s (breastfeeding) is viewed. But it’s my body, not theirs…” (Kay, attorney)

“There is this view that you and your body are not cooperating with the work mission but breastfeeding is a normal natural bodily function. It’s part of life and it’s the workplace really that’s uncooperative not you, not your body. I think some people see it the other way around. I always got my work done though. Always.” (Rita, licensed practical nurse)

For one participant, she wanted control over who knew she was breastfeeding at her workplace and control over the privacy over that information.

“I don’t mind that I am breastfeeding, I guess I just don’t want them to know I am going to go pump. That is best for me and my family but I don’t like them going ‘oh I know where she is going, oh I know what she is doing, there she goes’ and ‘oh I guess she is done now.’ I didn’t like carrying the bag because everyone knows ‘oh that is her breastfeeding bag.’ I just felt like that was my private information. I mean I like telling people but I don’t like them figuring it out for themselves.” (Beth, collections telephone representative)

It is significant that several participants used the word or a variation of the word ‘allow’ in connoting gaining employer acceptance or permission to continue to lactate after returning to work:

“You have to have a job that allows you…” (Deb, accounting clerk).
“I’m thankful I was allowed to do this (pump breast milk) at work”
(Sara, staffing agency representative)

“Everybody (at work) knew I was going to breast feed but there was this whole ‘can we allow this?’ awkward conversation.” (Rita, licensed practical nurse)

“You have to be comfortable saying, ‘Can you allow me some time to pump?’” (Jill, property manager)

Some of the participants specifically discussed how regimented break times contributed to engorgement and having a desire for more flexibility in pumping schedules.

“You know how you get that feeling where it (breast) is hard and I could not get any relief. I needed that release and just not being able to pump whenever I needed to was a problem. I wish it was more lenient when I could go pump. I would have enjoyed it more. I could still do my job and breastfeed if they would just let me.” (Beth, telephone collections representative)

“You are trying to schedule things (pumping) that sometimes just can’t or shouldn’t be scheduled.” (Gail, payroll officer)

**Subtheme: “not what I expected”.** In the theme “not what I expected”, participants reported another distinctive difference between accomplishing breastfeeding at work and at home, or in other social contexts such as shopping or dining out. Many of the dissimilarities between the world of the workplace when compared to world at home or other in social worlds were unanticipated. All of the participants reported experiencing some level of their being a breastfeeding employee was not meeting
their expectations. These unforeseen experiences contributed to the conflict described in the central theme. Participants overwhelmingly reported accomplishing breastfeeding while at work, whether pumping or driving to their infants to nurse during lunch, was more difficult than anticipated but still felt rewarded by the rewarding feeling of providing their infant with breast milk. What participants viewed as authoritative sources on breastfeeding, such as books and healthcare providers, are received with relatively low appraisals of value when compared to understanding colleagues who have experience breastfeeding or to supportive managers.

"It was not what I expected. It’s hard. I’m working and breastfeeding and this is not what it looks like on TV. It’s not easy. I think I underestimated that and I am so grateful for the many strong and amazing colleagues who helped me accomplish it. They really carried me sometimes.” (Mary, pediatrician)

"It helped that my boss had breastfed her children and so she understood. I think it was still tougher than I thought it was going to be but I’m glad she understood how important it was to me.” (Jill, property manager)

“What I remember is that it was very stressful. It was not the nice bonding experience that the text books tell you that it is and I had the bonding at home with her but when you get into the workplace it was very hard. ” (Ruby, registered nurse)

"The doctor told me I needed to get on the ball and if he did not stop losing weight, I was going to have to stop breastfeeding and switch to formula.
They way he put it was very upsetting to me and it stuck with me and just intensified things at work with me trying to pump and work, and that’s not in those crazy books. I wonder sometimes just how many of the doctors or those people writing those books have had to work and breastfeeding.” (Lola, attorney)

Some of the participants reported being surprised by resentment from co-workers and by the level of intolerance from their superiors despite being professionals.

“You would think that when you are a professional and you have your own office space and a door that shuts and locks that it would be easier to breastfeed or pump but it isn’t. Partners were always knocking on my door or trying to open it when it was locked. It was surprising to me that it was that much of a pain to do it and that much visible resentment from my bosses with the eye rolls and comments” (Kay, attorney).

“I had to fight some battles with people who should have in theory really understood it (referring to supervision attending pediatricians knowing health benefits of breastfeeding), but did not want to allow me to take the time to go (pump). (Mary, pediatrician)

“It’s kind of ironic that I work in healthcare and it (breastfeeding) was made to be so difficult and I received so little support.” (Ruby, registered nurse)

Subtheme: “You have to be brave.” The subtheme “You have to be brave” is another component of the theme “At work, it just different” and relates to the bravery participants described is needed when discussing and engaging in
breastfeeding at the workplace. A more pronounced sense of bravery is needed in the social world of the workplace and this subtheme represents many elements of the central theme “there’s conflict” since participants are confronting opposing forces to breastfeeding. Many participants reported being the first or only employee at their workplace to breastfeed while working and they perceived that bravery is needed to face feelings of isolation or being different. Being different from other employees, who may not have breastfeeding experience directly or indirectly, was commonly described as an “other” form of being alone. Bravery is also necessary when dealing with the exhausting task of making time to pump milk, as some participants discussed having to stay longer, miss lunches, or take work home to accomplish workplace duties due to the time loss while pumping. Participants also discussed how bravery was necessary when confronting co-workers and supervisors who not only can be unfamiliar with breastfeeding needs, be can be unsupportive, resentful and in some cases hostile toward breastfeeding in the workplace. In some instances bravery relates to bringing up breastfeeding, which can be seen as a taboo or embarrassing topic as discussed in the subtheme “veil yourself”:

“*You have to be brave, have to be willing to talk about it (breastfeeding), even though some consider it still to be taboo, to get what you need*” (Jill, property manager)

“I definitely think there needs to be a trailblazer so to speak. At least then there is some reference point. Many of the problems are created by a lack of familiarity with breastfeeding and a lack of respect for what is going on and
what is needed. There is a lot of resentment too. Employers don’t believe it is their responsibility to allow this. It’s viewed more as a choice or a mess you’ve created and you need to deal with. There is very much the mentality that ‘I am paying you for you’re time here.’ I basically felt like I needed to get another attorney to come in and tell them they had to let me do it. What my rights are. I’m pretty outspoken. So well, continuing to breastfeed after you go back to work, well it’s tense sometimes” (Kay, attorney)

“So I really had to fight some battles with people that were above me so that was a bit overwhelming. There was one attending who I knew was going to give me a lot of grief for needing time to pump. I just knew it. It took some courage because I was a subordinate going up against a superior, but refusing to compromise on breastfeeding, so yes, that did take a bit of a pep talk to myself and I really had to put on some armor to go in and do that...I will step away every three hours for twenty minutes to pump and that is not an option on the table for compromise but what is on the table is how are we going to work around that. Are there specific things you would like for me to do in that twenty minutes that I have stepped away?, or can we round twenty minutes early or start late? I was just armed with some alternatives that I could see to work around it “What do you think we should do because you are the boss?” “(Mary, pediatrician)

“Certain personalities can’t handle the dirty looks when you say you need to go pump and would give up. Luckily, I’m an assertive person. Some
women just aren’t comfortable stepping way from their desk. You have to have a ‘this is what I’m doing’ attitude to survive” (Ann, physical therapy assistant)

For some participants, part of this bravery relates to being alone in the workplace as the only breastfeeding employee and trying to figure out how to accomplish breastfeeding while at work in isolation:

“There was no equipment available, no space available. I had to go, seek, find, argue my case...I just had to figure it out on my own, how to make it work, how to do it by myself...It was overall very negative. Definitely not for everyone.” (Ruby, registered nurse)

