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THE IMPORTANCE OF MEN'S ROLE IN HEALTH CARE EDUCATION

Prof. Dr. Jana GORIUP
Faculty of Health Sciences
University of Maribor
Maribor- SLOVENIA

Assoc. Prof. Dr. Majda PAJNKIHAR
Faculty of Health Sciences
University of Maribor
Maribor- SLOVENIA

ABSTRACT

Changes in social roles and changes in social thinking in the post-modern society have led to changes in gender structure in certain occupations. Some former exclusively male occupations have now become also available to women - and vice versa. This state has been observed focusing in the field of health care which until recently, has been specifically understood as a women's professional field, in which more and more men are integrated nowadays. Notably, the share of men in nursing has been increasing recently, but an increased enrolment of men in nursing studies can be noted as well. By increasing the proportion of men in typically female profession, it logically comes to a slowdown of drastic changes and the perception of men in nursing. The issue of men in nursing is associated with stereotypes of nurses and stereotypes about male nurses. The widespread stereotype of the nurse - an angel of mercy - is deeply present in our society, as a nurse is seen as the one who first or last offers a caring and gentle hand to the sick, the baby, the injured and the dying. In the history of social relations this role has been understood and practised for a long time as exclusively female. The character of a nurse in the contemporary Slovenian post-modern society no longer coincides with the traditional idea of the roles of men and therefore poses a problem for patients, doctors and even the employees in health care. Patients who are in contact with men employed in health care develop a different relationship towards them with a woman who is a nurse. The relationship is more imbued with humour, based on camaraderie and the physical contact is reduced to an absolute minimum. Doctors prefer to ask them and do not expect (and require even less!) them to cook coffee or open the door for them. In the nursing team male colleagues are treated differently than female colleagues. Most of the differences are observed in the task distribution and the duties, as men are assigned to work where the need for greater physical strength and / or greater technical complexity is evident. For all the reasons above, male nursing is distributed at psychiatry, in emergency rooms and emergency services, while it is less noticeable at the pre-natal department of gynecology and paediatrics.

In a study in which we wanted to clarify some misconceptions rooted in the Slovenian society, especially regarding the "typical female profession of nursing," we analysed the presence of men in nursing – in the field of health care. The study was based on a quantitative methodology from May to the end of June 2012 involving respondents, regular (39%) and part-time (61%) undergraduate students of nursing. Based on empirical data, we found how the respondents, students of the Faculty of Health Sciences, University of Maribor, regardless of the study mode, did not detect differences in treatment of students during the study. Nevertheless, the respondents highlighted the notion of a typical feminine trait of nurses' (e.g., kindness, care, tenderness, empathy, warmth) and men's properties (e.g. strength, determination and authoritativeness). Although they estimated, how the respondents, i.e. the study part-time students expressed more devotion and concern towards more masculine features. Such expectations also reflect the perceptions of employees in health care based on gender in the Slovenian post - modern society. The respondents also highlighted high requirements for a good nurse. Her personal qualities are important: highly stressed due diligence, empathy, assertiveness and independence. These properties are the preconditions for the exercising her professional competence. And, last but not least, they are expected- from patients to relatives and members of the nursing and medical

team as well. According to how gender has been surveyed, we can conclude that it does not affect the quality of a good nurse. But at the same time we noted how, in the choice of work conditions, the gender does affect some fields of health care areas, as the respondents marked the emergency room, medical care and psychiatry to be the most masculine while they attributed nursing care in paediatrics, administrative work and gynecology more as a female workforce. This is also confirmed by Evans (2004), who states how the presence of women in psychiatric wards and emergency rooms has been more noticeable than in other areas of health care.

Key Words: Education, health care, men's role, nurse, stereotypes, mass media.

INTRODUCTION

According to the interpretation of the concept of gender in the DZS Big General Lexicon (2012), we get the following description: sex and sexus in biology means all the properties that are in the body associated with reproduction for which you have two individuals of the same species different. Between the sexes there are also differences in the morphology which are not directly related to the reproduction. Gender is a phenotypic (a phenotype) and it reflects in the external genital signs, glands, which depends on the development of the glands (male / female) and genetic signs, which depends on the sex chromosomes (XX for female, XY for men). The most common and the most grave definition of sex is the definition of sex as a biological and gender as a social gender. The biological and social gender seem to be self-evident. They are applied, rightly or wrongly, to define us, our relationships with others and our position in society.

