

Editorial

Nursing and feminism: An uneasy alliance

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NURSING HAS LONG had an ambivalent relationship with the women's movement. The profession was largely unaffected by the first wave of feminism in the late 1800s to the early 20th century that ultimately granted suffrage to American women. Problems between nursing and feminism emerged with the second wave of the movement in the 1960s, when the battle for access to education, the professions, and freedom from abuse and exploitation occurred. Feminists urged bright, young women interested in health care to eschew nursing in favor of the higher status and more lucrative profession of medicine. Nursing leaders were put in the unenviable position of wanting to encourage and support women in pursuing careers and insisting on equal pay and fair treatment and fending off attacks on nursing as lowly "women's work."

Nursing frequently had been touted as a family-friendly occupation. (Note that this precluded nursing being perceived of as a *profession*.) A woman (seldom a man) who became a nurse was told that she could work in any city where her husband might find a job, that she could enter and leave as her child care obligations required, and, most importantly, she could schedule days and hours around her family's needs. Then, as if that wasn't enough to ensure that she could fill all her time with domestic duties and nursing work, those without baccalaureate degrees were told to go back to school (part time, of course, so as not to interfere with her financial contributions to the family) to finally earn the degree that would legitimize her as a professional, a degree that seldom resulted in increased salary.

Are there any other professions that demand so much for so little? Teaching, possibly. Teachers receive few benefits, at least not any that modern society values, such as money or prestige. Only a dire shortage of teachers compelled educators and the public to initiate programs to honor teachers and promote the teaching profession.

The argument that the teaching profession is similar to nursing fails, however, when education and work schedules are compared. Teachers cannot be certified until they have at least a 4-year baccalaureate degree. Nurses need only a 2-year associate's degree. No other profession requires so little education for so much responsibility and, in addition, tells nurses, mostly women who are the primary caregivers responsible for home duties, to go back to school to become a professional. If we had tried, we couldn't have planned a system that would be harder on nurses.

Amazingly, nurses have acquiesced to this punishing system, struggling to attain degrees to make them truly professional.

Even the feminists among nurses have been strangely silent about the heavy burdens imposed on the majority of nurses who are prepared with associate's degrees or diplomas in nursing, although the battle to require the baccalaureate degree has continued, albeit unsuccessfully. Feminists who are not nurses are absent from discussions about nursing altogether.

Complicating the awkward relationship between nursing and feminism is the portrayal of nursing in the media. Popular characterizations of the nurse as a sexpot or as hard-nosed and uncaring, such as Nurse Ratchet, the appropriately named character in "One Flew Over the Cuckoo's Nest." It is no wonder that feminists considered nursing to be women's work, disparaging not only women who are nurses but men in the profession as well.

Women's work has been denigrated throughout most of history and continues so today (Sullivan, 2002). Women's roles in childbearing and child care and their "double day" of work and home responsibilities have put women at a disadvantage in pursuing careers (Freedman, 2002). The challenge for feminists (and nurses who are feminists) is to address the differences between protective legislation and equality, rather than trying to turn potential nurses into physicians.

Organized nursing has largely ignored the strident cries of feminists and with good reason. If the brightest and the best enter medicine when in prior years they would have enrolled in nursing, then we had better concentrate on recruitment and leave the political rhetoric to the radicals. This head-in-the-sand strategy, however, is ill advised.

First, we must acknowledge that feminism is positive for both men and women in society and in nursing. Whenever opportunities are offered equally across the population, society benefits from the increased availability of talent. This was the same argument women used to compel law schools, medical schools, and other professional programs to allow equal access to qualified women. We said that they would have access then to the talents of twice as many qualified students, and this has proven true.

In a strange twist, nursing's approach to the women's movement should be to become advocates for the equal participation of men in nursing. Nursing can use the same argument feminists used to recruit men into nursing. We would gain access to twice as many talented students if men and women applied to nursing schools in equal numbers. Nursing, however, has a sad history of encouraging men in nursing and has, on occasion, actively discouraged male applicants (Christman, 2001; Sullivan, 2000).

We must recruit men into nursing until their numbers approximate the number of women in nursing. To do so, we must overcome tremendous barriers, mainly the image of nursing as women's work in a society in which the work is considered lower status by virtue of its association with women. The nursing shortage makes the need more pressing and our efforts all the more essential.

The ambivalence that has characterized the relationship between nursing and feminism should exist no more. Nursing can embrace the movement because equality benefits individuals, society, and, thus, the recipients of nurses' care. We no longer need to hang back, fearful that feminism will drive more talented students away from nursing and into other professions. We can use our considerable creative skills to design ways to invite men into nursing and to develop programs that make full use of all of society's talented members who desire to enter nursing.

Also, we must continue the fight to require the baccalaureate degree as entry to nursing to reflect the actual responsibilities the job entails and to reduce the burden on nurses whose only fault

was to graduate from an associate's-degree or diploma nursing programs. Nursing can benefit from the progress the women's movement has engendered by considering the movement from a broad perspective of equality for all. The continued loss of talented men who could become nurses should be reversed, and soon.

Nothing less will ensure that all of us will have an educated and qualified nurse when we inevitably will need one.

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