Abstract

Is Nursing an Oppressed Profession?

Introduction

This section will introduce and provide background for the article. It will outline the current debate about the provision of good nursing care and the relation of this to academic status. For example are we "too posh to wash" because we are degree level or is this a critisism of nurses having pretentions beyond their station within our culture. A brief definition and discussion of opression, the relationship of oppression to hierarchy and the injustice of oppression through unjust hierarchy will be offered. This will lead on to a discussion of the selected defining nursing oppressions of gender and social class.

Sexual Discrimination

This section will define nursing as a socially gendered profession regardless of individual sex or sexual orientation. It will introduce feminist explanations of sexual discrimination and argue that nursing as a profession is oppressed in the same unfounded prejudiced way as women in general are.

Socio-economic Class

The second cultural oppression of social class will be dealt with here. Original research data and office of national statistics information will be used to back this up. In the same way as gender this is about the profession's social position and what that means for nurses rather than individual class position.

An Oppressed Profession?

This section will discuss the implications of the empirical picture represented above. The synthesis of this is that nursing is a culturally oppressed profession and that that has implications for our practice and delivery of patient care.

History, Professionalism and Clinical Skills

This section will describe the historiographical position of these current arguments. It will put forward the notion that our current position is part of a long standing debate and will draw on some text from a historical account from the 1930s that made similar points to those being debated today. The point of this is that the notion of a golden age of perfect nursing care, where everyone knew their place is questionable.

Conclusion

The summing up will present the above as a justification for nurses to feel comfortable with academic achievement alongside our role as care givers. That the more equal social position that we can claim can and should enhance rather than detract from the quality of care that we deliver to patients.

Is Nursing an Oppressed Profession?

Introduction

The recent public discourse regarding nursing becoming a degree entry profession has rekindled worries about the focus of nursing as a profession. The concerns of the public, patients, fellow professionals and most importantly nurses have repeatedly centred on the ability and willingness of nurses to provide direct patient care. The debate over whether nurses have become "too posh to wash" is well rehersed (Fleming 2009). Why is this? In contrast, the medical profession has always required university education but has never appeared to be concerned that its members may not wish to perform intimate investigations or learn clinical skills. The academic level of achievement for medical staff in the UK is equivalent to two undergraduate degrees and yet clinical practice and the direct treatment of patients retains its primary status for medics. Why then are many concerned that requiring degree level award for nurses will remove us from the bedside altogether? Perhaps this is more to do with our historical and current position within British society than with any academic incompatability with providing care. This article will examine the social status of nursing to illuminate this issue.

It will be asserted that nurses are an oppressed group on at least two fronts, sex and class, and we have belonged to these groups from our inception as a professional or vocational group. This is important because it highlights one of the central social dialectics within nursing. That is, on the one hand nurses are a powerful, numerically impressive grouping, with the trappings of a legislatively accepted position in the social order. On the other hand we have long been seen, and often behaved collectively as, victims of circumstances rather than proactive agents of policy making (Menzies 1960, and Tschudin 1999). As stated above, it will be argued that the source of this situation is gender and social class relationships and the oppressive nature of these unequal relationships.

What is oppression? Oppression traditionally refers to the unfair use of power by a ruling group over another group within a social situation. There are several theories of oppression. A multiplicity of feminist theories deal with unfair sexual discrimination, while Marx has been the dominant figure in the understanding of the oppressive nature of social and economic class hierarchy (1996). The theories addressed in this article will focus on the unjust treatment of individual members of these social groups because of their membership of these groups. This article argues that the nature of hierarchy within social relationships inevitably leads to oppression. This is a controversial position within a liberal democracy such as ours within the early 21st century UK. The mainstream view of power differences within a democratic society can be summed up as meritocracy. Despite its dominance in our culture this is just a theory like any other. In a meritocratic society some groups gain more power because they have gained dominance due to harder work, education or intelligence. In this view of the world hierarchy is a necessary and justifiable aspect of social relationships. However, this cannot be said for groups imposed upon us by circumstances outside of our individual control. These include gender and our social class of origin. It will be argued that these twin social groups are strongly entwined with the concept and praxis of nursing. Sexual discrimination will be discussed first, followed by class.