In the early theories of sex, gender roles and the division of labour by sex the biological difference between the sexes was emphasized. Thus, the anthropologist Murdock understands biological differences as the basis for the division of labour in societies based on gender. A man with greater physical strength better performed heavy work, because unlike women he was not limited by the physiological burden of pregnancy and lactation, he may hunt, fish, and trade livestock. Women can perform light work in or around the home (Murdock in Haralambos and Holborn, 1999, 595)

Further theories of gender were focused on the terms masculinity and feminility and explored gender as personality traits. They should reflect the so-called psychological differences between men and women. Those typical for men are described as masculine and feminine for women. Numerous studies have focused on emotion as a typically female personality characteristic and aggression as a typically male trait. They include a hormonal theory interpretation of gender differences. In 1968, dr. Robert Stoller, an early researcher of the difference between biological (sex) and social gender (gender) stated that, whatever the biological differences between men and women are, it is the culture which most influences the behaviour of boys and girls in early childhood and makes them how to learn and behave as men and women: long hair for girls, short hair for boys and further differences occur by focusing on a variety of subjects: girls play with dolls, boys play with cars, guns etc. The most used verbal appeals are: good girl, naughty boy, guided in a variety of activities: girls are encouraged for household chores, boys for male jobs (Haralambos and Holborn, 1999, 589-599).

Social gender is not something we are born with or something from the very beginning we have, but what we are doing, we present and slowly becoming (West and Zimmerman in Furlan, 2006, 27-28). If we understand some of the differences between men and women as central, this is in itself a cultural fact and has its consequences, although this is a result of complex interactions between biological and cultural, not primarily biological findings (Morgan in Haralambos and Holborn, 1999, 599). With the above perspective, the socially constructed gender in the sense that the social behaviour of men and women is to be learnt and it is not an inevitable result of biological resources. The theory of expectations and gender roles emphasizes the influence of the environment and the impact of the difference between the sexes. Oakley (in Haralambos, 1999, 596) believes that people learn expected behaviour. Cultural factors determinate what the appropriate role of women and men is. Although there are some differences between female and male gender, Zupančič (2001) points out that such differences are indeed very small and fragile in time. Biological factors contribute significantly to gender differences in certain conduct, but the actual expression of these behaviours are

subjected by the impact of the environment. Also variations between people of the same-sex are greater than average differences between the sexes and thus the psychological differences between the sexes cannot be explained on the level of biological effects (Zupančič, 2001, 17).

Binary distribution, be it a product of nature or society, is resulting in uneven distribution of power. Highlighting the advantages and disadvantages of a particular sex encourages priority hierarchical orientation. In the Sociology of Gender such an arrangement is determined as sexism and according to Jogan (in Furlan, 2006, 54) referred to as " total belief, attitudes, patterns of influence and practical everyday operations, based on the strict separation of sex with individuals having specific unequal characteristics in terms of sex ".

For Parsons the biological difference between the sexes provides the basis for the division of labour and gender hierarchy, which is particularly reflected in the family. It indicates the women's role as expressive, as a woman creates warmth, care and emotional support. The man is the one who has the instrumental role as facilitator of the family, as he spends his working day outside the home and is, mainly due to the importance of his professional role, the instrumental leader of the family - patres familias (Haralambos and Holborn, 1999). Parsons' theory of the biological hierarchy between the sexes is opposed by Oakley, as she understands it as an artificially created myth, supported by the assumption that biology provides an essential role of women in society. Oakley has demonstrated that the maternal role is a cultural construction. Evidence from different societies demonstrate that children do not require continuous close intimate relationship with a female figure of the mother. Even Jogan (2001, 124) points out that the mere differentiation patterns of behaviour by gender is not an issue if it is not related to the sexual hierarchy. Hierarchy between men and women is not seen as a natural endowment, as a component of traditions that works because of tradition, but rather as a continuous historical process of integrated social re - / structuring process.

GENDER AND HEALTH CARE

Nursing is based on knowledge and techniques derived from humanic and natural sciences. It is a discipline the primary and fundamental task of which is to care for people and this task is different from other disciplines. Nursing is a science of how to help and care for people in a state of health and disease at the time of independence and when assistance in carrying out basic life activities is needed (Filej, 2001, 72). In English language, care is easily defined and derives from the noun *nurse,* who is a person who keeps, brings up and protects the other and is ready to care for sick, injured and elderly people. The nominal form of the word *nurse* comes from the Latin word nutrix which means mother who feeds. When the nurse is used as a verb, the latter describes a person who teaches, breastfeeds, cares for a child. The original use of the word nursing is associated with woman. Furthermore, the word nurse means a person who is caring for the sick (Urbančič, 1996, 21).

