




The Relevance of Gender to Nursing

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We are now well into the 21st century and for nursing much has changed and yet at the same time nothing has changed. As a profession we have travelled a long way in terms of creating a flexible, fit for purpose, highly skilled workforce with capacity to take on a great deal more than was possible twenty years ago. Unfortunately, this capacity is generally not as well utilised as it could be; nursing still has limited power or control over service delivery design, leadership structures, budget allocations and staffing levels. Additionally, nursing is frequently absent or ignored at decision-making tables and cannot always pull the appropriate levers to implement our strategic planning goals.

Dillard-Wright and Shields-Hass (2021) note that the health system uses nursing as a commodity. They comment:

“This reinscribes inequality for those who are unable to access care, contributes to environmental harm through profligate hospital pollution and waste, and exploits nursing staff as workers. Nurses have a history of both upholding oppressive systems that disenfranchise segments of the public, usually poor, often People of Color, and engaging in innovative alternatives to the status quo” (p. 195).

Almost every person who enters the profession will claim that they came into nursing to help people. However as a discipline we have largely declared ourselves to be apolitical, tacitly accepted our secondary status to medicine and managerialism, and embraced our association with care work and emotional labour. At the same time we largely ignore the predicament of many whose needs are not being met by current health service configurations. As Dillard-Wright and Shields-Hass (2021) further note, nurses are generally expected to be “accommodating, flexible, docile, and well-behaved” (p. 197).

I argue that the social construction of gender lies at the heart of nursing’s predicament. This has been posited on and off by nurse scholars for many years; I am certainly not the first to make this observation (Vuolanto & Laiho, 2017). But the call to take a feminist analysis and approach goes largely unheeded and we continue to experience the same frustrations and challenges without clear articulation of the problem or (more importantly) any viable solutions.

Nurses are treated as “just women” in terms of their diminished engagement with critical decision makers, yet simultaneously ignored as women with particularly gendered responsibilities. Women are mostly actively responsible for children, elderly parents and the bulk of domestic servicing, all of which conflict at times with their working lives and their career development. It is unusual for employers to make any particular allowance for the additional burdens that women often carry and to accommodate their needs in flexible working hours or available child-care services. It is sobering to think how many more nurses might make themselves available if such gendered consideration was the norm for the periods of their lives where it matters.

It is deeply ironic that nursing has a negligible relationship with feminism given the exceptionally gendered nature of nursing. I am not referring to the 90% plus predominance of one sex (female) in the profession, but rather the enduring association of nursing with work and practice binaries more closely associated with women and with femininities. I have taught so many postgraduate nursing students who have claimed not to be feminists because they “care about men as well as women.” Such a statement reveals no understanding of what a feminist analysis actually offers and a limited understanding of the crucial difference between sex and gender.

The disprivileging of nursing knowledge and nursing leadership is most clearly understood when considered through a feminist post structuralist lens which is analytic of gender and gendered performativity. Such a lens however is not widely available to, or held by, the bulk of the profession who tend to understand feminism as a simplistic idea that women should be equal to men and thus grounded at the level of difference in sex or biology (Wall, 2007). It is certainly true that in ordinary speech, the terms *sex* and *gender* are often used interchangeably and we are frequently incorrectly asked to identify our *gender* when filling out forms which are more commonly asking our sex. However most contemporary social scientists, many legal systems, government bodies and intergovernmental agencies such as the World Health Organization now make a careful distinction between gender and sex.

Derrida (1981) argued that meaning is often defined in terms of binary oppositions, where one of the two terms

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governs the other or is accorded greater privilege or value in society. In the case of gender there is a clear binary with particular ways of being in the world assigned to, or recognised as, masculinities and femininities. The feminine binary encompasses the private world, the body, emotion, caring, consumption, subjectivity and passivity; and the masculine binary includes the public sphere, the mind, rationality, logic, production and objectivity. Applying this lens to health service organisations allows us to see the privileging of aspects of masculinities and the taken for granted nature of services arising from the feminine binary.

