The recent Royal College of Nursing (RCN) report titled Gender and Nursing as a Profession: Valuing nurses and paying them their worth (Clayton-Hathway et al, 2020) argues that women are undervalued, reflected in their conditions and pay, because of gender stereotypes. Unfortunately, this research does not fully engage with the real issues that women are faced with, particularly family responsibilities, the impact of part-time working and culture.

However, it is clear that family responsibilities, particularly motherhood, define a woman's career progression, particularly in healthcare. There is a complex process relating to the age of the dependent children, a woman's working hours and any successive career breaks. The degree of a woman's career progression is directly related to the school age of the dependent children: the younger the child the greater the detrimental impact (McIntosh et al, 2015a).

Moreover, women who take a career break of more than 2 years often see their career path become more restricted. The results from current research (McIntosh et al, 2012) confirm that, while gender has a relatively positive effect on male career progression, a woman's career progression is reduced incrementally when she has more children; in taking a career break we see the most substantive and the most perceived loss of skills.

As well as motherhood, part-time workers experience reduced career progression, regardless of their parental circumstances, these further compounds the gender difference in terms of career progression. However, there are many other factors that affect women's career outcomes, ranging from gender bias to gendered constructs, which influence this situation in the qualitative phase that this research hours. The research observed that in a female-dominated profession in healthcare, there was a resistance to attempts to make the profession more accessible to women with children (Watt and McIntosh, 2012).

However, the part-time workforce, which is invariably female, experienced an even greater detriment. Healthcare professionals experienced direct restriction to the access of training when they worked part time. It should be noted that they worked these patterns due to parental and family circumstances. This was a direct product of the institutional value ascribed to working at senior levels. It was at best an unconscious bias, but it appeared to be a more consciously pronounced bias informed by operational requirements and outdated working practices. The relationship between perceptions concerning parenthood, the affected access to training, and gender stereotypes, played a significant part in women's career outcomes.

The career progression of women with children is inhibited and is driven in part by a determination to maintain 'traditional' employment practices. The expectation that women with children will prioritise family over work conflicts with the perception that the healthcare professions should be prioritised over everything else. Women with children are still expected to commit fully to their job, and those who prioritise external obligations are regarded as less committed. The loss of the most experienced and highly trained health professionals has clear implications for operational effectiveness, efficiency and productivity.

The causal mechanisms that explain the transfer of women's relatively reduced career outcomes are therefore clear. Restricted access to training for part-time staff, and limited opportunity to update their skills following a return from a career break, are determining factors affecting the career outcomes of women. The suggestion is that it is related to the rationing of training for those returning from career breaks, based on the availability of a supply of newly qualified healthcare professionals meeting the numerical demand, financial constraints, operational imperatives, and organisational values.

In future, women must have the right to flexible working in a position that is appropriately matched to their experience, on terms that are no less favourable than their original post. Equally, training workplace childcare provision must be considered. The retention of experienced practitioners can reduce expenditure on the training of junior staff, enhance the quality of care and lessen the likelihood of staff shortages in the future. It can also improve work-life balance and positively confront the choice that many women have to make between career and family.

This represent an opportunity to enhance all women's career outcomes, particularly those with dependent children, while preventing the loss, or the curtailed development, of the most highly skilled members of staff. A career in healthcare involves caring for others, yet the professions seems to discriminate against its own members for being working mothers (and indeed parents). Motherhood can result in the devaluing of women's abilities, and women who take a career break often suffer the penalty of having fewer career opportunities. The skills and experience of all professionals, regardless of their career trajectory, should be valued in the drive for excellence across the healthcare system.

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