The history of nursing is mainly associated with the "natural" givenness and commitment of women to nurture. Even if men were involved in the care from the outset, the history of nursing is exclusively the history of achievements in the field of nursing (Evans, 2004, 321). The authors of various definitions of nursing were mainly nurses - scholars in the field of health care as well as a groups of experts of the World Health Organization and sociologists. Although it appears that treatment is exclusively in the domain of women, men were present in health care throughout history as well. As well, not only as a "senior" in the process, but as equal partners in care. Needs for a better organized health care emerged with the increase of the population in cities, because of infectious diseases due to poor sanitation, military marches and aid for the wounded. Thus, in the 4th century, during the Crusades, various male and female religious orders began to establish, which provided care for the wounded, sick and dying patients. Although the 16th century led to the dissolution of the majority of orders, some survived up to now: Sisters of Mercy, the Maltese Knight Order, the Augustinians. In the Middle Ages, poorly organized and unprofessional care was performed in various "institutions". Hospitals – asylums for the aged were established according to the needs of the cities when infectious diseases, many dying, psychiatric patients occured. In these hospitals most of the work was performed by laymans: men and women. Men mainly cared for alcoholics, mentally ill and aggressive patients. The presence of men in

psychiatric departments is evident today. The percentage of men in health care is considerably is higher than in other areas of health care (Evans, 2004, 327).

A major shift in health care was emerged in the 19th century at the time of Florence Nightingale's activities, which consequently led to the feminisation of the nursing profession and the decline of men's presence in nursing. The most drastic decline of men in nursing was noticed in the United States in the 60s of the 20th century, where only 1% of them was registered (Evans, 2004, 324). In the 90's of the last century, men who choose a career in health care faced a variety of prejudices. Although men left a great mark in the history of nursing, they still are a subject of different prejudices.

The entry of men into nursing is still not fully elucidated, as due to the association of nursing care with women the health workers – man's position has kept a degree of uncertainty. In this profession, male professionals assume certain women's properties .It is obvious that women, like men, are entering education and training programs, but in society there still are prejudices about men in nursing. It is understood that due to biological differences and the specific requirements of certain works in nursing, some jobs more dependent on men's physical strength and others more on women's tenderness. Whether the profession is seen as "female" or "male" depends on socially desired and expected gender roles, which have evolved over time and still depend on the respective social space, defined by the norms of people.

Due to the specific work with the sick, the infirm, the dying, children nursing care promotes typical female qualities: gentleness, empathy, care and belongs to female occupations. However, among the factors in the grip of the complexity of changing values, which affect the formation of values of nursing work, the following exceed:

- work environment (e.g. comp. noise, extreme sources of heat, cold, air pollution, vibration, improper lighting, chronic threat to life);
- the structure of nursing work (which includes work in shifts because of too much work in the time available, too heavy work due to lack of knowledge and skills);
- the role of the performer as an individual (when the assigned job or role is not clear enough or perceived as a lack of information on the objectives and responsibilities of work and expectations of employees, or when the performer finds himself between the competing requirements of the working environment);
- personal reasons (mostly as a result of occupational risks of the individual, experiencing stress or his ability to handle the situation) and
- other factors (depending on the threshold of personal tolerance level of self-confidence, self-esteem, etc.) (Goriup, 2012,48).

The study "Careful caregivers: gender stereotypes and the issue of a man touching the care, "by Evans (2002), focused on the problems and stereotypes which men face in their work in health care, pointed out that the men's and women's reasons for their decision to study nursing did not particularly vary (both stated the desire to help others). Also the evaluations of the necessary qualities for work in health care were the same: care, compassion, empathy, sincerity etc. However, research has pointed out a difference in performing care according to sex. While nurses carried out their work "more warmly and showed tenderness with a lot of touch, "men performed the same work" with a lot of conversation of tenderness using humour and camaraderie" as an expression of tenderness. The physical contact between the nursing stuff and the patient can be understood in different ways. There is always the possibility that the touch could be misunderstood. Therefore men in nursing have developed specific strategies to avoid potentially dangerous misunderstandings in advance by:

- taking their time to build trust before touching, which is especially important with female patients;
- maintaining a sense of formality through handshake and simultaneously assessing the level of the patient's discomfort;
- wearing a uniform and thus representing a professional healthcare worker;
- when estimating that the work and the associated touch could be potentially dangerous, they carry it together with female colleagues;

- delegating work; especially when dealing with touching female patients' private zones, the work is done by their female colleagues and
- adapting techniques of procedures to ensure the greatest possible protection of the patient's intimacy (Evans, 2002, 444).

The use of touch in health care has a functional and diagnostic role and a therapeutic effect as well. Touching in healthcare cannot be avoided. However, the staff has to be especially careful with adolescents and children. These (expected) properties have led to an accumulated employment of men in psychiatry, emergency technical demanding jobs, administration and health care management. However, they are negligible in gynecology and paediatrics. Nevertheless, gender inequalities remain and often lead to frustration and discomfort. Gender roles are developed, maintained and consolidated through time and space with the help of gender stereotypes. According to the Slovene Statistical Register data (Statistics Office, 2012) at the end of 2011 in Slovenia nearly 18,300 employed people worked as nurses, 12.4% of which were men. The interest in this profession among men is increasing, as in 2000, there were only 7.8% of male nurses, however, their number has been increasing steadily since then (Table 1). Therefore it is not surprising that the majority of male health technicians (70.4%) are aged 20 to 39 years, while the majority of female nurses are aged 30 to 49 years. At the end of 2011, there were nearly 6,750 physicians and dentists employed – this means 2.7 nurses were employed per physician.