“I didn’t really have anyone to help so I was just on my own to do it and I’m very strong willed and at that point I had breastfed before so that helped but I’m not sure if I could have managed as a first time mom. There was no policy, no one to ask really no one from human resources said anything about it” (Kay, attorney)

Theme Three: “I’ve Accomplished Something Here”

Despite considerable difficulties, participants expressed a sense of pride in breastfeeding their infants and a sense of gratitude for any support they received at the workplace that contributed to their success in accomplishing breastfeeding in the workplace. Even accommodations that are considered unsupportive of breastfeeding by the recommendations previously discussed in the literature review in chapter II (e.g. no locking door, no sink), were received with gratitude by participants. For example, one participant reports how “thankful” she was that “they let me use a maintenance closet” that she shared with a maintenance worker in order to pump. It is an interesting contradiction that while almost all of the participants described combining breastfeeding
and employment in an overall negative context, many of the participants used the word “lucky” in describing how conducive their employment setting was to breastfeeding. Overall participants considered themselves fortunate to be able to breastfeed at work and many of them spoke of a recognition of their own privileged employment positions that they felt allowed them to accomplish breastfeeding.

“I’m glad I was able to keep that bond with my child. It wasn’t easy but I did it and I know many women probably don’t have that opportunity.” (Deb, accounting clerk)

“I had my own office so that part was good. If I was still a teacher in the classroom, I don’t know if I could have managed. It would have been much tougher. I could see why many women don’t do this.” (Sue, elementary school principal)

Many participants found accomplishing breastfeeding while working full-time a transformative experience:

“I used to be pretty preachy about it (breastfeeding) but now I totally get why some women don’t do it. I mean why subject yourself to this? I was lucky that I did it. If I was that administrative assistant sitting outside my office door, I couldn’t have.” (Lola, attorney)

Most of the participants acknowledged with gratitude colleagues, co-workers, or supervisors that were played a critical role in helping them accomplish breastfeeding while working:
“I had an amazing group of colleagues, just amazing that they had been there before and could just empathize if I got tearful because I was too busy to leave during lunch to nurse...” (Mary, pediatrician resident)

“I am very fortunate to have a supportive boss. She breastfed and she knows what it is like. She got me a lock for my office door.” (Sara, staffing agency representative)

Some of the participants related this sense of accomplishment back to meeting pressures about feeding expectations:

“There is some real pressure out there to breastfeed, especially now that just wasn’t there 10 or 15 years ago and really in women who are of my own socio demographic there is just this expectation there, so I feel like I really did accomplish something but not just for that pressure I felt, for me.” (Lola, attorney)

Overall, participants felt a deep sense of triumph or success in sustaining breastfeeding while employed despite opposing forces in all of the other themes and the significant conflict and stress they encountered.

“It was hard but I felt like it was a big success. It’s the thing I am proud of that I did for her” (Mary, pediatrician)

“All of the odds were against me but I did it. I was determined and there is this big sense of accomplishment. I’ve accomplished something here.” (Ann, physical therapy assistant)

“It was hard to do but very rewarding. It was a lot of hassle but it was worth what I had to go through, just knowing all of the health benefits...” (Lola, attorney)
“Just knowing when he is weighed, I did that. He is growing because of what I gave him, makes me feel good” (Deb, accounting clerk)

This sense of pride extended to participants who weaned early because of difficulty at work, despite some conflicted feelings of guilt:

“Something had to give and I made it to eight months, overall I think it was a success but sometimes I think I could have made it a little further, like a marathon you think, only a little further. I know she benefitted something from those eight months and I feel really good knowing I could do that for her” (Jill, property manager)

“I know she (daughter) got some benefit, even if I had to wean before I wanted to.” (Kay, attorney)

Summary

The world of the workplace as generally insensitive to the challenges of the employed breastfeeding mother served as the context for every participant on some level. A total of three interconnected themes emerged from the transcripts of 13 participants with these themes all manifestations of the central theme of “There’s conflict” and how these mothers experienced the world of the workplace. A paramount commitment to mothering their children by breastfeeding was present throughout all the transcripts. This commitment is often contradicted or conflicted amid engaging with opposing forces within the world of the workplace including being an “other” employee. The overall experience of the employed breastfeeding mother can be summarized as one of conflicting emotions and contexts, stressful, relentless, and a struggle for control to accomplish breastfeeding countered with a
deep and rewarding sense of triumph and accomplishment for sustaining breastfeeding while employed.
Chapter V

Discussion

The purpose of this study was to describe the experience of breastfeeding mothers who work full time. Using a phenomenological approach based on the works of Merleau-Ponty (Appendix G), 13 interviews were conducted with participants having experience breastfeeding while working full time outside the home. Prior to interviewing participants, as the principal investigator, I participated in a bracketing interview to identify my own suppositions about breastfeeding while employed. The bracketing interview revealed that I hold a deep level of respect for working mothers who accomplish breastfeeding. All participants were asked to describe their experience of working full-time while breastfeeding. The digital audio recordings were transcribed verbatim and analyzed using a hermeneutical approached developed by Pollio (Pollio, Henley, & Thompson, 1997) and applied to nursing research by Thomas (Thomas & Pollio, 2002). Each interview was examined within the context of all of the interviews to identify themes throughout.

The participants described their experiences, ranging from years in the past to those who were currently breastfeeding and working full time during the time of their interviews. The clarity with which the participants described both distant and recent particular instances that stood out to them suggests that the memories held significant meanings to and for them. Almost all of the participants found it easy to discuss a particular instance that stood out to them as one participant said, “It’s still clear to me.” Almost all of the initial particular instances described were a somewhat negative experience, yet all of the participants at some point in the interviews described a positive
sense of “reward” or “accomplishment” for breastfeeding while working full time and many expressed “gratitude” for supportive co-workers or superiors. The words they used reflected what their experience was like to be a working breastfeeding mother. They described the world of the workplace through personal experiences. A thematic structure developed from their shared themes of the interviews provided some new insights into the experience of working breastfeeding mothers.

A phenomenological approach allowed for many elusive embodied and social aspects of breastfeeding in the workplace to be revealed. While many participants regarded their experiences as “everyday” or “ordinary,” subtleties in their stories revealed rich information, particularly on the social significance of breastfeeding as an embodied activity. The findings revealed in their experiences supported and refuted findings in prior research on employed breastfeeding mothers. In this chapter, the implications of findings of this study and relevant research will be discussed.

**Contextual Grounds**

Breastfeeding, like many aspects of a woman’s life, always occurs in a context and these contexts involve support or lack thereof. For the employed breastfeeding mothers in this study, the largely unsupportive world of the workplace is the primary contextual ground with aspects of their experience becoming figural at any given moment. Participants described their work experiences within an ever-present context of being a breastfeeding mother with their infant as their priority. The contextual ground was changing one and it seemed to depend on the social context. The world of the workplace was experienced a unique social context as discussed in the theme “at work, it is just different.” The changing nature of this contextual ground is consistent philosopher
William James (1890) called successive mutations of fields of consciousness which led to a mind-world connection of what he termed streams of consciousness. The fields for these participants relates to the fuzzy nature of the margins in their own streams of consciousness in terms of the overlapping and shifting ground of mothering their infants and the world of the workplace.

