Nursing Grievances

V: Women's work

TONY DELAMOTHE

To be a good nurse one must be a good woman, here we shall all agree.

FLORENCE NIGHTINGALE¹

The image of nursing as a predominantly female activity constrains and confines nurses regardless of gender, setting limits to what they can achieve. The saturation of the term "nurse" with feminine qualities not only explains the public's attitude towards nursing: it explains nurses' attitudes towards themselves, another barrier to their progress. The easiest way to understand the nursing grievances discussed in this series of articles—those of pay, conditions, and status—is to recognise them as the same grievances that women complain of in the world outside nursing. Knowledge of women's history during the last century not only helps one understand the history of nursing: in its broad outline the history of nursing is the history of women, the relation between women and nurses having been so close.

How close are the links between nurses and women?

nurse person employed to tend children, the sick, etc. Reduced form of *norice*, *n(o)urice* (Old French) from Latin *nutricius*, NOURISH. So **nurse** verb, alternative of *nurish*, *norsh* NOURISH, by assimilation to the above substantive.²

In English "nurse" has at its root nourishment, and by extension, motherhood. Regardless of the uses to which the word "nurse" is subsequently put, it encodes those characteristics most closely associated with womanhood. This association is not lost on children, who by junior school age have developed an image of nurses fulfilling "traditionally expressive roles similar to that of mothers."³ Adults do not grow out of it: in a poll to find out which tasks people thought nurses could perform as well as doctors, tasks at which mothers might be expected to do well were chosen (table).

What 1490 adults thought a nurse could perform equally as well as a doctor (% agreement)

Advice on looking after newborn babies	80
Advice on bringing up children under 5	71
Looking after people who are dying	68
Family planning advice	60
Giving advice on diet and weight loss	56
Giving repeat prescriptions	55
Health screening (for example smear tests)	53
Advice on family problems	48
Help and advice on overcoming depression	41
General check ups	35

"I think men are made to move up the hierarchy very quickly. That's what's wrong with nursing. If you're a man you're assumed to be a manager. You think I shouldn't be washing patients, I shouldn't be feeding patients, I'm a man, I'm supposed to be in an office.

Being a male nurse has caused me a lot of conflict, especially in my private life. I've had to come to terms with what the public would say about me. Not only the public but other nurses, and my friends. At school I announced I'd got a job. Where have you got a job? I'm going to do nursing. You mean a doctor? No, I'm going to do nursing. These were 17 and 18 year olds who still couldn't see how a man could do nursing. My parents took a long time to accept that I wasn't just doing it because it was a job that came up. That was despite one of my uncles being a nurse—but he went into administration so it was easier for my parents to accept that. He was a manager with a family, respectable—whereas for a young lad of 17 going into nursing it is still unacceptable. I feel sorry for them, particularly nowadays. Over the past three years the public's opinion of male nurses has really deteriorated. It was really quite good when I started. But it's gone back—the old stigma attached to it. If you're a male nurse, particularly in general, then you're automatically gay—which is totally false."

CHARGE NURSE

If the identity nurse=woman is really only an etymological quirk or some discredited leftover from Victorian England then the idea of male nurses should present no problem. And yet it does. Male nurses are seen as anomalous, their sexuality deeply suspect. Most male nurses are assumed to be homosexual, certainly by the public at large. This adversely affects recruitment of men into nursing,⁴ a manpower solution that is frequently invoked.⁵

Women's pay

The most telling demonstration of nurses' identity with women is their pay. As the health departments pointed out in their evidence to last year's pay review body (to support the status quo) since 1970 the earnings of female nursing staff have moved broadly in line with the earnings of female non-manual workers in the economy as a whole (figure 1 shows this for the past decade).⁶ In a good year female non-manual workers (and nurses) earn 60% of what men do. As the figure shows no improvement has followed the setting up of the Equal Opportunities Commission.