There is also a noticeable increase in the number of graduates at health care higher education institutions.

Table 1: Number and sex of employees in health care

Year	Total	Women	Men	Men's proportion
2000	15.624	14.410	1.214	7,8
2001	15.607	14.373	1.234	7,9
2002	15.505	14.253	1.252	8,1
2003	15.353	14.072	1.281	8,3
2004	16.672	15.069	1.603	9,6
2005	16.347	14.845	1.502	9,2
2006	16.437	14.745	1.692	10,3
2007	16.658	14.879	1.779	10,7
2008	16.936	15.073	1.863	11,0
2009	16.928	15.032	1.896	11,2
2010	16.947	14.960	1.987	11,7
2011	18.300	16.031	2.269	12,4

Source: (Statistics office of the Republic of Slovenia, 2012)

SOCIAL AND BIOLOGICAL GENDER

Anthropological research has shown and drew attention to cultural variability in gender. Nature and society distinguish two basic genders, i.e. the biological (English: sex) and the social (English: gender). The first is constant and can not be replaced, whereas the latter is culturally constructed and does not derive from the biological gender in a single mode (Prijon, 2008, 19). Social gender denotes psychological and emotional characteristics of a particular individual and also includes various beliefs, values, individual characteristics, sexual orientation and gender identity. Here, culture is powerful, as it affects the perception of gender because of all the rules, expectations and habits of the individual. Švab (2002, 202-204) states that biological gender is an anatomical difference between the sexes and until recently has practised only two options: male and female. Femininity and masculinity are not universal and unchanging categories, but discursive constructures which vary according to time and space. However, the understanding of sexual relationships creates problems, as both genders are constructed (social and biological), although it applies to the biological gender that it is

natural. Ivy and Backlund (2004, 32-33) say that there is more choice of social gender, because here it is a question of femininity or masculinity.

Prijon (2008, 20) notes that social gender develops in the first three years of the child. Imperato – McGuineley says the contrary claiming that this category remains flexible throughout childhood and finally forms in puberty, when our hormones settle (Pearson and Davilla, 1993, 3). Due to the difference between biological and social gender men and women, in terms of biological gender, can develop characteristics of both, women (tenderness) and men (masculinity), or characteristics of both sexes (Pearson and Davilla, 1993, 3). Prijon (2008, 20) concludes that therefore it is not possible to know the biological truth which would be outside the cultural discourses, that is why there is no biological gender which would not be social. This ambiguity and complex obscurity between the genders is additionally intensified by double and ambiguous sexuality, such as bisexuality (Švab, 2002, 204). There are also other elements that reject this distinction, such as medicine and technology. Butler (2009, 21) says that some feminist theorists believe social gender is only a set of relations and not a single attribute. For a long time, sociological research has been blind to the social inequality between the sexes. Analysing inequalities in power, prestige and wealth was not the subject of their research. Only man or family were important for the survey. The social status of women derived from the status of men (Prijon, 2008, 24). The author states this is not possible today because:

- women's income contribute significantly to the economic status of the family. Women's paid work can define the class status of the family;
- employment of women can determine the position of men;
- husband and wife may belong to a different class. We can not claim that only the position of the man is determining;
- the share of families where the wife is the only family provider is increasing. She determines her own social status, and because
- gender is one of the most distinct factors that influence the individual's social position.

Haralambos and Holborn (1999, 589) remind that, for a long time, people were convinced that the distinction between men and women according to their body structure, behavioural characteristics and roles was based on biological differences. However, with developments in technology and medicine that allow the replacement of gender this argument is void. As already mentioned, both genders are socially constructed, and their characteristics culturally determined. Prijon (2008, 22) says that through socialization and moral development men develop their sexual and personal identity by separating from their mother and further individualization, whereas women do this through convergence. Men are believed to be capable, efficient, skilled, strong , etc., as they prove themselves in front of other men and women. Their self-esteem easily intensifies and thus grows when it provides assistance or support to the female gender. Women differ from men in values, emotions, friendship, genuine relationships etc. are more important for women (Gray, 1994, 6-9).

GENDER STRUCTURE OF STUDENTS AT THE FACULTY OF HEALTH SCIENCES, UNIVERSITY OF MARIBOR

The faculty of Health Sciences, University of Maribor is a modern, fast-growing institution that educates students by most modern pedagogical approaches and support of information and communication technology. It is the first faculty in Slovenia with an undergraduate study programme adjusted to the European directives for regulated profession. Currently, the undergraduate study programme Nursing level I, which is adjusted to the Bologna Declaration, as well as post - gratuate study programmes i.e. the post – gratuated study programme in Nursing, the post – graduate study programme in Bioinformatics and the higher education study programme Nursing – level I (Bologna programme) and the post – graduate study programme Management in health and social care in collaboration with the Faculty of Organizational Sciences, at the University of Maribor. Faculty graduates distinguish themselves in their professional attitude towards work, interdisciplinary knowledge, ability to communicate effectively, broad education, self- reflection, the ability of quick and correct decision-making, heart and culture and their sentient and ethical attitude towards the patient as well as other users of their services, the ability of teamwork and work in international teams and projects. Thus, in their professional work, students and especially graduates are guided by the following principles, that:

- people are always the most important;
- relationships are based on honesty;
- the diversity of people and ideas are welcome;
- conflicts are a creative source of new ideas;
- discussions are hold on an academic level;
- excellence is realized through teamwork;
- commitment to intellectual achievement is highly valued.