**Time**

The world of the workplace is grounded in time and time was a major concern and source of conflict for the participants, and in particular taking the time to pump cut heavily into their workday time as discussed in Chapter IV. Participants expressed the need for vigilance in paying attention to time in order to be careful to pump frequently to keep up their supply and to complete their work duties in a timely manner. Their reported experiences with time are consistent with many aspects of the three categories of the experience of time identified in phenomenological research by Dapkus (1985): change and continuity (becoming in time), limits and choices (limits in time) and tempo (pacing in time). The first category of change and continuity relates to “a becoming in time” and refers to the fact that things (people, nature, etc.) are constantly changing yet still have continuity. Many of the participants in this study related to the body (in time) as they recounted their experiences of trying always to be aware of bodily cues such as engorgement in relation to the clock and how much clock time had elapsed between pumping breast milk, as discussed in the theme “as your priority, it consumes you.”

Dapkus’s (1985) second category of the experience of time, limits and choices, refers to the fact that people feel they choose how they spend their time although there are limits on what they can do because of the amount of time they have. This category
defines the experience of doing in time. Participants in this study indicated time weighed on them as they made many, many references to cultural aspects of time such as clock time and scheduling. The use of clock time largely determined by their social order as a worker as some workers felt more entitled to take time away from work duties to pump than others. Participants also made many references to the self in time such as knowing exactly how much breast milk they could produce in a given specific amount of time and acknowledging making a choice to take time to pump breast milk at work because of the value they place on mothering. Some of the participants viewed this time as a “sacrificial” choice. Participants also reported limits on what they could do in time in the time they had because of the physical limits of having to stop or delay work duties in order to pump. Many of the participants spoke about the limits in time in such phases as “I can’t be everything to everyone.”

Dapkus’s (1985) third category of the experience of time, tempo in time, relates to the pace of time. Participants made many references to the self in the world aspect of this category in that some considered themselves or others “fast” or “slow” pumpers based on how many ounces of breast milk they could produce in a specified amount of time. Participants also made references to the values and moods of time aspect of this category when recounting becoming frustrated with disruptions in their pumping sessions.

**Embodiment**

As discussed in chapter IV, participants experienced an ever-present consciousness in the workplace of being a breastfeeding mother including an increased awareness of the pressures of time and of one’s body. This study contributes to a scarce body of knowledge on breastfeeding as a deeply embodied experience (MacGillivray,
1985; Shaw, 2004; Thomas & Pollio, 2002). The findings of this study further support MacGillivray’s (1985) lived body categories of engagement, corporeality, and interpersonal within the themes “As your priority, it consumes you” and “At work, it is just different.” Engagement relates to an awareness in which the person experiences his or her active body within a world in which the body experience is reported in terms of a complete unawareness of the body, as an activity focusing on concrete movements, or as vitality in feeling alive and absorbed in the world. Employed breastfeeding mothers experience the world of the workplace both by and through their breastfeeding bodies. For an employed breastfeeding mother being truly unaware of one’s body while functioning in the work does sometimes happen, “those hours can go by fast,” as they become absorbed in their work duties. This presents a potential conflict with the ever present context of being a breastfeeding mother, as discussed in theme one “As your priority, it consumes you,” because “you have to be careful” to pump frequently to avoid dips in supply, painful engorgements or embarrassing leaks. Bodily cues or awareness that it is time to pump created a hyper awareness of their body and their movements became more concrete.

The second thematic category of corporeality relates to experiencing the body as an object or instrument for meeting goals. In the theme “At work, it is just different,” the participants described breastfeeding at work as mechanical or “clinical” with “pieces and parts” as they were hooked up to breast pumps in the workplace contrasted with pleurably nursing their infant at home. While this more mechanistic process was a means of meeting the goal of providing breast milk to their infants, participants found it more difficult and less enjoyable with less bonding than “just nursing at home.” In this
context, the body becomes more of an object for meeting goals and pumping is deemed functional and necessary rather than pleasurable, empathetic or nurturing. Meeting their goal also required a serious commitment and this creates an ever-present context of mindfulness of the body such as paying attention to the time between pumping, the amount pumped, and a general awareness of body cues such as breast engorgement.

Appearance and expression of self combine to form the third category of interpersonal meaning. While all the participants expressed a sense of pride and emotional well being in knowing they provided breast milk for their infants, they were limited in their expression of self since breastfeeding sometimes made them or their co-workers feel embarrassed or uncomfortable and they felt compelled to conceal aspects breastfeeding activity as discussed in the subthemes “veil yourself.”

Themes and The Literature

The encompassing theme of “there’s conflict” represents the overall experiences of mothers who pump breast milk in their workplace. As breastfeeding mothers in the workplace are confronted with the demands and realities of breastfeeding while working full time, the social and emotional conflicts and contradictions are numerous and complex. While earlier research on experiences of employed breastfeeding mothers identified conflict, this conflict was primarily explained as general role conflict (Mlay, Keddy, & Stern, 2004). This research supports the view that the conflict breastfeeding mothers experience at the workplace is much more substantial in many different aspects. This conflict is rooted in the conflict experienced in living out both the embodied ethical identity of a mother and the role of a paid worker. The significant complexities of the underlying social conflicts surrounding breastfeeding that the participants experienced is
barely acknowledged in health promotion literature and or in biologic discourses on breastfeeding. Using a phenomenological approach in this research permitted a more critical analysis and interpretation of some of the deeper and hidden social meanings of the participant experiences. Each of the three themes contained in the central theme “there’s conflict” yields some insight into some of the more elusive aspects of this conflict.

In the theme “at work, it is just different,” participants discussed the social world of the work place as insensitive or unsupportive of breastfeeding when comparing it to other social worlds. The participants in this study were no different than the working breastfeeding mothers in previous studies in that they rely heavily on social support in order accomplish breastfeeding after returning to the workplace (Dick & Evans, 2002; Johnston & Esposito, 2008; Kimbro, 2006). Also consistent with earlier research, participants spoke of many of the previously identified mechanical barriers in the literature, such as finding time and a private place to express milk, that they encountered at the workplace (Duckett, 1992; Hills-Boncyk et al., 1993). What is less evident in the literature are the difficult and unaccommodating social attitudes toward breastfeeding that can be magnified in the workplace also described by the participants.

Previous literature has identified work as a barrier to breastfeeding and mothers view that combining breastfeeding and employment is not possible without considerable stress (Galtry, 2007; Kimbro, 2006; Rojjanasrirat, 2004; Stevens & Janke, 2003). The theme “As your priority, it consumes you” is congruent with this literature but describes in greater detail some of the everyday stressful pressures these mothers face at the workplace and offers a much richer understanding of their experience. Consistent with
research by Duckett (1998) and Stevens & Janke (2003) that emphasizes the role of commitment in breastfeeding while employed, participants in this research all expressed a solemn commitment to breastfeeding as a priority for their child requiring planning before returning to work. This commitment sets the foundation for how being a breastfeeding mother fills one’s consciousness in the world of the workplace discussed in the analysis of theme.

Through the narratives of employed breastfeeding mothers, one can cull from the secrecy surrounding breastfeeding that pumping and breastfeeding signify embodiment, sexuality, and motherhood. This conveys opposition to the business and the mission of the workplace. Perceived unsupportive or disapproving attitudes contribute to the shameful stigma and protective mechanisms described in “veil yourself,” a subtheme of “at work, it is just different.” This subtheme demonstrates other aspects of how the world of the workplace differs from other social worlds for the participants and is consistent with findings in earlier research, suggesting that employed breastfeeding mothers feel a need to hide breastfeeding at work and experience aspects of embarrassment, while trying to accomplish breastfeeding at work (Mlay, Keddy, & Stern, 2004; Payne & Nichols, 2009).

It is interesting that the participants either reported experiencing embarrassment for themselves, or feeling a strong need to keep others from being embarrassed or uncomfortable because of the decision to express milk at work, or both. As described in the subtheme “veil yourself,” the participants in this study felt a need to conceal breastfeeding, at least on some level. Some would go to great lengths such as turning up the air conditioner to muffle the noise of their breast pump or to hide their expressed milk
in inconspicuous containers in the refrigerator. This concealment seems quite contradictory given the widespread recognition among the participants of the health benefits of breastfeeding and suggests that while mothers are receiving the message that breastfeeding is healthy, it is not necessarily something they would want their employer to know about.

