Perception of caregiving based on gender roles as seen by nursing professionals, students and non-professionals

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ABSTRACT

Nursing has evolved significantly over the past few years. Through history, both strategies and expertise have become more professional as early as in the undergraduate stage. The continuous process of professionalization has even allowed for the entry of the male gender to the profession.

Aim. The purpose of this research is to describe the perception that people have about caregiving in the nursing area according to how gender roles are seen by nursing professionals and students as well as by non-professional caregivers.

Materials and methods. A qualitative phenomenological study was conducted, consisting of interviews to 5 users of health services, 5 nursing students and 5 nurses.

Results. Our findings indicate that women are still prone to household activities only, leaving employment as a secondary option, whereas for men, having a formal job is the priority and performing household chores is secondary, thus being seen as an authority figure. Meanwhile, women who have taken the role of providers feed the perceptions that the male nurse is a doctor. For students, there is a framed tendency to gender equity, and for professional nurses, the female nursing activity is more sensitive.

Conclusion. The perception of nursing caregiving is viewed differently depending on the gender role, but there is a preference for the professional activity of female nurses than others.

INTRODUCTION

Nursing is defined as the science and art of caregiving a person. Over time, and with the influence of new developments in research and science, nursing has defined and set core for the reason of its actions. Originally, caregiving was considered a female activity, comprising skills that only women could have; meanwhile, men were conceived as food providers and household protectors. Accordingly, society set the role that each gender would play and the kind of activities corresponding to each one [1, 9, 16].

Men primarily had access to formal education and women to nurturing children, feeding them and providing care for the ill. Thus, women's knowledge was empirical and not well grounded. Religious people could take care of others based on the spirituality of a person. According to Florence Nightingale, "Only women were trained in the caregiving process; it was believed that women had certain skills that let her intuit and perform the caregiving task" [2]. However, nursing has had a transition in caregiving, including the possibility for men to study to provide health care. Society has certain perceptions for caregiving by men, but the roles now have been affected and there are evolving social perceptions of care quality. People currently have full access to information allowing them to differentiate and better understand nursing care and the impact it has had on gender roles. Today men can be part of the nursing staff, performing roles of command and social responsibility that this profession currently has [9, 14-16].

Since ancient times, men have had the necessity of being a main support. Weather and rock activities made health care to be incorporated into men's daily routine, and caregiving was done by women. Women were seen as care providers since at the moment they fed all their family members, took care of and empirically taught healing processes whenever necessary. Since ancient civilizations, they used elements found in nature for complementing patient care: "Water for hygiene, wearing animal skins for shelter, plants and oils extracted of them for food, and one of the most important activities, the maternal contact that transmits welfare and confidence" [1] "Sicknesses in those times were related to magical events or godlike punishments, facing an unknown world, men had the need of believing in some superior being that alleviate their pain" [1], "Women were taught empirically about health care, mothers believed in intuition that was acquired at birth for achieving family welfare" [2]. "Birth assistance was accomplished by a woman taught by an elder woman with experience and developed maternal qualities; the gift of being a mother" [1, 9-11].

Men started to have medical formation and provided cures for the ill. At some point, it was believed that men were superior to women, which was allegedly enough for

them to take important decisions such as diagnosing and treating patients.

In the middle ages, women and religious men were taught to provide care to the patients in an empirical way—some received orders from doctors. "Part of the objective of caregiving was to bring the patient closer to God and heal their sufferings not only in a physical way, but also to advance them into the spirituality of the human being" [1].

"In Mexico, the Mothers took superior care of providing care for each of the nuns." [3] Moral principles were related to the quality of the provided caregiving; only women could be responsible for caregiving; by aptitude or woman instinct. "Other highlighted characteristics were commitment, charity, respect and love [3], for a worthy death or a recovery that let them get closer to God" [4]. It was until the mid-18th century with Florence Nightingale's work, when caregiving was first seriously documented. Thanks to her research, women started to have a transition inside nursing. They were increasingly seen as health providers and they received preparation to offer aid at the hospital. From the perspective of roles by gender, man had always been devoted to exert a profession such as medicine. "It was said that women complemented their knowledge with caregiving." [5] In the Porfirio Díaz era (1876–1911), pursuing a medical career had a good reputation; both the academic level and the quality requirements could actually be compared with standards in other countries. "The Federal District Medicine School offers careers for obtaining a Surgeon Degree, Pharmaceutical, Dentist or Midwife titles, this last one was the shortest of all, it had a two-year duration and only admitted women" [4].

