

Determination of nurses' views on gender role attitudes: A Cross-sectional Study

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A- Conception and study design; B - Collection of data; C - Data analysis; D - Writing the paper; E- Review article; F - Approval of the final version of the article; G - Other (please specify)

ABSTRACT

Background: Gender roles have been defined as the roles and responsibilities attributed by the society to women (feminine) and men (masculine) and how the society views, perceives, thinks of them and the expectations of the society about how they should behave. Awareness should be increased in nurses so that they can take a look at their own lives critically. This study was conducted to find out the views of nurses about gender role attitudes.

Methods: This descriptive study was conducted with 200 nurses who agreed to participate in the study in a training and research hospital between June 15 and August 15, 2017.

The data were collected through face to face interview with a questionnaire form. Questionnaire form consists of descriptive characteristics form and Gender Role Attitudes Scale (GRAS). Descriptive and analytical statistics were used in the assessment of data.

Results: Average age of the nurses who participated in the study was found as 30.37 ± 7.28 . It was found that 83.5% of the nurses had not received any education for gender roles. It was found that almost half of the nurses thought the best aspect of being a man was "being free", while the best aspect of being a woman was "being a mother"; it was also found that men should not "show violence" and women should not "be unfaithful"; both genders should be taught to "be respectful" and "not be allowed to be disrespectful". Nurses' average GRAS score of 121.18 ± 11.37 showed that they had equalitarian attitude about gender roles. **Conclusion:** The results that nurses can look at their own lives with a critical eye and have an equalitarian attitude in gender roles are significant in terms of more quality and equality-based health services.

Keywords: Nurse, gender, attitude, health

DOI: 10.5604/01.3001.0013.7222

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Received: 31.05.2019

Accepted: 21.12.2019

Progress in Health Sciences

Vol. 9(2) 2019 pp 29-36

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INTRODUCTION

Gender roles have been defined as the roles and responsibilities attributed by the society to women (feminine) and men (masculine) and how the society views, perceives, thinks of them and the expectations of the society about how they should behave [1, 2]. In traditional societies, social perspective on gender roles bring along gender inequality especially to the detriment of women [3,4]. Gender roles cause social gender inequality such as attributing many roles to women like looking after children, doing housework, and looking after old and sick and such as participating in business life and social life, having a say and ignoring women in the house to men [5-7]. The most basic areas which cause gender inequality are access to right for health and reproduction health [7]. Health professionals have important responsibilities in existing inequalities about reproduction health resulting from gender roles and in violence against women [8-9].

Nursing profession, which is predominated by women, has been identified for centuries with protective and caring behaviours, curative role and innate altruism resulting from motherly affection [10]. Giving care, which is perceived as a traditional women's job, shows the association between profession and gender concepts [11]. At the same time, gender is one of the basic determinants of the states of well-being and being sick in society and problems about gender are invisible in the stage of making decisions about health [12,13].

Social gender inequality causes women to have a lower social status than men and women's health to be influenced more negatively. Population and health studies conducted in our country on the issue show that the older women get, the more they make use of obstetric services and family planning services, illiterate women have more children than they want and mother mortality is higher in areas where the status of women is low [14-16]. The sensitivity of health professionals in our country was examined with the cooperation of World Health Organization-European Region and it was found that health professionals did not behave sensitive to gender in practice. Significant duties fall to health professionals in preventing social gender inequality in our country.

Nursing is a profession which aims "to help in protecting and developing the health of the individual, the family and the society, to heal and rehabilitate in case of diseases and to increase quality of life in all cases", and it can be applied by both genders without gender discrimination. For this reason, nurses have more responsibilities in the health team due to their care giver roles. Nurses' having equalitarian attitudes about gender equality

will be a guide in helping individuals for whom they provide service to have equalitarian attitudes. Thus, the purpose of the study is to find out the views of nurses working in a state hospital in Eastern Black Sea Region about gender role attitudes.

METHOD

Design

This study is a cross-sectional study that aims to reveal the views of nurses about gender role attitudes.

Participants

The universe of this descriptive study consists of 305 nurses working actively in a research and training hospital in Eastern Black Sea region between June 15 and August 15, 2017. The sample was not chosen in the study and 200 nurses who agreed to participate in the study except for those who were on their annual leave or sick leave were included in the study.