While there is little in the formal literature on this, a need for concealment is consistent with Payne & Nichols (2009) secondary discourse analysis study that revealed many employed breastfeeding mothers reported needing to be “silent” or “invisible” as a breastfeeding employee. Participant reasons for concealing breastfeeding are numerous and complex, including avoiding shame and fear of being viewed by others as an encumbered employee who is perceived as a threat to the mission of the workplace. This concealment is also consistent with research by Brouwer, Drummond, and Willis (2012) using Goffman’s (1959) theory of social interaction to examine first time mothers’ experiences with social norms of breastfeeding infants under three months of age. While this study did not include employed mothers, the themes “no shame, no gain” and “exposure factor” were similar since breastfeeding in public is not acceptable or supported and participants worried about the social views of breastfeeding. Participants in this study had many of the same concerns about social views but felt that the world of the workplace was different in that it was either the first time they encountered negative views or in that the world of the workplace just intensified some general social concerns on how to conduct their body in accordance with social norms, as one participant in this study explained “work adds another level.”
As mentioned in the theme “As your priority, it consumes you,” and the subtheme “veil yourself,” many participants experienced a heightened awareness of how they conducted their lactating bodies. This heightened awareness of bodily conduct correlates with the classic feminist essay ‘Throwing Like A Girl,’ in which Young (1977) describes feminine motility as an inhibited intentionality while discussing research supporting that young female children use less spatiality in movements than male children. Using less spatiality can be likened to the concealing behaviors reported by the participants.

Participants all expressed that combining breastfeeding and employment contained some unanticipated elements in the subtheme “not what I expected” and some of these unanticipated elements relate back to how the workplace is unlike other social worlds as discussed in “at work, it is just different.” Many were not expecting the level of difficulty or the physical exhaustion associated with pumping, and some participants were surprised by the resentment the encountered for pumping at the workplace. These findings support research suggesting that healthcare providers are not adequately preparing breastfeeding mothers in transitioning back into the workplace after giving birth (Hauk & Iruita, 2003).

In the subtheme “You have to be brave” participants discussed how one must have courage to manage the physical demands and social tensions associated with breastfeeding while employed. Some participants also described the conflict that arose when negotiating time to pump breast milk and co-workers who were unsupportive or resentful toward them. This is consistent with research supporting that mothers perceive breastfeeding and employment cannot be combined without a good deal of additional stress (Kimbro, 2006; Rojjanasrirat, 2004; Stevens & Janke, 2003). Many of the
participants expressed an understanding as to why mothers choose not to breastfeed after returning to work making such statements as “it’s not for everyone”, “it’s good for your heart, but not for the faint of heart”, “certain personalities can’t handle the evil eye” or questioning why “anyone would willingly do this” in referring to dealing with resentment and physical demands of pumping breast milk in the workplace. These findings suggest that women with a negative self-image may be less willing to attempt to breastfeeding at work. While negative social views have been reported in the research to advance the decision not to breastfeed (Johnston & Esposito, 2008), present findings further the argument of how breastfeeding can be dependent upon the social approval of those around the mother, including those at the workplace.

A dependency upon approval also contributes to the struggle for control described in the subtheme “If they would just let me.” This theme was seen to be primarily shaped by a desire for control and freedom of, and for, their lactating bodies as one participant expressed “It’s my body, not theirs.” Participants expressed an overwhelming desire for more control over work environments, such as when and how long they could take breaks to pump breast milk in order to provide their infants with optimal nutrition. This desire for control has not been formally addressed specifically in breastfeeding research on employed mothers but does have strong similarities to the general issue of a woman’s body’s as a “battleground for control” that is found in much feminist literature (Schneir, 1994).

In the third theme “I’ve Accomplished Something Here,” participants expressed a profound sense of accomplishment and triumph using words such as “proud” and “worthwhile” to describe how they felt in accomplishing breastfeeding in the workplace.
Many of the participants described overcoming significant obstacles or opposing forces in order to accomplish breastfeeding, as one participant described: “all the odds were against me.” Participants also discussed how knowledge of the health benefits of breastfeeding brought an increase sense of commitment and obligation to breastfeed, as one participant described: “I took those recommendations very seriously.” Commitment has been noted as a predictor of breastfeeding in earlier research (Dick & Evans, 2002). This sense of commitment may also play an important role in the complex motivational process behind the strategic planning required for sustaining breastfeeding described in Duckett’s (1998) research on planned behavior and breastfeeding.

Although participants considered more formal breastfeeding resources, such as health care providers and books, as good sources of overall knowledge which increased their sense of commitment, what they reported as most supportive of accomplishing their breastfeeding goals was peer support from co-workers or colleagues with experience breastfeeding while working. These peers were perceived as providing them with practical and useful advice that applied to everyday situations. The importance the participants placed on their peers, as being vital to their success is consistent with numerous other studies underscoring the importance of social support (Dick & Evans, 2002; Johnston & Eposito, 2008; Kimbro, 2006; Stevens and Janke, 2004).

Implications

Education and practice implications. This study is consistent with the body of previous research that working breastfeeding mothers need social support (Dick & Evans, 2002; Humphreys, Thompson, & Minor, 1998; Johnston & Esposito, 2008; Kimbro, 2006) and with Hauk & Iruta’s (2003) suggestions that many breastfeeding mothers are
often let down by health care providers as a practical resource. Participants in this study acknowledged that the work environment is very different from other social environments in the theme “At work, it is just different” and expressed gratitude for co-workers and supervisors that helped them accomplish breastfeeding. Many of the participants expressed disappointment in the level of support received from health care providers for practical advice and reported having to “figure it out” on their own when discussing how they initiated breastfeeding at the workplace. As the most reachable and often the first point of care, nurses must recognize the multi-dimensional needs of vulnerable working breastfeeding mothers. These findings further emphasize the need for breastfeeding to be taught in nursing curriculum as a standard of care in order for nurses to be competent and reliable first contact resources on human lactation rather than depending upon referrals and leaving lactation as an area for specialists alone.

Breastfeeding knowledge should not be viewed as esoteric.

While increasing public knowledge, including employer knowledge, of the health benefits of breastfeeding and the importance of breastfeeding support remains important, it is only one aspect educational aspect of health promotion. As professional health practitioners adhering to the highest standards of ethical behavior in providing the best possible care for individuals and families, nurses must give breastfeeding mothers every reason to trust our knowledge and judgment. Breastfeeding information must always be presented to the patient honestly and completely. While it is never acceptable to use coercion, nurses should honestly discuss with breastfeeding mothers desiring to continue to breastfeed after returning to work the likelihood of difficulty and potential strategies to address barriers. Presenting a realistic picture of what breastfeeding can be like after
returning to work can help avoid some of the unexpected stresses discussed in theme “not what I expected.” Additionally, to minimize pressure or guilt in breastfeeding mothers, nurses must be sensitive to the psychological and socioeconomic concerns of the mother and the social and economic costs of breastfeeding in order to facilitate informed decision making and recognize that the mother makes the final feeding decision.

