

"Nurses" Angelic descriptions and stereotypes

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Nowadays, we witness in many countries and on social media, encouragement and celebration of the medical teams that stand on the frontline in fighting the COVID-19 epidemic. The new perception of these nursing groups has differed from the traditional treatment, to escaping a common threat.

In this context, a research on the perception of nursing in Egypt by Dr. Sayed Mohammed Ali Fares entitled "The Culture of Nursing and The Practice of Power: Research in Medical Anthropology at the New Qasr Al-Aini Teaching Hospital" caught my attention. The research addresses multiple aspects of nursing culture. While we expect that the current situation will lead to a rethinking of health institutions, it is important to cast the role of nursing as a key pillar in the health sector. The importance of the subject is that, even if we ignore this, we realize that there is a negative and stereotypical view against nurses and the nursing profession, and that health system reform cannot be planned without addressing nursing role and its professional, cultural and educational problems.

This research refers to the duality in nurses' view of their profession between being a sublime profession and being a profession that is not respected in a cultural and societal sense, as one nurse expresses: "The nursing profession is sublime ... but the society's perception is bad. Many people are reckless in the nursing profession. They see that nursing is not good morally and behaviorally..."

Of course, nurses, as women, are subject to the pressures of moral judgments that are characteristic of the culture prevailing in our societies. "Nursing specialists attribute this view to a stereotype of patients formed by culture, in which they seem to be reckless and always staying out of home or returning to it late...", the researcher says.

There is no doubt that profiling may affect other professions, but nursing is particular issue, because most of the workers are women, and if we look at a range of factors surrounding this profession: staying out of the home, young age, financial independence, as well as physical and health know-how, this may lead to have a fear about the nurse and feeling out of control under the conditions of the prevailing traditional culture.

One nurse expresses this negative view by saying: "They see nursing as not good, in the past they prevented girls from joining the profession. The prevailing thinking is that if a girl got into the nursing, she would have done something that was not good. Nursing is a shame in people's eyes. I feel embarrassed to say that I am a nurse." However, there are opinions that the situation has improved from the past, but the perception about the nurses is still negative.

In this sense, the main nursing culture problem is the lack of appreciation and recognition of nurses socially, culturally and professionally. This is accompanied by a sense of persecution

and lack of appreciation from all parties, management, doctors, patients and their families. It is not only a question of stereotypes, but at the professional level there is a sense of persecution, any failure of treatment service, and consequences of many malpractices by physicians are accounted to the nurses, and the administration usually sides with physicians against nursing. Tensions and conflict are multiple, between the nursing community itself and between them and physicians.

On the one hand, the research concludes that the nursing community lacks cohesion, as it is divided from the educational level, experience and workplaces. The sense of persecution and behaviour of the group supports this division and incoherence. A nurse graduated from the intermediate technical education says "A diploma is the opposite of a bachelor's degree, the people always treat a nurse as if she were working for them..." This is also highlighted in the attitude towards nurses' uniforms, where nursing college graduates consider the importance of differentiation in uniform so that the difference between bachelor's and middle diploma holders is evident, which the latter see as a kind of discrimination against them. This situation generates some kind of tension and sensitivity among nursing groups, which in turn affects the practice environment and the healthcare quality.

On the other hand, the relationship between doctors and nurses is also a complex one governed by dual power/submission, where nurses consider that there is a tendency among doctors to control, and to ignore the fact that the relationship between medicine and nursing must be based on integration rather than dependency. The degree to which nurses perceive the relationship with doctors varies according to years of experience, educational level and work location, as workers in intensive care departments as well as older nurses are less persecuted than younger nurses, and those who have an average qualification who consider themselves as tools for carrying out doctor's orders.

The research also addresses the gender perspective of examining the power relationships between doctors and nurses, as the institution's culture is, to one degree or another, an extension of community culture in its view of masculinity and femininity. One nurse says "Physician has inside of him the society's view of women, the eastern man is even in the workplace". In practice, nurses carry out doctors' orders, but sometimes they dodge and do not do so if these orders are mistaken in their perception. There are also retaliatory tactics that nurses can practice against doctors, and as one of them put it: "If the doctor bothers us, we prove it, we disgust him, we call him in every need."

Since the lack of recognition and appreciation is a fundamental problem in nursing culture, nurses often cope with this situation in apparent or subtle ways, and seek status and safety. In this regard, the research indicates that there are preferences in working within the hospital departments, where the intensive care and emergency units are more valuable because the nursing specialist feels the importance of the role she plays. What is also important is that intensive care is a closed and therefore safer place. One nursing specialist says: "I prefer the intensive care for the lack of contact with the parents of the patients who carry us above our capacity in the orthopedic department, the patient's parents may insist on carrying the patient without their help, and if the doctor is late, they insult us". Other preferences are also the sections of women and childbirth because they have exciting events (births), as well as dealing with women mainly away from men.

The study concludes that leveraging nurses' energies and abilities requires institutional and cultural reforms within health institutions, to improve the working environment, change the nursing community's sense of being oppressed, reduce internal conflicts between nursing groups and between these groups and doctors, and change the nursing culture from a role-focused culture to mission focused culture. There is no doubt that it is difficult to generalize the results of the research conducted at Qasr al-Aini Hospital, which is certainly different from many other public and private hospitals, and requires more attention at the level of studies, and therefore policies.

Reference: www.wataninet.com/2020/04/الممرضات-أوصاف-ملائكية-وصور-نمطية/