Instruments

The data were collected through face to face interview with a questionnaire form. Questionnaire form consists of descriptive characteristics form and Gender Role Attitudes Scale (GRAS).

Descriptive characteristics form; was developed by researchers in the light of literature and it includes 11 questions to find out nurses' socio-demographic characteristics and their views about gender.

Gender Role Attitudes Scale (GRAS); It was developed by Zeyneloğlu in 2007 and it is used to assess gender role attitudes of university students [6]. The scale has 38 expressions determining the gender role attitudes. In terms of scoring, each item showing traditional attitude is scored as 5 points for "Completely Disagree", 4 points for "Disagree", 3 points for "Undecided", 2 points for "Agree" and 1 point for "Completely Agree"; while expressions showing equalitarian attitude are scored reversely. The highest point one which can be got from the scale is "190", while the lowest is "38". The highest score from the scale shows that the student has equalitarian attitude toward gender roles, while the lowest value shows that the student has traditional attitude toward gender roles. Cronbach Alpha Reliability Coefficient of GRAS was found as 0.92 for 38 items [6]. In the present study, Cronbach Alpha Reliability Coefficient of the scale is 0.86.

Data analysis

The data were analyzed with statistical package program and descriptive and analytical statistics were used in the assessment of data.

Normality assumption of the data was analyzed with Kolmogorov-Smirnov test. Since all of the data were not normally distributed, nonparametric tests were used.

Frequency, percentage, average, mean, homogeneity tests (Shapiro-wiks, Kolmogorov-Smirnov), Mann-Whitney U test and Kruskal Wallis test were used in the assessment of data.

Ethical considerations

The study was conducted in line with the Declaration of Helsinki and the required written permission, ethical approval (Rize, 64960800/799), and verbal approval from nurses were taken.

RESULTS

In the distribution of descriptive characteristics of nurses in the study, mean age was found as 30.37±7.28 years. It was found that half of the nurses were from Black Sea region, they were married and they were undergraduates. Mean years of working as a nurse was found as 7.89±6.68 years and 84.5% were found to work as clinic nurses. 83.5% of the nurses were not found to have received any education on gender roles (Table 1).

Table 1. Results about the association between nurses’ descriptive characteristics and GRAS

Descriptive characteristics	n	%	Statistics	P
			KW, t, F, U	
			Median±SD (min, max)	
Total Scale Score			122.00 (min:85, max:153)	
Age			25.50±7.28 (min: 20, max: 53)	
Years in the profession			5.00±6.68 (min: 1, max: 34)	
Gender				
Female	173	86.5	101.38	U=2183.500
Male	27	13.5	94.87	
Hometown				
Central Anatolia region	58	29.0	107.55	KW=12.438
Black Sea region	101	50.5	104.92	
Mediterranean region	15	7.5	78.60	
Aegean region	7	3.5	90.21	
Eastern Anatolia region	12	6.0	99.46	
South-eastern Anatolia region	5	2.5	44.0	
Marmara region	2	0.5	20.50	
Marital status				
Married	100	50.0	108.70	U=4180.500
Single	100	50.0	92.31	
Type of marriage				
Prearranged	12	12.0	59.79	U=416.500
Companionate	88	88.0	49.23	
Monthly income				
More income than expenditure	36	18.0	95.97	KW=2.161
Equal income and expenditure	86	43.0	95.58	
Less income than expenditure	78	39.0	108.1	
Educational Status				
High school	36	18.0	110.93	KW=3.117
Two-year degree	50	25.0	90.23	
Undergraduate	106	53.0	100.87	
Postgraduate	8	4.0	112.81	
Units				
Internal Medicine	56	28.0	108.71	KW=1.571
Surgical clinics	89	44.5	97.23	
Other clinics	55	27.5	97.43	
Nursing type				
Clinic nurse	169	84.5	99.88	KW=1.044
Clinic head nurse	27	13.5	102.70	
Nurse manager	3	1.5	96.67	

Polyclinic nurse	1	0.5	157.50		
State of having received gender role education					
Yes	33	16.5	118.35	U=2166.500	0.052
No	167	83.5	96.97		