**Policy implications.** As awareness of the health benefits of breastfeeding grows and if the numbers of breastfeeding mothers continues to increase, removal of barriers that prevent mothers from breastfeeding will also need to grow. While an amendment under the Patient Protection and Affordable Care Act (ACA, 2010) requires some employers to provide reasonable unpaid time and a private space to pump breast milk, this legislation is not without some serious limitations. The law does not define what a reasonable time is nor what should be included in the private space (e.g. locking door). This is problematic because all of the mothers in the study who did not have access to a lactation area reported interruptions while pumping, including those with their own private offices, many also expressed financial concerns over the cost of needing to take time to pump. Also, provisions of the ACA (2010) are similar to the FMLA (1993) discussed in chapter I, in that the provisions for accommodating breastfeeding only applies to employers with more than 50 employees. The provisions only apply to employees covered by the Fair Labor Standards Act (1938). Generally, that means hourly workers and not salaried workers are covered, although the actual distinction is fuzzier. If the number of working mothers qualifying for FMLA (1993) provisions are any indication (Waldfogel, 2000), a preponderance of working mothers are not likely to
qualify for federal protection. However, while the law doesn't protect everyone, it sends
the important message that employers should take breastfeeding at work seriously.

Perhaps the most important policy implication of this research is revealed in the
subtheme “veil yourself”, in that workplace lactation policies need to be re-
conceptualized in order to dismantle the gendered assumptions and notions of ideal
workers as inherently detached and disembodied individuals unencumbered by family
commitments. Some of the participants expressed significant guilt over leaving their
infant at home or in taking time to pump and many encountered open resentment for
taking this time by co-workers or supervisors. New workplace policies must be gender-
sensitive and challenge ideology that searches for androcentric solutions which attempt to
render female employees, especially mothers, more like their male peers who do not
breastfeed. Gender sensitive rather than gender neutral approaches acknowledge the
social community interconnectedness that facilitates breastfeeding. This importance of
social relationships supportive of breastfeeding is evident in the literature and is affirmed
by many of the participants in this study as they acknowledged supportive co-workers or
supervisors who were critical to their success (Humphreys, Thompson, & Minor, 1998;
McInnes & Chambers, 2008).

Workplace support is important to the success of employed breastfeeding mothers
and, as discussed in the literature review, employers often cite the motivating reasons for
supporting breastfeeding as a business case such as decreased sick days, decreased
turnover, and employee wellness packages useful for recruitment (Chow et al., 2011;
Dunn et al., 2001). While there is little doubt that family friendly workplace policies,
including lactation policies, play a major role in assisting employees in balancing their
work and family commitments, workplace policies are inadequate if they are regarded by employers as perks rather than as a general entitlement without government mandates. Trying to persuade employers to adopt such policies by making the business case for lactation policies (i.e. increased retention, fewer employee sick days) reinforces and fails to challenge this deeply held notion of the productive disembodied male worker as an ideal norm within workplace ideologies. Such research studies and promotional literature campaigning for breastfeeding (Cohen, Myrtek, & Myrtek, 1995; USDHHS, 2008), framed around a business case for breastfeeding, such as decreasing turnover or employee sick days, denies gender sensitivity. Also, as Galtry (2001) points out, using the business argument to promote workplace lactation policies, upholds the perception of lactation policies as the employer’s responsibility to be encouraged through market mechanisms rather than framing breastfeeding support as a social responsibility.

The business argument highlights a rather narrow conception of rights within the American workplace. After the birth of a child, all women’s bodies go through lactation and to deny them that ability, if that is their desired feeding choice, is to deny them control of their own bodies. As human beings we both have bodies and are bodies. We are actively positioned as decision-making or self-determining agents, and the query of how women might live out their ethical identities as mothers becomes an important one. As the participants described in the theme “If they would just let me”, they struggled to have control over their own bodies and aspects of the workplace environment to accomplish breastfeeding. A lack of control contributed to feelings of psychological distress. To address inequities, breastfeeding friendly workplace policies must recognize
breastfeeding as a right rather than a whim or employment perk thus furthering the argument for policy at a federal level.

Nurses must advocate for working breastfeeding mothers and infants by being visible proponents for federal provisions that provide genuine family support in the workplace. Otherwise encouraging breastfeeding rings hollow and may make vulnerable mothers feel more pressured to breastfeed when there are little or no workplace provisions to do so. To be an effective advocate, nurses must recognize and ethically question some of the current norms at the heart of the workplace including: valuing technology, efficiency, and detachedness over caring, nurturing, and connectedness; the image of the ideal disembodied worker; and policies founded on the assumption that young infants spend many hours a day away from their parents. Nurses must also recognize that lactation policies currently represent a double edged sword in that while they facilitate lactation that may be otherwise inaccessible, they also facilitate and are laden with social and cultural pressures and expectations unaccompanied by any attempts to spread the cost of breastfeeding, including the cost of the mother’s time away from her metaphorical desk. Not only does this pressure produce tired and drained mothers but, as Mozingo et al. (2000) pointed out can lead to depression and guilt in mothers unwilling or unable to breastfeed.

**Social implications.** More supportive policies are only the beginning of changing cultural prescriptions concerning the appropriate roles for men and women and simply following the minimum letter of policy ignores the social spirit of such policy. In Western culture, men and women in general have a hard time talking seriously about breastfeeding. While there are many reasons for this, the dichotomy that exists between
motherhood and sexuality and the objectifying media presenting the breasts as objects for solely for sexual pleasure rather than for infant feeding are significant contributors since breastfeeding challenges these views. Thus, breastfeeding remains a polemic issue in the United States. This research contributes to the scarce body of knowledge on the social tensions surrounding breastfeeding at the workplace (Hoffnung, 2011; Rosin, 2009).

Breastfeeding should not mean that one is to be excluded from public life, including the workplace. The stigma of shame described within the subtheme “veil yourself” is also consistent with Chrisler’s (2011) research on how women’s body fluids (i.e., menstrual fluid, breast milk) have been positioned in popular culture as disgusting and this has lead to stigmatization of aspects of women’s body’s, such as leaking breasts, as social or cultural threats. This stigma of shame found within these themes and the pressure and guilt many of these participants spoke of is also consistent with Chrisler’s (2011) identified paradox of how mothers experience the social stigma on breastfeeding mothers and non-breastfeeding mothers alike. The impact of this concept of marginalization, a form of social exclusion, may be useful in exploring breastfeeding in the case of the modern isolated Western mom. Participant descriptions of the concealing aspects of breastfeeding, or of trying to make being a mother invisible, can be likened to the social stigma and marginalization described in research in other populations such as transgender individuals and intravenous drug users (Jha & Madison, 2009).

This social isolation sends a disturbing message that maternal embodiment can be controlled by others with the view that mothers are different kinds of people than cultural norms prescribe and those who choose to act as embodied mothers must do so only in concealed domestic spaces. This leaves little wonder why many mothers do not
breastfeed per the health recommendations after returning to the workplace setting. This perspective ignores motherhood as a special, social, and physiological way of being that must be acknowledged, accommodated and socially supported. It also presents the continued social discomfort with the full cultural implications of women’s freedoms. Much of what is perceived as an “excuse” for not breastfeeding in mothers who wish to breastfeed can be reframed as a broken system of social support.

**Research implications.** Most of the breastfeeding research done to date has primarily taken the perspective of medical and public health discourses in focusing heavily on identifying health and cost benefits of breastfeeding and in identifying structural barriers to breastfeeding (AAP, 2005; Duckett, 1992; Hills-Boncyk et al., 1993). While we should not ignore the compelling physiologic reasons for breastfeeding and the barriers that have been identified, such a limiting focus leaves a number of concerns surrounding breastfeeding that need to be formally addressed in the literature. Breastfeeding must be considered in research as an embodied and socially engendered practice and researchers much also consider the major social costs of breastfeeding while employed.