The main requirement was to accomplish 60 hours of emergency guard in the maternity hospital. In Mexico, the only states that counted with that formation were the Federal District, Puebla, Oaxaca and the State of Mexico. In other states like Nuevo León and Jalisco, institutions offered the opportunity to train men into labor assistance. Yet the costumes of that time contributed to the failure of training men, and only women were the chosen ones for this task. "In the State of Mexico, the practical elementary medical-surgical school was created, one of the first schools of nursing where professional health workers were instructed to work as nurses" [4,14,15]. In 1904, in Yucatan, the first nursing school was opened where there were 18 nurses studying" [4]. In Mexico, nursing was viewed as an empirical job. Women could have an income, they were taught by doctors and only they were responsible for the recovery and evolution of a patient's health.

"In 1911, the school of nursing was founded in the General Hospital of Mexico. The nurses began to professionalize by acquiring scientific knowledge of the purpose of caregiving in nursing; this school only

admitted women, while men were only interested in medicine, but from the seventies on, men had the option to study nursing and offer health care" [1]. "There are certain characteristics that distinguish nurses which is its image" [6]. "It was until the professionalization of nursing, when doctors stopped preparing nurses and then came a change in nursing, both men and women could enter the school of nursing, the qualities, values and attitudes only became the complement of the profession, the main reason for the nursing career was to substantiate and fundament the Act of nursing" [7].

"Florence was the first to speak of home visits with the purpose of teaching patients and their families to help themselves to maintain their independence; it is for this reason that her theory has the name of "Theory of the Surroundings" [8]." A fundamental aspect lies in the work of Henderson; in his work: "The Principles and Practice of Nursing", he stresses the need to clarify the functions of the nurses in addition to defining their activity: "The sole function of a nurse is to assist the individual, sick or healthy, in the performance of those activities contributing to health or his/her recovery (or a peaceful death), and that he would do without help, if he had the

strength, will or knowledge, and by doing this help to become independent as soon as possible [12]."

Aim

To describe the perception that nursing students/professionals and non-professionals have about caregiving in nursing, depending on the gender role.

MATERIAL AND METHODS

A qualitative study of phenomenological type was carried out, through which we interviewed 5 users of health services, 5 nursing students and 5 professionals, using the technique of Snowball sampling.

We conducted a series of semi-structured interviews seeking to illustrate 5 dimensions that describe social perceptions on nursing from different perspectives. This laid the groundwork for analyzing how gender roles are perceived and how they have changed over time in the nursing area. The interview questions are as follows:

Table 1. Questions made to nursing personnel, students, and patients.

Nursing professionals and students	Patients
1. What were your motivations for studying nursing?	1. In your opinion, what are the traits that better describe the nursing professionals?
2. What are your main activities as a nursing student/professional?	2. What would you think of a white-dressed male when looking at him at the hospital?
3. Do you think that education is the same for both men and women in today's households?	3. Do you think that education is the same for both men and women in today's households?
4. What kind of activities do you normally do at home?	4. What kind of activities do you normally do at home?

Conceptual categories

Cultural

- *Gender role*: Refers to the socially transmitted behaviors of a specific group or community that condition individuals' perceptions of certain activities, tasks and responsibilities as to be specifically male or female (Nataly Comizzo, 2005).
- *Informal health care*: Is the non-professional, unpaid caregiving performed by spouses/partners, family/household members, friends, neighbors and any other person that might have social bonds with the person they take care of (Menéndez, 2010).

Social

- *Nurse uniform usage*: Is a symbol of personal care, hygiene, pureness and support of others—

i.e. a patient and his/her family—through open contact and interaction, and a sincere and respectful treatment of their body, feelings and life experiences (growth, health, illness and eventual death) (Roman, 2006).