Differences in productivity do not account for the differences in salary and nurses are now poised to take legal action to challenge this inequality using the amended Equal Pay Act. The original Equal Pay Act, which made it unlawful for an employer to pay different rates of pay for the same job on the basis of sex, has been unsuccessful in increasing women's salaries to the levels achieved by men. The act's main problem was that it did not apply to about two thirds of the female workforce who did very different jobs from men. The act was amended in 1983 (after the European Commission

brought a case against the government for not conforming to EC law) making it unlawful for an employer to pay women less than a man doing a job of equal value to her. Comparable legislation has been successfully used by nurses in the United States and Canada to improve their pay and may well prove so here.⁷

Women's career prospects

Even within nursing the typical pattern of other occupational groups, of male dominance at the top end of hierarchies, is reproduced. Only about one in 10 nurses are men and yet a study in 1983 found that almost 44% of district nursing officers and half of all directors of nursing education were men.⁸ In 1985, 46% of regional and district nursing officers were men (88% of whom were married, mostly with children, compared with only 18% of women officers who were married, 14% of them with children).⁹

A study of women working in the NHS looked particularly at this discrepancy and found a large difference in the time taken by men and women to reach their first nursing officer post (fig 2). Male career advantage could not be explained by better qualifications or earlier entry. ("Men appeared to break all the rules—they entered late, they went to the 'wrong' nursing schools, they did not shine particularly in terms of qualifications held and yet they progressed much faster than women.") The study also found that very little of the male career advantage was explained by women's propensity to take career breaks.¹⁰

Even within the three nursing unions—COHSE, NUPE, and the RCN—men dominate the higher echelons.¹¹ Is it male takeover or female giveaway? as the author of the first of these studies asked.⁸ What is it about nurses, the one occupational group that might be expected to guarantee the interests of women, which allows a minority of men to fast track into positions of power over them?

Suffer and be still (women's protest)

I think that people high up realise that the majority of us are in it for the care of the patient and our patients come first. They believe we won't strike because of that. And I think they tend to use us a bit because they know that in the end the majority of us wouldn't do anything. We'll grumble and moan about our lot, but we wouldn't do anything when it boils down to it.

STAFF NURSE

Only nursing could find itself equating professionalism with acquiescence, subservience, silence and obedience.

TREVOR CLAY¹²

Nurses are becoming slowly, painfully slowly, more political. They do believe now that there is a direct relation between what party's in government and pay levels, conditions, cuts, closures—things like that. I do think nurses have to be politicised: it doesn't mean you don't care. I think

From New Earnings Surveys.

FIG 1—Average earnings of female non-manual workers and nurses as a proportion of male non-manual workers.

you care more. You know what's going on and why and are prepared to do something about it. Alright we should all behave professionally and look after our patients, but it's a very blinkered, shortsighted view, I think, just to come to work, look at that patient and go home again without taking it a bit further.

SISTER

FIG 2—Average time taken from initial qualification to reach grade of nursing officer.¹⁰

Innocent, unselfish, utterly dedicated to caring for the sick, they have always put service before self; everyone agrees they have been exploited and protected, but no one suggests that they should take their destiny into their own hands.

JANE SALVAGE¹¹

You can argue that it does the health service a favour for people to protest positively rather than negatively—negative protest is leaving, and positive protest is staying there and making a noise about it.

GILLIAN MORRIS, author *Strikes in Essential Services*

This country has no tradition of concerted political campaigns organised by and for women. Individuals may emerge at intervals, but cohesive action organised by women is rare—between the suffragettes and the women of Greenham Common there has been almost nothing. Women are traditionally seen as outside politics: in the current parliament only one in 16 members are women and, although women make up about one third of trade union members, they are poorly represented at all levels of officialdom within trade union hierarchies (nursing unions included).¹³ Activism and femininity would appear to be opposites.

Proper nurses, like most proper women, are seen to be outside politics, too, and like women they pay a price for their passivity. Women's expression of conflict or aggression in this society is usually turned inwards and experienced as "stress," "low morale," or depression.¹⁴ The recent surveys of nurses' views (article I) show that nurses respond similarly. They interpret structural problems within the health service as individual failings—"if I can't cope then there must be something wrong with me." The little aggression nurses allow themselves is usually directed towards other nurses. (Most nurses I spoke to saved their harshest criticisms for other nurses.) This readiness to fight one another rather than take their common struggle elsewhere is a typical characteristic of oppressed groups, and one nurses should watch carefully at a time when any differences among them will be eagerly exploited.