While some scholars have examined the role of motherhood in explaining current gender inequality, little research has explored how infant feeding practices contribute to gender inequality (Chrisler, 2011). Aside from research that calculates the saved expense of formula, reduction in medical costs, and fewer missed workdays as a result of healthier children (Cohen, Myrtek, & Myrtek, 1995; Weimer, 2007; USDHHS, 2009), very little research has considered the cost of the breastfeeding mother’s time and this needs to be explored further. One study in the recent literature has suggested that employed
breastfeeding mothers have a sharp drop in income trajectories compared to formula feeding mother (Rippeyoung & Noonan, 2012). As discussed earlier, time weighed heavily on the participants as they struggled to “make time” to pump and perform their work duties. It is a curious contradiction that while some of the mothers acknowledged pumping as physically demanding and did not get work breaks because of pumping, thus meaning a double work obligation, some still did not consider pumping “real” work. Recognizing the hidden monetary and psychosocial costs associated with breastfeeding may help better understand why many working mothers do not breastfeed.

The development of nursing ethics research is a growing field of inquiry. Part of the complexity of the conflict the mothers in this study experienced related to the opposing forces present at the workplace against their internal ethical obligation to breastfeed as a form of “good” mothering. The findings in this study question the absence of breastfeeding as a legitimate research topic in consideration of the ethics of embodiment surrounding breastfeeding. The findings also question the absence of breastfeeding women in research as ethical subjects. Lactation is embedded in socio-cultural practices and mothers experience difficulty and conflict when they choose to feed their infant in a manner that deviates from socio-cultural norms. The bodily practice of breastfeeding both mediates and constitutes an ethical identity as a mother. Thus, any discussion of embodiment and breastfeeding at some point requires a discussion of ethics.

There are many ways to explore the overlap of ethics and embodiment in breastfeeding. While the contemporary social theories discussed in Chapter 2 offer potential models of research, the Foucauldian (1988) point of view seems to be a suitable lens in that selves absorbed in a given culture make themselves ethical subjects. One of
Foucault’s (1988) overall concerns was to ask by what means selves recognize their ethical obligations in everyday life and whether this feeling was brought about by law, ideals, or emotions. A person’s embodied ethos depends very much on his or her own internal moral code and on the social context in which that code has meaning or legitimacy. Hence, the way an individual uses his or her body may reveal a disposition of their ethos. This unity of ethics with the body that Foucault discusses may prove useful in understanding infant feeding in the context of the intersection of social governance and mediated bodily practices.

**Conclusion**

Through their willingness to participate in this study, the experiences of employed breastfeeding mothers were digitally audio recorded and their stories shared. A thematic structure of their lived experience was developed from these stories and employed breastfeeding mothers have much to say. Despite feeling frustrated and exhausted and encountering significant opposing forces, these mothers still were able to demonstrate a solemn commitment to providing their infants with optimal nutrition and felt a sense of accomplishment and reward in doing so. While the overall discouraging and negative experiences in combining breastfeeding and employment is not new, what is new is the level social understanding rooted in their words. With their stories comes an intensified the awareness of the everyday realities of the employed breastfeeding mother.
“I’ve Accomplished Something Here” The Lived Experience of Employed Breastfeeding Mothers: A Phenomenological Analysis

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“I've Accomplished Something Here” The Lived Experience of Employed Breastfeeding Mothers: A Phenomenological Analysis

Appendices
Appendix A

Faces-Vase Illustration

Faces and vase illustration as described by Edgar Rubin (1915).
Appendix B

FORM B APPLICATION

All applicants are encouraged to read the Form B guidelines. If you have any questions as you develop your Form B, contact your Departmental Review Committee (DRC) or Research Compliance Services at the Office of Research.

FORM B

IRB # ____________________________

Date Received in OR ________________

THE UNIVERSITY OF TENNESSEE

Application for Review of Research Involving Human Subjects

I. IDENTIFICATION OF PROJECT

1. Principal Investigator Co-Principal Investigator:

   Jennifer Stewart-Glenn
   Jstewa25@utk.edu
   Cell Phone: 276-690-6746
   Home Address:
   366 Vale Road
   Gate City VA 24251

   Faculty Advisor:

   Sandra Thomas, PhD, RN, FAAN
   The University of Tennessee Knoxville
   College of Nursing
   1200 Volunteer Blvd
   Knoxville TN 37996
   Office telephone: 865-974-7581
   Email: sthomas@utk.edu

   Department:
   College of Nursing, The University of Tennessee Knoxville
2. Project Classification: *Enter one of the following terms as appropriate: Dissertation, Thesis, Class Project, Research Project, or Other (Please specify)*
   - Dissertation

3. Title of Project:
   - A Phenomenological Study of the Lived Experience of Employed Breastfeeding Mothers

4. Starting Date:
   - Upon IRB approval

5. Estimated Completion Date:
   - December 2012

6. External Funding *(if any): N/A*
   - Grant/Contract Submission Deadline: N/A
   - Funding Agency: N/A
   - Sponsor ID Number *(if known): N/A*
   - UT Proposal Number *(if known): N/A*

II. PROJECT OBJECTIVES

   The purpose of this proposed research is to gain a rich understanding of the lived experience of employed breastfeeding mothers. Despite current health recommendations, most employed mothers do not breastfeed. Healthcare providers are appropriately encouraging breastfeeding, yet mothers are often left to their own devices when it comes to how to continue to breastfeed while employed. Traditionally, health promotion is considered the most important aspect of encouraging mothers to breastfeed. However, it is presumptuous and naïve for health professionals to believe that simply providing knowledge of the health benefits of breastfeeding will increase breastfeeding rates without a critical examination of social and cultural influences that hinder breastfeeding in employed mothers. The perceived realities of these mothers obtained through this research hold much significance to nursing practice, education, and research.

III. DESCRIPTION AND SOURCE OF RESEARCH PARTICIPANTS

Based on the selected method, it is estimated that approximately 12-16 participants will be needed for this study. Participants will be limited to English speaking mothers at least 18 years of age who have breastfeeding experience while employed full time. The participants are limited to English speaking mothers because English is the primary language of the principal investigator and linguistic nature of interpretation in existential phenomenology. This limitation helps ensure interpretation is faithful to participants’ meaning within the text. This breastfeeding experience while employed may include breastfeeding more than one child if the participant has multiple children and this breastfeeding experience while employed may either be current or have occurred anytime in the past which is consistent with the Pollio, Henley, & Thompson (1997) method of existential phenomenology.

An effort will be made to include participants from a variety of employment settings. The principal investigator has numerous professional and personal relationships with mothers who currently breastfeed or have breastfed in the past while working and contacts with self employed community lactation consultants. Initial participants will already be known to the principal
investigator and will be asked in confidence to participate. These initial participants will be asked
to refer anyone they know who may want to talk about their own experience of breastfeeding
while employed. It is likely that the normal modes of communication among friends and
coworkers would be used (email, telephone, face to face conversation), and the opportunity to be
in the study will simply be mentioned as an option. The referred participants from this snowballing
will be asked to contact the principal investigator (rather than the principal investigator contacting
them) in order to decrease any possibility of feeling coerced. The PI will have no knowledge of
contact information for any of these individuals prior to the potential participants calling her at the
phone number on the flyer or sending her an email.

In summary, participants will be selected using purposive sampling design (i.e., identifying
individuals who meet study criteria) and a snowballing technique will also be implemented as I
ask the initial participants and colleagues to identify other eligible participants who may be
interested in talking about their experience. A flyer (see attached) will be provided to initial
participants and colleagues who are already known to the researcher. Those individuals can give
the flyers to others in their acquaintance (as outlined above). The flyer and the consent form
emphasize that participation is voluntary and there are no consequences to declining to
participate. Increased knowledge of the experience of the employed breastfeeding mothers can
make nurses more adept at helping mothers navigate the challenges of sustaining breastfeeding
while employed.