- *Gender*: Refers to the biological differentiation between a male and a female as well as the development of specific identities, relationships and responsibilities according to an individual's condition (Ramírez, 2005).

Professional

- *Nursing*: Is the professional caregiving of the ill or the healthy by means of specific activities, including health care as well as the treatment of temporary, chronic and terminal diseases (González, 2007).

Operational categories

Cultural

- *Gender role*: Interviewees can characterize their perceptions about gender roles by differentiating activities and responsibilities that men and women perform in society according to their views.
- *Informal health care*: Asking interviewees how they define this concept helped understand if people can differentiate between non-professional caregiving in households and nursing in hospitals, in comparison with male participation in this area.

Social

- *Nurse uniform usage*: The aim is to differentiate people's perceptions of men and women when they are seen dressed in nursing uniform outside hospitals.
- *Gender*: Interviewees are to express their opinion about being treated by male nurses as opposed to female nurses, in order to illustrate the differences.

Professional

- *Nursing*: Our intention is to identify the differences in nursing quality based on gender roles, with the aim to understand the transition in this professional area since men first became part of nursing personnel in local hospitals.

RESULTS

It can be observed that some women are still raised to perform household chores only, and apparently employed women conceive their work as secondary in contrast to men who believe that a formal job is the priority, while household activities are secondary. We observe too that men are still seen in many cases as authority figures. However, changes in cultural values and family education have led to an increasing number of households in which children are raised more equally regardless of their gender. This has to do in part with modern lifestyles, which have led women to take responsibilities originally assumed as male-specific such as providing for the family's basic needs.

In families where mothers work alongside fathers, household activities are not carried out by them. Women that take the role of health care providers perceive that male nurses are doctors. Student gender framed tendency to equity, while for nursing professionals female nurses are more sensitive.

Results from selected interview transcriptions

Non-professional caregivers

Gender role category: discourse

P1M40a: "I am a housewife. I was not given the opportunity to study; that was reserved for my elder siblings while I had to take care of the younger ones. At present, I do housekeeping while taking care of my children and my husband."

P2H30a: "I work all day and get back home so tired that I cannot do any housekeeping whatsoever—it is enough to provide my family with money for food and other basic needs."

P3M60a: "I am a housewife. I was raised as a child to be able to take care of my family. I do everything a mother is supposed to do: laundering, housecleaning, cooking, and taking care of my children and grandchildren."

P4M50a: "Apart from my job, I launder, sew, cook and also clean the house."

P5M40a: "In addition to my job, at home I wash and iron, sweep and mop, wash the dishes, and also take care of my children."

Discourse analysis

We observe that today, there are women still being raised to do home activities only. Apparently, employed women consider that their job is secondary to their responsibilities at home, whereas men consider their job as a priority over housekeeping activities.

Informal health care category

P1M40a: "It depends, because family education has changed. Yesteryears, it was stricter for men, they were pushed to develop a strong character; women were not expected to study for a degree, they were rather raised for becoming mothers and housewives. I raise my children the same way (regardless of their gender) because I think that both have the same opportunities to grow up as individuals."

P2H30a: "No, men are always given more responsibilities because they are the heads of the families. Not all women have the capacity to succeed by themselves—it is easier for them to be prepared for motherhood."

P3M60a: "No, men and women are different. Men have a stronger character than women and are to be raised by their fathers."

Discourse analysis

We observe that men are still seen in many cases as authority figures. However, changes in cultural values and family education have led to an increasing number of households in which children are raised more equally regardless of their gender. This has to do in part with today's lifestyles, which have led women to take responsibilities originally assumed as male-specific such as providing for the family's basic needs. In those families in which the mother is employed (apart from being a housewife), the housekeeping activities are performed apart from the father.

DISCUSSION

The central aspect discussed in this research corresponds to analysis by gender with respect to the perception of care nursing depending on the professional role of gender by citizens, students and nurses. The existing trend regarding gender equity warns that differences could be complementary in the work as a nursing professional, but apparently the results in this study show confusion among both genders. In particular, the nurse is commonly mistaken for the doctor, and the humanitarian and sensitive part is well seen by respondents as regards the nurse. Although there are discrepancies in that it represents the possibility to take advantage of the physical force of nurses [17], this situation may be explained by the context where such studies have been conducted. The important thing here is that both studies are qualitative and that each has its interviewees-dependent results.