The study offers education and qualification for the planning and implementation of nursing, health counselling for patients and their relatives, education of community members for healthy life –style, participation in planning and implementing of medical and medical - technical interventions, successful communication with patients/clients, with collaborators in nursing and health care teams, and constructive work in given environment, coordination of nursing procedures with relevant legislation, self - study and self - improvement, as well as assessment of work results and proper work of the nursing team. Great attention is given to practical training. It is carried out through clinical exercises in school educational bases (hospitals, welfare centres, health centres, homes for the elderly, schools, kindergartens, etc.), supervised by skilled professionals, all habilitated Higher Educated Collaborators.

Due to the rapid development of the health sector and the requirements and needs of the society for knowledge in the medical field an adequately qualified and trained practitioner of nursing is expected, who during tertiary education obtains relevant competencies for an effective implementation of health care (Bezenšek, 2007, 217), irrespective of the graduate's gender. According to the Statistics Office (2012), in 2010 there were 657 students who graduated, including 18% men. As shown in Table 3, an upward trend in enrolment of men / students at the Faculty of Health Sciences, University of Maribor is being noticed as well. A A difference is noticable especially in part-time study, which also confirms that men are more stimulated for further education.

Table 3: Proportion of students according to gender from 2001 to 2011

Year of study	Women/R	Men/R	Women/PT	Men/PT
2001	88,4	11,6		
2002	87,1	12,9	87,1	12,9
2003	89,9	10,1	85,8	14,2
2004	91,4	8,6	81,9	18,1
2005	89,2	10,8	77,9	22,1
2006	83,3	16,7	71,7	28,3
2007	86,9	13,1	75,6	24,4
2008	88,8	11,2	67,7	32,3
2009	89,6	10,4	71,8	28,2
2010	81,7	18,3	64,2	35,8
2011	83,3	16,7	77,3	22,7

Table 4: Student's structure according to mode of study and gender

Year of study	Mode of study	Men	Women
2009/2010	Regular	10,2	89,8
	Part-time	37,8	62,2
2010/2011	Regular	13,6	86,4
	Part-time	34,3	65,7
2011/2012	Regular	15,0	85,0
	Irregular	31,9	68,1

NURSING LEVEL – II

Table 5 : Student's structure according to gender (%)

Year of study	Mode of study	Men	Women
2009/2010	Regular	8,8	91,2
	Part-time	8,0	92,0
2010/2011	Regular	8,9	91,1
	Part-time	6,9	93,1
2011/2012	Regular	6,6	93,4
	Part-time	/	100,0

BIOINFORMATICS - LEVEL II

Table 6: Structure of students according to gender (%)

Year of study	Mode of study	Men	Women
2009/2010	Regular	60	40
	Part-time	-	-
2010/2011	Regular	44,8	55,2
	Part-time	-	-
2011/2012	Regular	48,6	51,4
	Part-time	/	/

MANAGEMENT IN HEALTH AND SOCIAL PROTETCTION – LEVEL II

Table No. 7: The structure of students according to gender (%)

Year of study	Mode of study	Men	Women
2009/2010	Regular	13,3	86,7
	Part-time	12,8	87,2
2010/2011	Regular	12,5	87,5
	Part-time	12,2	87,8
2011/2012	Regular	18,2	81,8
	Part-time	12,0	88,0

Source : FZV, University of Maribor (2012)

Although it is still noticeable that the majority of both, regular and part-time students are women, there is a noticeable proportion of male students. This only confirms the fact, that changes in social roles and social thinking have led to a change in the gender structure of employees in health care. Notably, the share of men in nursing is increasing and there is an increased enrolment of men in nursing studies. The increase in the proportion of men in (former) typically female fields of study causes slow, indispensable changes of the perception of men in nursing.

The principles propagated by the staff of the Faculty of Health Sciences confirm the fact that students are considered as personalities, not numbers. They will be guided along their education path to exploit their personal qualities and obtain their Bachelor and Master degrees in order to become successful independent professionals. The Faculty of Health Sciences is a place where views are shared, knowledge and understanding are gained and the spirit of a lifelong friendship and comradeship is felt.