IV. METHODS AND PROCEDURES

First the principal investigator will participate in a bracketing interview by a member of the
phenomenology team. This bracketing interview will then be transcribed and analyzed using
existential phenomenology and the findings will be reported to the principal investigator in order to
increase awareness of possible bias. The findings of this bracketing interview will also be
reported in the dissertation.

Informed consent will be obtained at the initial meeting of researcher and participant. The PI will
allow the participant to carefully read the document and then answer any questions. The
participant will sign if willing to be interviewed, as described. After the principal investigator
obtains informed consent, each participant will then be interviewed by the principal investigator
individually in person in private using the Pollio, Henley, & Thompson (1997) method of existential
phenomenology. It is estimated each interview will take approximately one hour but the time may
vary considerably depending on how long the participant wishes to speak. These interviews will
take place in the private and quiet setting of the participant’s choosing and may include the
participant’s home, office, reserved conference room, or the principal investigator’s office. The
principal investigator will open the interviews with the following statement: “When you think about
breastfeeding while employed, what stands out?” Further questions will be to either encourage
elaboration or for clarification. Examples of further questions include asking for specific examples
or meanings about statements given by the participant. Each Participant will receive a $25 gift
card from Visa ®.

The principal investigator pledges confidentiality to the research participants. The interviews will
be digitally recorded with a portable digital voice recorder as mp3 files and transcribed verbatim.
The transcriber will sign a confidentiality agreement that (s)he will not discuss any of the words,
content, or phrases of the interview. After the interviews, participants will be asked to fill out a
demographic questionnaire (see demographic questionnaire). They will be asked to provide their
age, education, duration and type of breastfeeding experience, employment type and hours
worked per week. This demographic information pertains to when the breastfeeding while
employed experience occurred and if there is more than one experience (more than one child), a
demographic data form will be completed for each experience. Any identifying information on
transcripts or demographic data will be replaced with generic terms and pseudonyms will be
used for all participant names and names of institutions or workplaces.
Each transcript will first be reading in its entirety by the principal investigator in order to gain a sense of the whole interview. Then, the transcript will be further analyzed with the identifications of words or phrases as meaning units. These meaning units will be analyzed for emerging themes. As transcripts are read, each will be compared to the content of other transcripts through constant comparative analysis of the data. When no more themes emerge and data saturation is reached then a thematic structure will be developed. The thematic structure will then be presented to at least three of the participants to determine if it rings true with their own experience as an employed breastfeeding mother, as is specified in the Thomas and Pollio (2002) phenomenological method. Thematic structures are universal essences across experiences of the same phenomenon and are generalizable and without specific individual identifiers so participants who validate thematic structures do not pose a confidentiality risk.

E-mail will be the mode of communication with participants at the time of thematic validation. Therefore, each participant will be asked to give her email address to the PI at the time of the initial contact. These email addresses will be stored on a password protected computer and deleted after the study is completed. Provision of email addresses is completely voluntary.

To uphold scientific rigor, transcripts will also be read by a multidisciplinary phenomenology team who will determine if the principal investigator is identifying all meaning units and themes. Again, all typed transcripts analyzed by the phenomenology team will not have any participant identifiers, only contain generic terms and will have pseudo-names in order to protect confidentiality. All team members will sign a confidentiality agreement when reading a participant’s transcript. After thematic structure is confirmed, a final report will be prepared by the principal investigator.

All transcripts and digital recordings will be stored in a secure locked cabinet in the principal investigator’s office separate from consent forms in order to maintain participant confidentiality. Any publications, reports, or presentations of the findings will in no way reveal the identity of participants or link them to the study. All quotes used to support themes will have any identifying information removed or replaced with a more generic description in order minimize any possibility of identifying participants. All demographic information will be coded by a method known only to the principal investigator and will not include participant names or other identifying information. Only the principal investigator and the dissertation committee will have access to secured data. The PI and dissertation committee members may need to listen to the audiotapes for verification of accuracy of transcription at any point during the analysis process. Therefore, the audiotapes cannot be destroyed until the dissertation is completed. At the completion of the study the tapes will be destroyed but the transcribed data will be archived in the secured locked location and may be used for future analysis. As noted above, the transcripts contain no identifying information.

V. SPECIFIC RISKS AND PROTECTION MEASURES

Participation in this study involves minimal risk. However, there is an improbable potential for participants to become emotional or tearful during the interview process. If that should occur the researcher will remain with the participant until they are emotionally settled and offer emotional support.

VI. BENEFITS

While, there may be no benefit to participating in this research, previous research has determined that talking about one’s experiences may be therapeutic. The findings of this research could be important for the development of research, practice, and educational development of nurses. Understanding the experiences of employed breastfeeding mothers could lead to further research on enhancing work environments, increasing effectiveness of lactation services, and generating better health outcomes. Increased knowledge based on a deeper level of understanding of the
experiences of employed breastfeeding mothers can help make nurses more adept at assisting
and preparing mothers to breastfeed while employed

VII. METHODS FOR OBTAINING "INFORMED CONSENT" FROM PARTICIPANTS

Potential participants will be notified verbally and in writing (see informed consent form) that they
may choose to accept or refuse to participate in this study. Should they choose to participate and
sign the consent form, they may withdraw at any time either by verbally expressing a desire to do
so when meeting with the principal investigator or by contacting her by telephone. Any and all
data collected on participants who withdraw will be promptly destroyed, including transcripts,
demographic information, thematized data, and digital recordings and will not be used in this
research. No decision regarding (non)participation will be communicated to anyone at the
participant's workplace. The purpose, potential risks and benefits, and estimated time for
participation will be communicated to participants upon the initial contact with them prior to
scheduling interviews.

VIII. QUALIFICATIONS OF THE INVESTIGATOR(S) TO CONDUCT RESEARCH

The principal investigator has successfully completed all coursework required of a Doctor of
Philosophy Student at The University of Tennessee Knoxville College of Nursing and has
successfully passed a comprehensive examination of coursework. Part of this coursework has
entailed participating in faculty conducted research and formal academic preparation with a
specific course in existential phenomenology which is the approach proposed for this study.

Dr. Sandra Thomas, the dissertation chair, has more than 20 years of research experience with
the phenomenological method and co-authored a book on the method in 2002 with Dr. Howard
Pollio.

IX. FACILITIES AND EQUIPMENT TO BE USED IN THE RESEARCH

Individuals will be interviewed privately in a private and quiet location with no foreseeable
interruptions. A digital recording device will be used to capture all of the participant's words. A
transcriptionist and personal computer will be used to transcribe interviews. Data analyzing
software may be used to assist with transcript analysis.

X. RESPONSIBILITY OF THE PRINCIPAL/CO-PRINCIPAL INVESTIGATOR(S)

By compliance with the policies established by the Institutional Review Board of The
University of Tennessee the principal investigator(s) subscribe to the principles stated in
"The Belmont Report" and standards of professional ethics in all research, development,
and related activities involving human subjects under the auspices of The University of
Tennessee. The principal investigator(s) further agree that:

1. Approval will be obtained from the Institutional Review Board prior to instituting
   any change in this research project.

2. Development of any unexpected risks will be immediately reported to Research
   Compliance Services.

3. An annual review and progress report (Form R) will be completed and submitted
   when requested by the Institutional Review Board.
4. Signed informed consent documents will be kept for the duration of the project and for at least three years thereafter at the office of the dissertation chair Sandra Thomas.