Sexual Discrimination

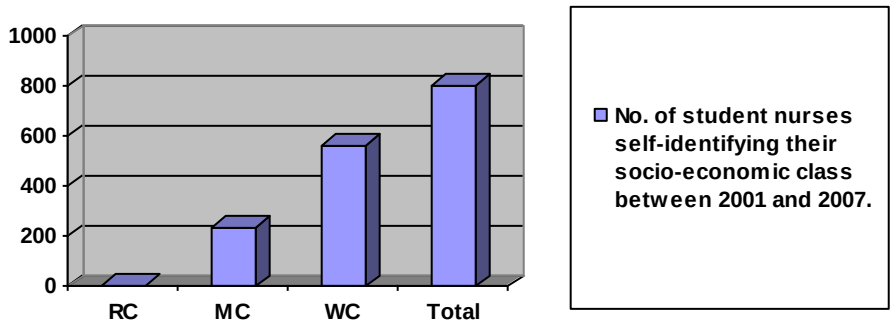
Nurses are and always have been mainly women. The general public see nurses as female and nurses themselves often describe an unnamed individual nurse as ‘she’. It goes without saying that this homogeneous description is not entirely true. From the beginning there have been men in nursing. However, it is factual to say that nurses have always been overwhelmingly female and there has been little percentage increase in the number of men taking up the profession in recent years. According to the NMC, currently the UK nursing

workforce is 10.73% male (NMC 2007). This is an increase of 2.36% of the total since 1990. If the trend continues to climb at the current rate then it will take a further 300 years to achieve numerical gender equality in the profession. Any extrapolation of this length is likely to be of little value in real terms but it does show that there is almost stasis in the percentage of nurses of either gender at the present time. It also shows that there is little sign of change likely in the near future. To compound the real world numerical minority of men further, there are statistics within the detail which make it sensible to claim that the nurses, especially the profession involved in direct, hospital ward based physical care, can sensibly be described as overwhelmingly female. These details include that the men who are in the profession are over-represented in particular parts of the job. Similarly, to elsewhere, due to the well documented patriarchal nature of society, men feature disproportionately in management and other senior positions (Lane 1998). Additionally, men make up 50% or more of the proportions of mental health and learning disabilities nurses. Consequently, the number of women in 'adult branch' is made even more overwhelmingly the majority than would appear to be the case from the headline figures. Therefore, nurses are demonstrably perceived as a female profession and empirically the majority of individuals working as clinical general nurses are women. From this analysis it can be claimed solidly that nurses are likely to face a similar set of prejudices and injustices to those that women face within society.

Socio-economic Class

When asked to identify their own class background, most nurses identify themselves as working class. In a recent survey, nurses were asked whether they identified their class background as working class; middle class; or ruling class. The results below show that a significant majority identify with the most oppressed class.

Figure 2: Class Backgrounds Results



RC= ruling class (n4); MC= middle class (n235); WC= working class (n562); Total (n801).

(Whitehead 2007)

This self-identification is not sufficient and requires examination from a variety of view points. Looking at social position and class from the perspective of oppression requires consideration of the Marxist argument because this remains the pivotal critical theory in relation to economic repression. From a Marxian perspective, as employed paid workers nurses are working class. However, using this classical defining methodology includes all other members of health professions operating in NHS hospitals including senior managers and medical staff. This creates an analytical problem when proposing subjection of one part of the same group by the other. Nevertheless, Marx himself made differentiations between waged workers on the grounds of "badly paid" and "best paid" (1976:822-828). Later Marxian theorists, such as Marcuse, expanded politico-economic oppression to the bureaucratic military/industrial complex (1964). In this case it is more useful to consider social class as one of multiple oppressions affecting suppressed groups. This theory of general oppression initially proposed by feminists allows for unjust inequalities of any kind such as race, age, gender and social class to be taken into account rather than assuming, as Marx did, that all such injustice results from economic inequality created by the accumulation of capital. Usefully it does of course also allow for this form of oppression within the canon of unfairness. Nevertheless, it does not require that one