EMPIRICAL PART

The methods of collecting data

Recognizing the diversity of gender is one of the basic characteristics of interpersonal relationships among employees in health care. This means that everybody is recognized his rights to his own opinion, personal commitment and to confess his sexual immanence. We assumed that part-time students who (already) originate (mostly) from the profession working environment, would have a realistic picture of men in nursing like regular students who are just used about to acquire practical experience working in clinical situations.

The Substantive - Methodological characteristics of instruments

We sent questionnaires by mail to regular and part-time students to their common address. The questionnaires included socio-demographic questions about objective facts, such as age, year and mode of study.

Measurement characteristics of the questionnaire

The validity of the questionnaire was substantiated by the review of relevant literature. The reliability f data was checked by precise and unambiguous instructions in specific issues. The objectivity was checked mostly by closed types of issues, that's why we could not change the information with of subjective judgments.

Data processing

The data were collected by closed questions and tabularly displayed indicating the absolute (f) and relative frequency (f %). The results were processed in the SPSS statistical programme. We tested associations between the variables. The answers to open-ended questions were categorized. The categories ranked according to the frequency of their repetition and were arranged in a tabular display.

The research hypotheses were implicitly expressed by research questions of dependent relationships or differences. The variable was mode of study. We wanted the following research questions to be answered:

- which factors are essential in the decision to study nursing?
- are mostly female or predominantly male characteristics needed for qualitative work of nurses?
- are there work areas within the profession of nursing that are more "man like or woman like"?

The research was based on quantitative methodology. The questionnaire included 11 closed and open-ended questions. The collected data were statistically analysed using the statistical IBM SPSS version 20 programme. An "On-line" questionnaire was used for data collection which was active for 30 days in May and June 2013. The questionnaire was a non-random pattern and properly filled in by 312 respondents.

METHODOLOGY

The research was based on the initial hypothesis that:
H0: the quality of work in nursing is not conditioned by the gender of the care provider.
The empirical research was carried out basing on the following 3 hypotheses. Thus, we supposed:
•H 1: that the nursing students chose their study in their own interest regardless of gender;
•H 2: that predominantly "female qualities" are required for qualitative work in nursing and
•H 3: that there are work fields within health care that are more "men-like" or "woman-like".

Results Of Data And Their Interpretation

The obtained empirical data show that according to the importance, the desire to help others is in first place in the respondents' decision to study, which was termed by 300 (85%) of the respondents *as very important*. 40 (14 %) of the respondents considered the same reason for their decision as *medium important*. For 214 (81%) respondents, studying nursing was interesting and represented a very important factor in their decision to study it. 172 (66%) of the respondents saw a varied and interesting work as very important in their decision to study nursing. 130 (52%) respondents stated a good salary as a central importance in their decision to study nursing, which 104 (42%) of the respondents deemed to be very important in their decision to study nursing. 118 (47%) respondents considered job security in nursing (in the public sector) as a medium priority and 88 (35%) respondents as very important. 122 (50%) respondents termed the closeness to home as a central importance, at the same time 48 (20%) respondents deemed the decision to study nursing as very important. 176 (74%) of the respondents chose nursing studies on their own initiative; for 22 (9 %) respondents the need for social status was very important.

The question "Did you get the feeling that male students had an advantage at college while studying?" was answered by 58 (21%) of respondents the question in an affirmative mode, 224 (79%) did not perceive such feelings. All those who answered affirmatively were able to justify their answers. Among the obtained answers the following are highlighted: in health care there are mostly nurses, so every male-student is more welcome than a female-student, as they enrich the working environment; men are physically stronger and therefore they are supported in their study by all; and encouraged because they lack in this profession; they are better accepted b nurses; since they are in the minority, they are better remembered by the professors; in a clinical setting men had priorities as well; due to a minor number of men in health care men in health care are better accepted; men get employed faster either in a permanent or part-time job; nurses in hospital are more friendlier with them, they accept them in the team because they love to be close to young male collegues; men lift things easier; to employ than women, e.g. as paramedics in first aid etc.

We wanted to find out which areas of nursing are more "male" or more "feminine". 79 % of the respondents believe that emergency is rather a male than a feminine area. 80 % of the respondents stated gynecology as a more woman – oriented field of nursing. 65% assessed administrative work as such and for 60% of the respondents it the field of paediatrics. As for the field in which both, men and women operate, 85% of the respondents considered that this referred to the field of education and in geriatrics. 83 % believed that equal presence is in nursing in oncology, 70% estimated such proportion to be in psychiatry, while 63 % saw it in surgery.

The question " Which of the following characteristics do you assess as more "woman-like" or more "man-like" according to gender was answered as follows: 72% of the respondents considered tenderness as a feminine feature, 71% chose empathy, 56% said it was warmth and kindness, 54% thought it was care and 51% considered concern about patients as a woman-like feature. Highlighted features of men were as follows: 57% of the respondents indicated power, 43% considered authoritativeness as a man-like feature, 35% chose courage and 34% said it was determination. The respondents quoted independence (82%), empathy (70%), insensitivity (69 %), courage (63 %), determination (60 %), loyalty (54 %), also competition and authoritativeness (53 %) as a common characteristics .

