An exploration of gender in children’s nursing literature and practice

How to cite:

For guidance on citations see FAQs.

© 2011 The Authors

Version: Version of Record

Link(s) to article on publisher’s website:
http://www.rcn.org.uk/development/researchanddevelopment/rs/Annual_conference_archive/research2011

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online’s data policy on reuse of materials please consult the policies page.
An exploration of gender in children’s nursing literature and practice

Sue Higham
Lecturer in Children’s Nursing
The Open University

Dr Sue Philpin
Senior Lecturer, Swansea University
Origins of family-centred care

- Progression from parental visits to children in hospital to residence with child to active involvement in care
- Clear initial focus on mother whilst recognising the authority of the father within the family
- During 1980s language in the literature changed from “mother” to “parent” – but did the underlying concept?
Gender:

“a multi level system of social practices that produces distinctions between women and men, and organises inequality on the basis of these distinctions. Gender operates on individual, interactional and institutional levels”
(Wharton 2005 p229).
Findings

• In the literature:
  • gender bias evident in many aspects of children’s nursing literature

In practice

• at an individual level, both nurses’ and fathers exhibited gender stereotypes and bias
• the effects of gender were evident in many interactions
• gender also functioned on an institutional level
Gender bias and stereotyping is evident throughout children’s nursing literature, for example:

- Use of “mothering” to mean routine childcare
- “Whatever the special bond is, it is never more obvious than when a child is ill. Experience has shown that mothers feel intensely about their child’s illness” (Moules in Moules and Ramsay 2008)

- “Fathers’ relationships with their children are varied and depend on many factors. While it is generally the mother who stays with the child in hospital, there are many times when the father will be present and will even stay in the place of the mother” (emphasis added) (Moules in Moules and Ramsay 2008)
Previous UK research on parents’ experiences in hospital:

- Darbyshire 1994
- Callery and Luker 1996
- Coyne and Cowley 2007
- No previous research specifically with fathers in acute care
Individual level- Fathers:

- “I think she wanted to stay. It didn’t bother her to stay, I think it’s just the motherhood…I didn’t want to take that away from her” (Eddie, father interview)

- “She thinks I could cope but she thinks the mother is the most important person” (Harry, father interview)

- I asked a father of a nine week old baby how he and the mother decided who was going to stay with the child. He replied “It wasn’t a decision. She had to” (Obs notes 28)
The value of gender

- I was very pleased, I’m not sure who she was, she might have been an anaesthetist, she might have been a theatre nurse, but whoever she was she was *a lady* and she asked all about what school she was in and she was ‘oh I’ve got two children in the school opposite’ and that helped, helped us both relate to her. I certainly got some comfort from the fact that it was a well-oiled machine but in the middle of it *there was a mother*” (Chris, father interview)
Individual level: Nurses

• “yeah cos I think if a mum was to go out you’d say ‘make sure he’s had a bath and brushed his teeth and had dinner’” (Tracey, nurse interview)

• “the mums would automatically get up and do things, you know get on with it, dads... you sometimes have to prompt them” (Val, nurse interview)

• “Now I do think .. That dads do say ‘I need my sleep’ or if dads have been here at night and they’ve only got four or five hours’ sleep, they let you know, they will say that to you whereas the mums accept that as part of their role” (Wilma, nurse interview)
Nurses:

- Described a good father as one who did his share
- Saw some very involved fathers as heroes
- Often marginalised or disregarded fathers in their own interactions with families
Gendered interactions

• “I don’t think they ever asked how I was..” (Greg, father interview –resident on ward for five days)
• “most of the male nurses certainly in paediatrics, tend to be quite effeminate so er, I mean I notice it and I’m not a particularly manly man, but if you were quite butch and quite aware of it you wouldn’t really feel, I can understand that you wouldn’t be comfortable offloading to more feminine.. I don’t think having an effeminate man would help you to offload…” (Ivor, father interview)
• “And when we admit patients we ask ‘well is the mum happy to do this and this and this?’ and we forget about the dads and we don’t say anything to them” (Zoe, nurse interview)
Gender at institutional level

- Ward rounds – highly gendered!
- Assumption that a resident parent is female
- Assumption that working mothers are able and willing to take time off work, whereas fathers are not expected to
- Handovers- parents only mentioned if seen as a ‘problem’
- Nursing records- father frequently absent altogether - heteronormative documentation
- Nurses had a very clear construct of the “good” father - a dad who “does his share”
- Very few fathers of children in open bays were resident
Conclusions

• Gender is a powerful factor influencing fathers’ experiences
• Children’s nurses have a working construct of “parent” which is really “mother”
• Children’s nurses need greater awareness of how gender shapes their practice
• Attitudes and practice need to respond to the more fluid and diverse family structures and roles present in UK society
Further reading:

• Doucet A (2006) *Do Men Mother?* Toronto University of Toronto Press

References

• Coyne I (2007) Disruption of parent participation: nurses’ strategies to manage parents on children's wards *Journal of Clinical Nursing* 17, pp3150-3158