When the results of the association between descriptive characteristics of the nurses in the study and GRAS were examined; it was found that although the female nurses who were from Central Anatolia region, those who were married, those who had prearranged marriages, those who had companionate marriage, those whose incomes were lower than their expenditures, those who had postgraduate education, those who were working in internal medicine clinics and polyclinics and those who were found to have received gender role education were found to have higher score averages, no statistically significant association was found between descriptive characteristics and GRAS score averages ($p>0.05$). It was found that nurses had an equalitarian attitude with a score average of 121.18 ± 11.37 from GRAS and no statistically significant association was found between descriptive characteristics and GRAS score averages ($p>0.05$). Nurses were found to have an equalitarian attitude for gender roles with a score average of 121.18 ± 11.37 from GRAS (Table1). A low significant positive association was found between the gender role attitudes of the nurses in the study and their years of working in the profession and this association was found to be statistically significant ($r=0.225$, $r=0.146$; $p<0.05$, respectively).

When the distribution of nurses' views about gender was examined, they were found to

think that the best aspect of having a male gender was being free with a rate of 44.0%, while they were found to think that the best aspect of having a female gender was being a mother with a rate of 64.5%. In terms of gender specific behaviours, it was found that 44.5% of the participants thought showing violence was a behaviour men are expected not to show, while 26.5% thought being unfaithful was a behaviour women are expected not to show. 50.5% of the participants stated that men should earn a living for the family, while 79.5% stated that children should be cared for and raised by both the mother and the father. In terms of the behaviour that should be taught to both genders, the participants mostly stated that being respectful should be taught to both genders and 41.5% of the participants stated that it was expected to teach being respectful to male children, while 29.5% stated that it was expected to teach being respectful to female children. Similarly, the behaviour that should not be allowed in both genders was found as disrespectful behaviour, while 34.5% of the participants stated that it should not be allowed in male children and 38.5% stated that it should not be allowed in female children.

In terms of the gender-specific persons or states individuals were most fond of, 41.5% of the participants stated that men were fond of doing what they liked, while 51.5% of the participants stated that women were fond of their children (Table 2).

Table 2- Distribution of Nurses' views on gender

		n	%
Views about what the best aspect of having a female/male gender is			
In males	Being a father	29	14.5
	Having rights	12	6.0
	Being free	88	44.0
	Being strong	34	17.0
	Being cool and relaxed	27	13.5
	Cannot say that it has a good aspect	10	5.0
	In females	Being a mother	129
Being effective in continuing family life		31	15.5
Cannot say that it has a good aspect		40	20.0
Views about behaviours that are never expected specific for the gender			
In males	Being jealous	6	3.0
	Showing violence	89	44.5
	Despising women	19	9.5
	Crying	19	9.5
	Being disrespectful	27	13.5
	Being unfaithful	29	14.5
	Being relaxed	11	5.5

In females	Being unfaithful	53	26.5
	Showing violence	17	8.5
	Not being serious	11	5.5
	Being disrespectful	33	16.5
	Being talkative	8	4.0
	Smoking	11	5.5
	Not showing interest in her children	8	4.0
	Being weak	48	24.0
	Being irresponsible	11	5.5
Views about which gender should earn the family's living			
	Both genders	99	49.5
	Males	101	50.5
Views about which gender is responsible for taking care of and raising children			
	Mother	40	20.0
	Father	1	0.5
	Both mother and father	159	79.5
Views about what male children should be taught about how to behave			
	Having a good character	64	32.0
	Being faithful	18	9.0
	Not discriminating between genders	17	8.5
	Being respectful	83	41.5
	Taking responsibility, having a sense of responsibility	18	9.0
Views about what female children should be taught about how to behave			
	Having a good character	51	25.5
	Being faithful	18	9.0
	Not discriminating between genders	11	5.5
	Being respectful	59	29.5
	Having self-confidence	52	26.0
	Being neat	9	4.5
Views about what male children should be taught about how not to behave			
	Being rude	56	28.0
	Being disrespectful	69	34.5
	Lying	4	2.0
	Being spoilt	33	16.5
	Being irresponsible	27	13.5
	Not respecting gender equality	11	5.5
Views about what female children should be taught about how not to behave			
	Being reserved	39	19.5
	Being disrespectful	77	38.5
	Lying	14	7.0
	Being spoilt	46	23.0
	Acting like boys, wanting to be like boys	24	12.0
People or states males are most fond of			
	Eating and drinking	21	10.5
	Ego	14	7.0
	Doing what they like	83	41.5
	Sexuality	17	8.5
	Internet	4	2.0
	Their mother	61	30.5
People or states females are most fond of			
	Their children	103	51.5
	Care	45	22.5
	Ego	14	7.0
	Chocolate	9	4.5
	Their father	25	12.5
	Telephone	4	2.0