The question "Which of the following characteristics do you consider a good nurse should have" 250 (94%) respondents chose care, 248 (93%) empathy, 246 (91%) determination and independence in the same proportion. 218 (84%) of the respondents expose warmth as a very important property for 204 (87%) respondents it was courage, empathy for 194 (74 %) and in same kindness proportion. The respondents considered the following features of nurses as very important: devotion (164 or 62%), tenderness (160 or 61%), power (152 or 58%) and authoritativeness (136 or 53%). 126 (49%) respondents estimated apprehension as a medium strong feature. 182 (74%) respondents quoted insensitivity as an irrelevant feature of a good nurse and for 126 (50%) respondents it was competition.

We noted that 250 (94%) respondents disagreed with the statement that female teams in health care are better than mixed teams. 236 (88%) respondents disagreed with the statement that women are less conflicting. It is also interesting that 184 (69%) respondents disagreed with the statement that women are better nurses in relation to the patient; on this basis we can conclude that the provision that gender does not play any role in qualitative nursing.

The argument that the profession of nurses is a more female - than men work was not acceptable for 152 (57%) respondents. 172 (66%) agreed or partially agreed with the statement that men progressed more rapidly in the profession of nurses, while 90 (34%) respondents disagreed and 82 (31%) respondents partially agreed that men got a job in health care faster than women.

Checking the set hypotheses

On the basis of the obtained empirical data we find:

H 0 - in which we assumed that the quality of nursing work is **not** subject to the gender of the health care provider - is confirmed, because 125 (94%) respondents disagreed with the statement that female teams in health care are better at work than mixed teams; also 118 (88%) respondents disagreed with the statement that women are less conflicting. It is also interesting that 92 (69%) respondents disagreed with the statement that women are better nurses in relation to the patient, on the basis of which we can conclude that gender is no decisive factor in estimating the quality of nursing work.

We also checked three research hypotheses and found:

• H 1- in which we assumed that the nursing students chose the study in their own interest regardless of gender - is confirmed. According to the importance the desire to help others was in the first place, estimated by 115 (85%) respondents as very important, regardless of gender.

• H 2 - in which we assumed that the quality of nurse's work needs predominantly "female qualities" - is partly confirmed, as 94% of the respondents chose care, 93% empathy, 91% determination and independence in the same proportion. Very important properties were as follows: warmth for 84%, courage for 87%, sympathy for 74 % and kindness in the same proportion, all of which were also characteristics of men. Very important features of nurses are also devotion (62%), tenderness (61%), power (58%) and authoritativeness (53%). Irrelevant characteristics of good nurses are: 74% of the respondents stated insensitivity and 50% decided for competition, and

• H 3- in which we predicted that in nursing, there are areas of work which are more man-like or woman–like - is confirmed. Thus, 79% of the surveyed recognized the emergency department as a more masculine than feminine area, gynecology as a for more female-oriented field of nursing was stated by 80% , 65% quoted administrative work and 60% chose paediatrics. As for nursing in which both men and women operate, 85% of the respondents considered education as such area, 85% stated nursing in geriatrics, 83% believed that this is in the field of oncology, 70% also estimated nursing in psychiatry and 63% in surgery.

CONCLUSION

The main finding of our study was, despite differences and stereotypes about men in nursing, students regardless of the study field, estimated that there was a wide range of possibilities for high-quality professional care, which could be equally performed by both, men and women. The analysis of the empirical data showed that there were no discrepancies between regular and part-time students in their statements, including male and female gender as important in deciding to study nursing. Also, men had no advantage in the study, which was rejected by 79% respondents. The comparison of responses according to gender showed that, 86 % of all respondents believed that differences based on gender did not exist, even though it was believed by 8% of the respondents. Among the respondents, as well as regular and part-time students there were no significant differences in justifying the reasons why men had an advantage while studying nursing. Most of the arguments were based on the stereotypes that women are friendlier to men than to women. The difference in the

answers were recorded only as a method of the study, since 75 % of the surveyed students attending higher education perceived advantages for men in the study process, while the share of their counterparts in part-time study increased by 13%.

The respondents selected tenderness, empathy, warmth, kindness and care as typically female traits. In order to highlight the characteristics of men they exposed power, authoritativeness, courage and determination. Other characteristics such as autonomy, empathy, concern, ruthlessness, dedication and competition were characteristics that the respondents attached to both, men and women. Taking into account gender, we perceived small differences in the properties, because the respondents attributed dedication, concern and independence as more masculine features, but female respondents identified them as a less men's property. In terms of the mode of the study, part-time students attributed dedication and concern as more masculine features. Within the nursing profession, there are areas of work that are more male or female. However, we find that there are areas of work that were surveyed as more male or more female. For all other areas of health care, the respondents estimated no observed differences for successful work, regardless of gender. However, we observed a variation of the answers rated in the field of psychiatry as a more masculine field. In terms of the mode of the study we did not see any difference between regular and part-time surveyed students.