power relation have ascendency. As Phillips says "[t]his broader conception of power has been cited as one of feminism's major innovations" (1991:102). This is not to claim that it is a view followed by all feminists. This would be far too simplistic a vision of the multi-layered analyses of feminisms. Nevertheless, it has become a common thread to the arguments about power relationships postulated by many feminists in the past few decades. Using this 'multiple sources of oppression' model to assess the social class of nurses as a group requires the examination of a variety of indication factors. The Marxian formulation cited above remains valid, but under this form of analysis is just one argument for socio-economic position. Liberal statisticians have attempted social classification for many years using a variety of indicators to create hierarchies designed to assist policy makers and researchers. The current version used by the Office for National Statistics (ONS) is the Standard Occupational Classification 2000 (2008). This standard consists of a nine point scale and all UK occupations are mapped to positions within it. The nine points are each given titles descriptive of the occupations listed within them. These are as follows:

> 1 Managers and Senior Officials
> 2 Professional Occupations
> 3 Associate Professional and Technical Occupations
> 4 Administrative and Secretarial Occupations
> 5 Skilled Trades Occupations
> 6 Personal Service Occupations
> 7 Sales and Customer Service Occupations
> 8 Process, Plant and Machine Operatives
> 9 Elementary Occupations
> (ONS 2000:1)

The positions within this are arrived at by empirical observation of the power relationship between occupations and the level of autonomy of occupational groups. Within the main nine points are subgroups (ONS 2008). This method of classification places nurses in group 3 "Associate Professional and Technical Occupations" (ONS 2000:6). The final sub-group which encapsulates nurses within this tier is "Health Associate Professionals". Therefore, within this officially sanctioned hierarchy, registered nurses are classified at the

level below medical practitioners and pharmacists. This indicates that, although nurses have been successful in raising the socio-economic status of the profession from that of carers who do not have the paraphernalia of registration and a professional body, we have not obtained a social position of equivalence with the recognised fully professional groups. This clearly indicates that we are in the semi-professional class discussed by Stronach et al (2002). This is a group of professions which are identified by their majority female membership and lower social position (Etzioni 1969). In the current climate of the rise of managerialism it can be argued that the main area of conflict and oppression for associate professionals is with their employers.

An Oppressed Profession?

If the nursing profession was in the kind of position of power which law and medicine hold, then we would be able to protect our privileges, in a contemporary liberal capitalist democracy at least. On the other hand, that we are considered professional at all indicates that the processes of proletarianisation and deprofessionalisation are not yet complete (Stronach et al 2002).

In many ways the interests of the profession and employers do converge. Both wish to provide excellence in their service to the client group. Both wish to provide an environment where patients feel safe and valued. Of course, in some arenas, the aims of management and professionals will be divergent. For example, NHS trusts are forced to meet year on year cost improvement programmes (Stronach et al 2002). Consequently, it is hardly surprising that professionals end up in conflict with management. When these disputes arise there is a straightforward industrial confrontation of the type involving any group of organised workers and management. This power relationship difference of interests is enshrined in law (Employment Relations Act 1999). The undisputable empirical reality of this state of potential and actual confrontation dates back to the early

industrial period and arguably back to the beginnings of civilisation (Webb and Webb 1920). A manifestation of this conflict is the long history of nurse trade unionism.

The position of nursing within the socio-economic framework is one of a relatively oppressed group. Not as low in the social scale as some, but certainly not in the upper professional tier. Considered in line with Marxist theory; feminist theory; liberal empirical sociological practice; or the position of professions within the social milieu, it can fairly be concluded that nursing is unjustly positioned below and oppressed by a number of important other occupational class groups. All of this means that the multi-disciplinary group which makes up the team caring for patients is not democratic socially equal and consequently unjustly oppressive. A result of this is that the official line which nurses and nurse educators have been taking for decades (Corrigan 2002) can demonstrably be shown to be a fiction. Nurses are a part of an oppressed class and additionally as semi-professionals are a subordinate profession.