XI. SIGNATURES

Principal Investigator: _____________________________ Jennifer Stewart-Glenn

Signature: _____________________________ Date: _____________________________

Student Advisor (if any): _____________________________ Sandra P. Thomas

Signature: _____________________________ Date: _____________________________

XII. DEPARTMENT REVIEW AND APPROVAL

The application described above has been reviewed by the IRB departmental review committee and has been approved. The DRC further recommends that this application be reviewed as:

[ ] Expedited Review -- Category(s): ____________________

OR

[ ] Full IRB Review

Chair, DRC: ____________________________________________

Signature: _____________________________ Date: _____________________________

Department Head: _____________________________ Victoria Niederhauser

Signature: _____________________________ Date: _____________________________

Protocol sent to Research Compliance Services for final approval on (Date): ___________

Approved:
Research Compliance Services
Office of Research
1534 White Avenue

Signature: _____________________________ Date: _____________________________

For additional information on Form B, contact the Office of Research Compliance Officer or by phone at (865) 974-3466.
Appendix C

Informed Consent Form

A Phenomenological Analysis of the Lived Experience of Employed Breastfeeding Mothers

INTRODUCTION

You are invited by Jennifer Stewart-Glenn, a PhD candidate from The University of Tennessee, to participate in a research project. The purpose of this project is to gain an understanding of the experience of employed breastfeeding mothers.

INFORMATION ABOUT PARTICIPANTS’ INVOLVEMENT IN THIS RESEARCH

We will meet in a private place of your choosing to discuss your experience of breastfeeding as a working mother. If you agree, the researcher will ask you questions about your experience, and our interview will be audiotaped so that all of your words are faithfully captured. You can choose a pseudonym (false name) before we begin. The interview will begin with the question “Please tell me when you think about your experience of breastfeeding while employed, what event stands out for you?” After the interview you will be asked to complete a demographic questionnaire asking about your age, occupation, education, and duration and type of breastfeeding experience. The amount of time for the interview may be one or more hours depending on how long you want to talk or how much you want to say about your experience. You may be contacted after the interview via email in order to confirm research results, if you agree to provide me with your email address. You will receive a $25 Visa gift card for participating in this research.

RISKS

Participation in this study involves minimal risks. In the unlikely event you become emotional or tearful, the researcher will remain with you until you are emotionally collected. If you have inadvertently revealed something that you consider embarrassing during the interview, be assured that everything you say is kept completely confidential. You always have the option to withdraw the interview.

BENEFITS

While, there may be no benefit to participating in this research, previous research has determined that talking about one’s experiences may be therapeutic. The findings of this research could be important for the development of research, practice, and educational development of nurses. Understanding the experiences of employed breastfeeding mothers could lead to further research on enhancing work environments,
increasing effectiveness of lactation services, and generating better health outcomes. Increased knowledge based on a deeper level of understanding of the experiences of employed breastfeeding mothers can help make nurses more adept at assisting and preparing mothers to breastfeed while employed.

CONFIDENTIALITY
Every effort will be made to maintain your confidentiality. The transcriber will not see your real name and will sign a pledge of confidentiality stating that no words or phrases from the interview are to be discussed. Any proper names or places in the interview will be renamed in the transcript. If your transcript is selected to be read by any members of a research team, members of this team will also sign a pledge of confidentiality and will only receive a de-identified copy of the transcript.

Your recorded interview, transcript, and demographic questionnaire(s) will be stored in a locked secured location separate from the locked secured location of your consent form. Any reports, presentations, or publications will in no way disclose your identity or link you to this research. Any quotes from the interviews that are used in publications will only be identified by pseudonyms, and no real names of places are ever used. In other words, you could never be identified in any reports of this research. The demographic questionnaire will not include your name. Other than the original researcher, the only other person having direct access to the data will be the dissertation chairperson, a member of The University of Tennessee faculty. Upon completion of the study the transcribed data will be maintained and archived in a secure locked location and may be used for future analysis. All audiotape will be destroyed after the dissertation is completed and the consent forms will be destroyed after 3 years.

EMERGENCY TREATMENT
The University of Tennessee does not “automatically” reimburse participants of research for medical claims or other compensation. If physical or mental injury is suffered in the course of research, or for more information, please contact the principal investigator, Jennifer Stewart-Glenn at (423) 439-4091.

CONTACT INFORMATION
If you have questions at any time about the study or procedure, (or you experience any adverse effects as a result from participation in the study), you may contact the researcher Jennifer Stewart-Glenn at (423) 439-4091 or her dissertation chairperson, Sandra Thomas at (865) 974-7581, 1200 Volunteer Boulevard, Knoxville, Tennessee 37996-4180. If you have questions about your rights as a participant, contact the Research Compliances Services Section of The University of Tennessee Office of Research at (865) 974-3466.

Participant’s Initials
PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. This study is being performed independently of your employer. Your decision whether or not to participate, will have no effect on your employment status, or your good standing with co-workers or managers or other sectors of your workplace. If you decide to participate, you may withdraw from the study at anytime without penalty. You may withdraw from the study at any point you wish by contacting the principal investigator by telephone or letting her know at any point verbally during the interview process. If you choose to withdraw any data collected from you will be promptly destroyed.

CONSENT

I have read the above information and I have received a copy of this form. I agree to participate in this study.

Participant’s signature________________________________________date________________

Investigator’s signature________________________________________date________________
Appendix D

Transcriber’s Pledge of Confidentiality

Research Project Title:

The Lived Experience of Employed Breastfeeding Mothers: A Phenomenological Analysis

Principal Investigator:

Jennifer Stewart-Glenn
366 Vale Road
Gate City VA 24241
276-690-6746
jstewa25@utk.edu

As a transcribing typist of this research project, I understand that I will be hearing tapes of confidential interviews. The information on these tapes has been revealed by research participants who participated in this project on good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentially agreement. I hereby agree not to share any information on these tapes with anyone except the primary researcher of this project, Jennifer Stewart-Glenn. Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

_____________________________  _______________________
Transcribing Typist            Date
Appendix E

Demographic Questionnaire

Directions: Please fill in the appropriate information or check the correct box.

Age:____

Occupation and type of employment:_____________________________

Marital Status_____________________

Highest Level of Education Completed:

☐ Some high school
☐ GED
☐ High School Diploma
☐ Some College
☐ Undergraduate Degree
☐ Some graduate school
☐ Graduate Degree
☐ Post-graduate education

Number of hours per week employed:____

Is there a lactation policy at your workplace:

☐ Yes
☐ No
☐ Not sure

Does your employer offer any lactation support? (e.g. corporate lactation program, provides space and place for lactation, flexible scheduling)

☐ Yes, please describe:________________________________________________________

☐ No

Please describe how long you have experience breastfeeding while employed and if you have breastfed while employed with more than one infant:
Appendix F

Research Team Member’s Pledge of Confidentiality

Research Project Title:

_The Lived Experience of Employed Breastfeeding Mothers: A Phenomenological Analysis_

Principal Investigator:

Jennifer Stewart-Glenn  
366 Vale Road  
Gate City VA 24251  
Jstewa25@utk.edu

As a member of this project’s research team, I understand that I will be reading transcriptions of confidential interviews. The information in these transcripts has been revealed by research participants who participated in this project on good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement. I hereby agree not to share any information in these transcriptions with anyone except the primary researcher of this project, his/her doctoral chair, or other members of this research team. Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

______________________________  __________________
Research Team Member  Date
Appendix G

The Existential Phenomenological Research Process

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VITA

Jennifer “Jenny” Stewart-Glenn is a 2012 PhD graduate from the University of Tennessee, Knoxville. She received a Bachelor’s degree in 1997 from Radford University in Radford, Virginia and a Master of Science degree in 2000 from George Mason University in Fairfax, Virginia. She is a board certified Family Nurse Practitioner and an Assistant Professor at East Tennessee State University College of Nursing. She resides with her spouse and two sons in the Appalachian Mountains of rural Virginia.