Feminist theorising based on Derridean thought thus offers nursing a coherent explanation for its situation in the 21st century and it offers that explanation regardless of the sex of nurses. Feminism offers a clear analysis or deconstruction of the binary thinking that hegemonically positions or locates nurses as busy women toiling in the background doing “women’s work” whilst other actors apparently rightfully make decisions, lead, manage and assume control.

Nursing has sailed a confused or ambiguous path between the binaries, arguing on one hand for the *natural* caring focus of nursing and the relative irrelevance of education (Carryer, 2019). At the same time there has been a strong and purposeful argument for the essential relevance of education and evidence by other voices. This division persists within the profession itself and has often resulted in conflicting messages to the public, politicians, funders and policy-makers (Girvin et al., 2016).

Historically unions particularly, have focused on pay and conditions regardless of education levels, jointly represented registered nurses and care workers, failed to vigor-

ously protect the title nurse and thus fostered the notion of nurses as generally docile but now angry worker bees who have been pushed too far (Carryer, 2019). Our inclusivity of associated care workers and our sharing of our professional title can be linked to our tyranny of niceness (Walker, 1997) in which our focus on caring silences our need to speak out or make waves and forces us to avoid any notions of professional power or importance. But as Jackson (2022) has recently argued, the tyranny of niceness is a fundamental dysfunction. It is silencing the issues that need to be articulated on behalf of the many people and communities who we meant to help but who are let down by nursing’s current situation of shortages, unsafe staffing and inability to determine how our services are best deployed.

The long overdue and much needed uprising by nurses should start with ensuring that all nurses have a clear and critical understanding of the role of gender as a powerful shaping factor in the commodification of nursing. The uprising should be sustained by a clear focus that despite the miseries of so many nurses, the suffering of the people who have no equity or no access to necessary or appropriate care is very much greater. As Amy Staley (2022) has suggested; imagine what would happen if a profession of twenty-eight million nurses worldwide joined forces to drive change for humanity rather than continued to anguish about our marginalisation. Ironically this might just be a more effective recipe for improving the recognition, job satisfaction, staffing levels and even the remuneration of the profession.



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References

- Carrier, J. (2019). Letting go of our past to claim our future. *Journal of Clinical Nursing*, 29(3–4), 287–289. <https://doi.org/10.1111/jocn.15016>
- Derrida, J. (1981). *Positions*. University of Chicago Press.
- Dillard-Wright, J., & Shields-Haas, V. (2021). Nursing with the people: Reimagining futures for nursing. *Advances in Nursing Science*, 44(3), 195–209. <https://doi.org/10.1097/ans.0000000000000361>
- Girvin, J., Jackson, D., & Hutchinson, M. (2016). Contemporary public perceptions of nursing: A systematic review and narrative synthesis of the international research evidence. *Journal of Nursing Management*, 24(8), 994–1006. <https://doi.org/10.1111/jonm.12413>
- Jackson, D. (2022). When niceness becomes toxic, or, how niceness effectively silences nurses and maintains the status quo in nursing. *Journal of Advanced Nursing*, 78(10), 113–114. <https://doi.org/10.1111/jan.15407>
- Staley, A. (2022, November 8). *Nurse Amy Staley on the power of nursing, advocacy, and humanity*. Frontline Healthworkers Coalition. <https://www.frontlinehealthworkers.org/blog/frontlines-un-general-assembly>
- Vuolanto, P., & Laiho, A. (2017). The gender perspective in nursing research: A theoretical treasure chest or a ‘thorn’ in the side? *Minerva*, 55(3), 371–390. <https://doi.org/10.1007/s11024-017-9318-0>
- Walker, K. (1997). Dangerous liaisons: Thinking, doing, nursing. *Collegian*, 4(2), 4–14. [https://doi.org/10.1016/s1322-7696\(08\)60214-0](https://doi.org/10.1016/s1322-7696(08)60214-0)
- Wall, S. (2007). Nurses’ engagement with feminist/poststructuralist theory: (Im)possibility, fear and hope. *Thirdspace: A Journal of Feminist Theory & Culture*, 7(1), 37–49. <https://journals.lib.sfu.ca/index.php/thirdspace/article/view/wall/3196>