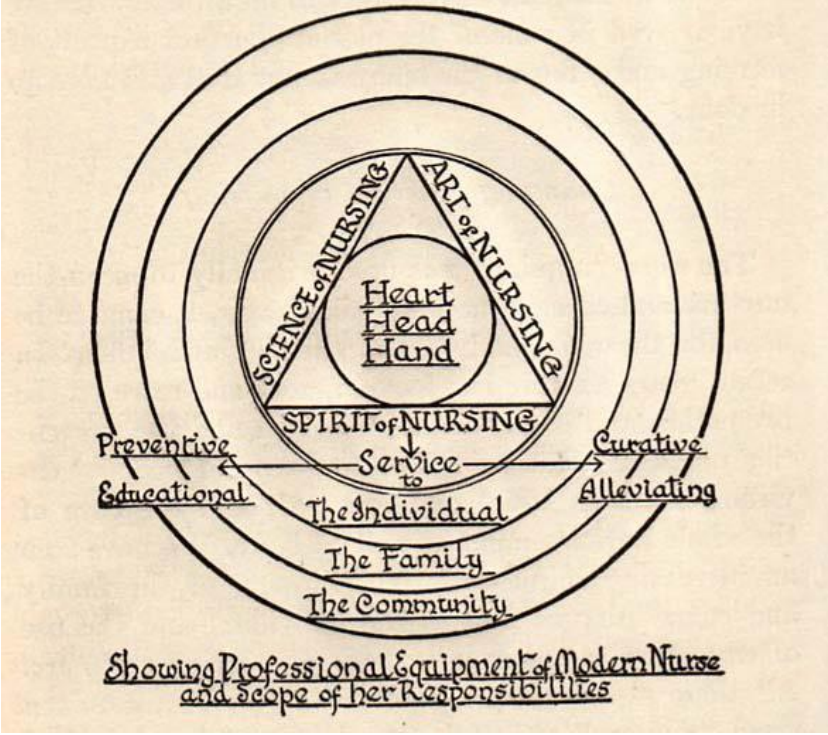
History, Professionalism and Clinical Skills

From a historical perspective these twin oppressions of sex and class potentially place nurses into Rowbotham's 'hidden from history' category (1977). From this perspective she argues that the history of women, and particularly working class women, has been deliberately repressed by patriarchal society. As such the profession has little sense of historical identity except one of service to the medical profession. However, this is not a completely accurate historical picture as can be seen below.

One of the crucial dialectics in historic and in contemporary nursing is between the desire of this 'emerging' or 'semi' profession (Etzioni 1969) to gain raised status through cognitive educational 'award'; and to maintain clinical effectiveness while maintaining the confidence of the public through "fitness for practice and purpose" (United Kingdom

Central Council for Nursing, Midwifery and Health Visiting (UKCC) 2001). Much of the literature describes the linking of theory with practice as essential and this is indisputable. However, this is not a new desire as can be seen from the diagram and quotations below published in 1938 by Dock who was one of the iconic nurse historians of her time.

Figure 3: Professional Equipment of a Modern Nurse and Scope of her Responsibilities



> All vocations, even in their early stages, show three main phases of development. These three phases are represented in the diagram as the art, science and the spirit of nursing. […]
> It was Florence Nightingale who first insisted that nursing was an art, "the finest of the fine arts." Up till her day it had been looked upon generally as a form of manual labor, regardless of how low or lofty the motive might be that promoted the service. Many people still think of nursing as a handicraft rather than an art, and probably this is a correct term for much that goes by the name nursing even today. (Dock and Stewart 1938:356-357) [original US spellings retained]

> The general opinion of those who have studied the question [is nursing a profession?] seems to be that nursing belongs in the group of professional occupations but that it is not yet as well developed, especially on the educational side, as some of the older professions. …. Because of its educational lag it has been called an "emerging" profession rather than one that has actually "arrived." A better educational foundation for those who enter nursing schools, and better standards of preparation in the rank and file of these schools would help greatly in giving nursing the full standing that is implied by the term "nursing profession." (Dock and Stewart 1938:365)

As can be seen above the debate over the status of nursing as a profession and the linkage of this debate to the status of physical work and education have a long history. There is no doubt that this is important as it affects the economic, academic and social status of those involved in carrying out direct patient care. This is especially true in those nursing specialities, such as medical and elderly care wards, known for their high levels of physical care.