Sometimes there seem no lengths to which nurses will not go to deny common cause with other nurses. It happens with individuals, but also within organisations—the United Kingdom Central Council for Nursing, Midwifery, and Health Visiting (UKCC) providing a typical recent example. The UKCC came into existence as the result of several only very slightly different heads being banged together, since which time its constituent parts have sometimes acted as if there were more that divided than united them. Some of these perceived differences may be explained by the very different histories of each of the branches, and the way in which small differences have been exaggerated in the past to establish occupational boundaries.¹⁵ In some recent negotiations the Royal

College of Midwives has been behaving as if what its members did bore only a passing resemblance to other nurses' activities. (Midwives defend their claims for special status by arguing they assume more responsibility for two patients than any other nurse does for one.)

With the recent industrial unrest there are signs that divisions are opening up among the three nursing unions, or at least are being opened up among them. In the newspapers the hoary old characterisations have been wheeled out—in Jane Salvage's words, "The RCN and its ilk are labelled as professional, patient-orientated, caring and good, while the TUC unions [COHSE and NUPE] are supposed to be unprofessional, worker-orientated, selfish and bad."¹¹

The recent strikes have also shown how quickly a campaign of vilification can be mobilised against strikers, even if they come from one of society's best loved occupational groups (see box).

There are other lessons to be learnt from the strikes. One of them is that it is nurses' passivity that makes them so alluring. The current campaign by the *Sun* ("the paper that cares for nurses") and last year's "nursing campaign" by *Today* require a helpless (female) victim at their centre, who can be saved by others' efforts, although not her own. The dark side of this helplessness can be easily led astray—the "charitable" interpretation of the Manchester strike made by some newspapers. ("Night nurses catch a cold from this fib"—*News of the World*.²²) Once it is seen that "sisters are doing it for themselves," that nurses can mount effective action on their own, their case will be dropped abruptly.

The habit of seeing nurses as "super-women" starts young: most of the associations nurses have for adults are in place by early childhood.³ (Original artwork by Jennifer Dickson, aged 5.)

Prisoners of gender?

Nurses seem trapped by the public's image of them as good hearted but essentially passive women. This perception sets limits on their pay, their professional aspirations, even on the accepted ways open to them to protest. Short of changing nursing's sex there seems no way out.

The experience of other countries, however, offers cautious grounds for optimism. Although in all cultures the concepts "nurse" and "feminine" are strongly correlated,²³ in some of them nurses have managed to move forward. How they did it and how far they have got will be the subject of my next article.

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- 6 Review Body for Nursing Staff, Midwives, Health Visitors, and Professions Allied to Medicine. *Fourth report on nursing staff, midwives, and health visitors 1987*. London: HMSO, 1987:14.

What some of the papers said about the (successful) strike by 38 nurses on night shift at North Manchester General Hospital 7-8 January 1988

"The tragedy is that this strike spoils everybody's image of the ultimate caring profession, of the angels for whom the patient always comes first . . . a profession whose greatest strength lies not in its union organisation but in its huge fund of public goodwill."

*Daily Mail*¹⁶

"Nurses deeply deserve more pay. But going on strike is no way for them to go about getting it. The Manchester night shifts which set up picket lines outside their wards last night are positively harming their cause. . . . If the strike spreads the nurses are in danger of forfeiting the immense goodwill the nation feels towards them."

*Today*¹⁷

"The NUPE nurses who went on strike at North Manchester General Hospital will win no sympathy for their cause. And do not deserve to. . . . Of course it is the patients who are actually being exploited by this first official nursing strike."

*Daily Express*¹⁸

"Sympathy for industrial action in the public sector, whether by flying pickets in the Yorkshire coalfields or by NUPE nurses, is likely to be short-lived."

*Daily Telegraph*¹⁹

"A hard-knot of Leftwingers spent months planning last week's lightning strike by nurses at a Manchester hospital, health chiefs believe."

*Sunday Express*²⁰

"The whole NUPE exercise was a seedy confidence-trick. Most people have a natural sympathy for nurses but that does not mean we have to believe every piece of propagandist bunkum about their pay."

*Yorkshire Post*²¹

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Is there any reason why a 10 year old girl with flat feet should not take part in athletics, including cross country running?

There is no reason why the child should not participate in sports provided the feet are not painful, weak, or stiff. A mobile flat foot is characteristic of certain races such as the African, renowned for his prowess at running. Occasionally mobile flat feet may become painful during the adolescent growth spurt and require a short period of restricted activity. A weak or stiff flat foot requires further investigation to identify the underlying cause.—S C GALLANNAUGH, consultant orthopaedic surgeon, Hastings.