Pressure faced by male nurses for being in a predominantly female profession is severe. However, through their physical strength, they counteract this situation, mentioning that their female colleagues often resort to them whether they need to mobilize a patient or perform other activities that require greater physical effort. In a hospital, there is room for both sexes: there are some services in which more male nurse presence is required while others—such as traumatology, surgery, and internal medicine—are more accepted for female nurses. By all means, the increase of men in the profession can contribute to improve wages, to socially promote the profession, and to achieve better interpersonal relations among female nurses [17].

Finally, the commitment of both genders is focused on the quality of attention to health service users. This is also where each nurse can assume his or her role with the vision of achieving greater academic preparation and base their practice on the perception that people have regarding their qualities, such as humanitarian warmth and greater sensitivity for human pain.

CONCLUSIONS

Perceptions of caregiving in nursing are seen differently depending on gender, but since there is still preference by the professional activity for the female gender, nurses and doctors are often confused.

Today gender has played an important role in society. This has led to a social trend towards gender equity. In the case of nursing, increasingly, more male students have joined the bachelor's degree. However the interviewed candidates point to female professionals as more humanistic and sensible, and also as the main actors of this profession.

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Conflict of interests

The authors hereby declare that there is no conflict of interests for the publication of this research paper.

REFERENCES

1. Martín, M. L. Historia de la Enfermería: Evolución Histórica del cuidado enfermero. Elsevier. (2013).
2. María, P. R. Historia de la Enfermería: Aspectos relevantes desde sus orígenes hasta el siglo XX. Uruguay: Trilce. (2002).
3. Palomo, J. J. Enfermedad y muerte en América y Andalucía (Siglos XVI-XX). Madrid, España: Consejo Superior de Investigaciones Científicas. (2003).
4. Milada, B. Historia de la educación durante el Porfiriato. México: El colegio de México. (2006).
5. Wilfredo Guibert Reyes, M. P. Influencia en la Salud del rol de género. Revista cubana de Medicina General Integral. (1999).
6. Nardiz., M. V. Las Enfermeras entre el desafío de la Rutina: Una mirada al siglo XXI. Madrid, España: Díaz de Santos. (1998).
7. Nataly Comizzo, K. G. Temas en Psicología Social. Recuperado el 05 de Mayo de (2013). disponible en: <http://apsic.blogspot.mx/2005/10/rol-de-genero.html>
8. Martha Raile Alligood, A. M. Modelos y Teorías de Enfermería. España: Elsevier, Mosby. (2011).
9. Mancha, S. d.-L. Enfermería y Sociedad. Perea. (1991).

10. Claudia Ariza Olarte, R. D. Calidad del Cuidado de Enfermería al paciente hospitalizado. Bogotá, Colombia: Pontificia Universidad Javeriana. (2008).
11. María Teresa Luis Rodrigo, C. F. De la teoría a la Práctica: El pensamiento de Virginia Henderson en el siglo XXI. Barcelona, España: Elsevier, Masson. (2005).
12. González, M. D. El proceso de Enfermería y el modelo de Virginia Henderson. Progreso. (2007).
13. Marrier-Tomey, A. Modelos y teorías en enfermería. Capítulo 9 Virginia Henderson, (1997).102-104
14. Rodríguez, A. H. Trabajo y cuerpo: El caso de los hombres enfermeros. La Ventana , (2011). 210-241.
15. Samantha Nayelli Escamilla Cruz, M. A. Los hombres en enfermería: Análisis de sus circunstancias actuales. CONAMED , (2011). 529-533.
16. Román, C. A. El uniforme y su influencia en la imagen social. Revista Cubana de Enfermería, (2006).
17. Guillén Cadena, DM. Cuevas Guajardo, L. La enfermería... En voz de los estudiantes masculinos. Revista Iberoamericana de educación e investigación en enfermería, 2013; N° 4. disponible en: <http://www.enfermeria21.com/revistas/aladefe/articulo/86/>

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