In educational institutions the status of those involved in teaching skills rather than more academically respected subjects is similarly affected (Martin 1989). This can be seen in the historical narrative of the emergence in the 1950s of a specific clinical teacher (CT) role. The practitioners were paid on a lower grade than other nurse tutors and were required to do a six month teaching course rather than the full tutor twelve month programme. This led those questioned in a survey by the Royal College of Nursing (RCN) in the 1970s to describe the way their role was perceived by colleagues as that of "failed tutors" (Hinchliff 1986:37). This debate about the status of clinical practice led to the removal of the specific CT role during the changes in nurse professional registration and education which took place in the late 1980s. This remodelling followed the Briggs Report on Nursing (DHSS1972) which began implementation with the Nursing, Midwifery and Health Visiting Act (1979). This was at a similar time to the removal of the enrolled nurse (EN) and the switch from apprenticeship to HE. This concept of making a single status for nurses and nurse educators was designed in part to improve the low status given to those nurses and educators involved primarily in the giving or teaching of direct care. However, the consequence was widely perceived, by the general public and health professionals, including many nurses, as being that RNs and nurse educators withdrew from direct patient care such as washing, feeding and toileting (DH 1997). This became an issue to the extent that questions were raised in the House of Lords. The

profession and the Department of Health announced measures to raise the amount of clinical skills taught to students in pre-registration education (DH 1999, UKCC 2001) and finally to re-introduce a specific practice teacher qualification to the register (NMC 2006). Lately, the NMC has taken the decision to insist on a list of essential skills to be taught by universities and on placement prior to a nurse being permitted to register. In addition to this official policy it is well documented that education on clinical placements often amounts to using student nurses as an unpaid workforce rather than as valued future co-registrants (Allan and Smith 2009). Is this the behaviour of a first level profession? It would appear more like that of a craft based occupation returning to its origins. If the theory is accepted that nurses are an oppressed group, then the action to reintroduce clinical skills as a central theme is simply another act of repression by the powerful political and managerial policy makers. As Tschudin says "[n]urses have, for very long, suffered from the fact that policies and rules were made for us rather than by us; made by men for women; by politicians for nurses" (1999). Along with other semi-professions at the beginning of the twenty-first century, nursing has been increasingly regulated. Teachers for the first time in England have to belong to a professional body. Similarly nursing and other "associate health professions" such as occupational therapists had their professional regulatory bodies reconfigured at this time (NMC 2008 and Health Professions Council 2008). For nurses this entailed the introduction of a replacement professional body, the NMC. This was not a simple name change. The previous body the UKCC had a majority of its members democratically elected and separated the educational function into four separate national boards. The NMC would finally lose all democratic trappings to become an entirely appointed committee in 2008 (NMC 2008, and DH2007).

There can be no doubt that the nursing profession as a whole is following the agenda of the more powerful members of society in pursuing a more skills-oriented approach.

However, this cannot be simply looked at as the result of an oppressed group being forced back into a lower social position. Most of the profession's membership would agree that clinical skills are highly important for nurses and there can be no doubt that the majority of rank and file nurses support the move towards a skills-oriented education. This flows from the profession being rightly focused on the outcome of patient care in all that it does. Nevertheless, this outcome applies to all health professionals and our constant referencing to fundamental caring skills as being all that should matter to nurses (Fleming 2009) is an indication of our ongoing self-identification as a subordinate profession.

Conclusion

In conclusion, the nursing profession is oppressed on two social fronts. Nurses are overwhelmingly female and as such, in line with feminist theory, the entire profession (including the men within the profession) is subjugated in the same unjust way that women are within society. The majority of nurses self-identify as working class and the ONS classes nursing below doctors and pharmacists in its social stratification. These subordinates in the social hierarchy lead to unfair discrimination and the injustice of oppression by the more powerful groups. Consequently, nurses are oppressed in the same way as other working class professions as part of the economic and social structure of society. It is this oppressed position that leads nurses to constantly be pilloried for achieving more advanced academic qualifications. The idea that academic achievement is equivalent to loss of clinical skill or makes nurses uncaring cannot stand up to serious examination. However, graduate status does give nurses social professional equivalence to others within the supposedly meritocratic social stratification of our culture. Once the profession becomes degree entry its oppressed position will be shown up for what it is; thinly disguised class and gender prejudice.