Different understandings as well as evaluation and, which is not entirely negligible, the evaluation of the experience and the quality of nursing work regardless of gender depends on the degree of (non)power and marginality of certain categories in nursing. When in society women are mentioned they are constantly placed in family duties as well as outside, placed in the field of nursing, care and support. Fact is, that one side the society sees a woman as a sexual category, so she is also attached traditional female roles (Oakley, 2000, 95). Her primary role is the role of the housewife, then the wife and as mother to the children. These values are part of the tradition and were passed on from generation to generation, and thus, through the generations, gender is discriminated. On the other side, the society sees a woman as a human being that is able to perfectionalise personally proving that liberal- democratic values apply to all, regardless of gender. All this points out the duality and complexity of the situation of women. It's no secret that nowadays, professional active women are faced with the dilemma how to successfully reconcile their professional role to that of a private.

In most Western societies a woman through the process of socialization internalises senses of duty and concerns for increased warmth and emotional stability in her family, as she feels responsible for the training and care of children (Bezenšek, 1996, 10). That is why women devote more to this role than men. The enumerated problems in nowadays "turbo capitalism" also occur in health care, but they are sometimes expressed more, in some places less. Fact is that women in nursing are more often absent from work than men because of coordinating work and family life due to the care for family members. Therefore, they work less overtime and make slower progress in the workplace or in their whole career (Vertot et al., 2007).

As conclusion we can add that by this survey, we have substantiated the thesis that female qualities are expected and desired in nursing care, but the role of men in nursing is desired as well. In addition, we have to mention that the principle of equal opportunities is becoming an increasingly important component of awareness of responsible persons in key positions of institutions (Jogan, 2006, 165). We also highlighted these facts, because they are the ones that determine everyday working conditions in health care and nursing, and (indirectly) affect the organization of families and family life of employees. In post-modern society, a majority of the characters of a nurse are still associated with prejudice by cramped accommodation and this reduces their motivation. Especially, because there are certain activities that seem self-evident for the woman and her female qualities as something that is itself intelligible. However, in the contemporary Slovenian post- modern society the character of the profession in nursing and nurse's role no longer coincide with the traditional notion of nursing, which is a problem for patients, doctors and even the employees in health care.

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BIODATA AND CONTACT ADDRESSES OF AUTHORS

Jana GORIUP is Full Professor (Sociology) at the Faculty of Health Sciences at the University of Maribor, Slovenia. Her research interest lie in continuity of discussing the problems of the development of modern society as: problems of risk and the changes of health and disease; of responsibility of science in health problems and medical research and the role of ethics in different areas of sociology as applied to Medicine, Nursing and Health Care. Between 2005 -2010 she was Vice-Dean for Scientific Affairs and Research; Faculty of Arts; University of Maribor. She organised several international Conferences on Education and on social problems related to family and women's problems and specially focused on sustainable processes in education for health and safety, women's and men's social roles; she organised several seminar series for students, too.

Prof. Dr. Goriup's strong sociological perspective is retained and developed, and forms the framework within which she examines how risks to the society create risks to developing dangerous life-styles. She has authored and co-authored several books, books chapters and articles interrelated to family, children and gender problems, social problems and, she took part on several international conferences as invited speaker.

Prof. Dr. Jana GORIUP
University of Maribor
Faculty of Health Sciences
Žitna ulica 15
2000 Maribor- SLOVENIA
E. Mail: jana.goriup@um.si

Majda PAJNKIHAR is Associate Professor and Dean of the Faculty of Health Sciences at the University of Maribor, Slovenia. Between 1993 to 1995 she was Assistant to Head Nurse of the University Clinical Center Maribor in the field of nursing development. In 1995 she started to work at Faculty of Health Sciences as a lecturer. She worked as a Associate Dean for Research, Head of Nursing Institute and Head of Chair for Nursing. Her research interest is nursing development, education and research. She is a member of Honor Society of Nursing, Sigma Theta Tau International. She works as a visiting professor at the University of Osijek, Josipa Jurja Strossmayera, Medical faculty, Department of Nursing, Osijek, Croatia, at the University of Ulster, Department of Human Resources, Belfast and at the I .M. Sečenov First Moscow State Medical University, Russia.

Dr. Pajnkihar has authored, co-authored, or presented over one hundred and fifty books, book chapters, articles, and conference presentations.

Assoc. Prof. Dr. Majda PAJNKIHAR
University of Maribor
Faculty of Health Sciences
Žitna ulica 15
2000 Maribor- SLOVENIA
E. Mail: majda.pajnkihar@um.si

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