DISCUSSION

In the study, nurses were found to have equalitarian attitudes against gender roles. Although nurses in the study who were married, those who had prearranged marriages, those who had companionate marriage, those whose incomes were lower than their expenditures, those who had postgraduate education, those who were working in internal medicine clinics and polyclinics and those who were found to have received gender role education were found to have higher score averages; no statistically significant association was found between descriptive characteristics and GRAS score averages. It was found that most of the participants thought being a mother was the best aspect of being female and one out of five participants thought taking care of children was the mother's duty and men had to earn the family's living. Studies conducted about gender show that roles attributed to women are non-equalitarian responsibilities such as childbearing and looking after children, being responsible for housework such as cooking, meeting the needs of the husband and children before their own needs and not being active in professional life [17-19]. Traditional roles attributed to men are non-equalitarian responsibilities such as working outside the house, fighting with difficulties for the family, being responsible for earning the family's living, having control on monetary resources and being the head of the family. It is reported that these roles attributed to women and men in many areas of social life create discrimination against women and can cause women to feel worthless, and be exposed to violence and stress [17,18,20]. In the study, it was found that equalitarian attitudes of nurses increased as their working years and ages increased. In the literature, it is emphasized that finding out attitudes about gender roles is important in giving individuals equalitarian views about genders [21-22]. No studies were found in the literature conducted in our country about gender attitudes of nurses working in hospitals and factors related. In the study, it was found that nurses' having equalitarian attitudes about gender is important in terms of giving nursing care with a humanistic, integrated and equalitarian approach. In the study, it was found that 44.0% of the nurses thought the best aspect of having a male gender was being free, while 64.5% of the nurses thought the best aspect of having a female gender was being a mother. Almost half of the nurses were found to think that showing violence was a behaviour men are expected not to show, while 26.5% thought being unfaithful was a behaviour women are expected not to show in terms of gender-specific behaviours. Society shaped by traditional patriarchal culture defines men as "strong", "showing violence", "free", while women

are defined as "dependent", "faithful", and "chaste" [23-24]. The fact that almost half of the participants were from Black Sea region can have been influential in these participants' adapting the traditional roles in their culture. 50.5% of the participants stated that men should earn a living for the family, while 79.5% stated that children should be cared for and raised by both the mother and the father. In terms of the behaviour that should be thought to both genders, the participants mostly stated that being respectful should be taught to both genders and more participants stated that it was expected to teach being respectful to male children. The fact that nurses adapt equalitarian attitudes while caring for children is important in terms of developing equalitarian attitudes in children they care for and being sensitive to health problems caused by inequality between men and women.

In the study, it was found that nurses had equalitarian gender attitudes. However, when asked what persons or states individuals were most fond of, almost half of the participants stated that men were fond of doing what they liked, while more than half of the participants stated that women were fond of their children. In their study conducted on prospective physicians, Çelik et al. [8] stated that 2/3 of the participants reported men needed to have sex more than women. Studies conducted show similar results. The view that primary roles and responsibilities of women are their families and children is a view that dominates the society. The results of the study also support this view.

CONCLUSION

It was found that most of the nurses had not received an education on gender roles.

Nurses' being critical about their own lives and having equalitarian attitudes about gender roles is important in terms of more qualified and equal health services.

More extensive studies should be planned in which regional differences about gender role attitudes of nurses can be shown.

Limitations of the Study

In this study, there were 173 females and 27 males. The result that nurses are generally female can be generalized only to nurses included in this sample group, it cannot be generalized to all nurses in Turkey. The study is also limited to the results obtained from the sample group's answers to the scales and demographic features in the questionnaire.

Funding

The financial support for this study was provided by the investigators themselves.

Acknowledgement

We would like to thank the nurses who participated and completed this questionnaire and the institution providing services who supported the implementation of the research.

We would like to thank Specialized nurse Özlem SAĞBAŞ, nurse Derya YAZICI and hospital workers who helped in the collection of data.

Conflict of Interest

There is no financial support for our research and there are no conflicts of interest between the authors.

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