References

Allan H.T. and Smith P.A. (2009) How student nurses' supernumerary status affects the way they think about nursing: a qualitative study, *Nursing Times*, 29 October, 2009 [online] <http://www.nursingtimes.net/nursing-practice-clinical-research/acute-care/how-student-nurses-supernumerary-status-affects-the-way-they-think-about-nursing-a-qualitative-study/5007967.article> accessed 13 February 2010

Corrigan E. (2002) Nurses as equals in the multidisciplinary team, *Human Fertility*, 5(1)37-40)

Department of Health (1997) *Project 2000 fitness for purpose report to the Department of Health*, London, HMSO

Department of Health (1999) *Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and healthcare*, London, HMSO

Department of Health (2007) *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century*, Cm 7013, London, HMSO Available from: <http://www.official-documents.gov.uk/document/cm70/7013/7013.pdf> [Accessed 26 September 2008]

Department of Health and Social Security (1972) *Report of the Committee on Nursing*, Cmnd. 5115, London, HMSO

Dock L. and Stewart I. (1938) *A Short History of Nursing: from the earliest times to the present day*, 4th ed. London, Putnam's

Etzioni A. (1969) *The semi-professions and their organization :teachers, nurses, social workers* , London, Collier-Macmillan

Fleming R. (2009) Are student nurses too posh to wash? *Nursing Times* 6 November, 2009 [online] <http://www.nursingtimes.net/whats-new-in-nursing/off-duty/beyond-the-bedpan/are-student-nurses-too-posh-to-wash/5008269.article> accessed 13 February 2010

Great Britain (1979) *Nursing, Midwifery and Health Visiting Act 1979: Elizabeth II*, London, HMSO

Great Britain (1999) *Employment Relations Act 1999: Elizabeth II*, London, HMSO

Health Professions Council (2008) *About Us*,[online] <http://www.hpc-uk.org/aboutus/> [Accessed 12 October 2008]

Hinchliff S. (ed.) (1986) *Teaching Clinical Nursing*, 2nd ed., London, Churchill

Livingstone
Lane N. (1998) Barriers to women's progression into nurse management in the National Health Service *Women in Management Review* 13(5):184 – 191
Marcuse H. (1964) *One Dimensional Man*, London, Sphere
Martin L. (1989) *Clinical Education in Perspective*, Harrow, Scutari
Marx K. (1976) *Capital: Volume 1*, London, Penguin Classics
Menzies I.E.P. (1960) A Case Study in the Functioning of Social Systems as a Defence against Anxiety: a Report on a Study of the Nursing Service of a General Hospital, *Human Relations*, 13(2):95-121
Nursing and Midwifery Council (2006) *Standards to support learning and assessment in practice*, NMC, London
Nursing and Midwifery Council (2007) *Statistical analysis of the register 1 April 2006 to 31 March 2007* Available from < http://www.nmc-uk.org/aFrameDisplay.aspx?DocumentID=3600 > accessed on 16 09 08
Nursing and Midwifery Council (2008) *A new governance structure for the NMC*, [online] Available from: <http://www.nmc-uk.org/aArticle.aspx?ArticleID=3134> [Accessed 26 September 2008]
Office for National Statistics (2000) *Standard Occupational Classification 2000* [online] Available from: <http://www.ons.gov.uk/about-statistics/classifications/current/SOC2000/summary-of-structure.pdf> [Accessed 23 September 2008]
Office for National Statistics (2008) *About the Standard Occupational Classification 2000 (SOC2000)* Available from: <http://www.ons.gov.uk/about-statistics/classifications/current/SOC2000/index.html> [Accessed 23 September 2008]
Phillips A. (1991) *Engendering Democracy*, Oxford, Polity
Rowbotham S. (1977) *Hidden from History: 300 years of women's oppression and the fight against it***,** 3rd ed. Pluto, London
Stronach I. Corbin B. McNamara O. Stark S. Warne T. (2002) Towards an uncertain politics of professionalism: teacher and nurse identities in flux, *Journal of Education Policy***,** 17(1):109-138
Tschudin V. (1999) *Nurses Matter: reclaiming our professional identity*, Houndmills,

Macmillan
United Kingdom Central Council for Nursing, Midwifery and Health Visiting (2001) *Fitness for practice and purpose: The report of the UKCC's Post-commission development group***,** London, UKCC
Webb S. and Webb B. (1920) *The History of Trade Unionism*, London, Hutchinson
Whitehead B. (2007) *Nursing Students Self Identification by Socio-economic Class* [unpublished manuscript], University of Derby