

NURSING - A WOMENS PROFESSION?

Nursing is a profession dominated by women and they make up the most of it, but men are more and more in this profession as equal members within the professional community. Nonetheless, part of society still perceives nursing as a women's profession, which is probably derived from the very name that contains the word "nurse" in the roots. The term "nurse" is something close, intimate, warm, family, but above all feminine, and "nursing" is determined, above all sex, belonging to a particular group. But it was not only a linguistic syntax that points to the perception of nursing as a female profession, but also the assumption that caring for and care for the sick, the injured and the helpless are primarily women. It is believed that this is their social role, starting with the role of a woman as a mother and a child caregiver. Although historical sources and records show that men, from the very beginning of nursing, worked as caregivers, primarily in different, exclusively male, ecclesiastical ranks, who had organized assistive and nursing services for the sick and helpless, the history of nursing was almost exclusively the history of female achievements (Mackintosh, 1997). Because nursing is the dominant profession of women, men - medical technicians today face many stereotypes. They oppose stereotypical feminine traits of nurturing, caring, dependence and submissions with typical male stereotype features - strengths, aggression, domination, self-control and objectivity (Evans, 1997). Given that there is not enough data on this issue, the basic method used in this paper is to analyze the content from mostly foreign literature, which is why this issue is important.

Today's perception of nursing as a women's profession lies above all in the historical context of care and concern for others as a primarily female role. However, the first caretaker school for caring and nursing was established in 250 BC. Cr. in India, and only men could attend because it was considered that they were "clean enough" for this occupation. Indian sage Charaka in his work "Charaka Samhita" (Vol.1, Chapter XV), where he talks about traditional Indian medicine, writes that these men should be: "good conduct, purity, sharpness and skill, good knowledge, skilled in every service

that may be needed by the patient, knowing to cook food, be skilled in bathing and washing the patients, rubbing and massaging the limbs, raising and helping in getting up and walking, skilled in making and cleaning the beds, preparing the patient, being patient with the sick, and never wanting to do what they can be ordered for. " Five hundred years later, men have a dominant role in the Byzantine Empire, where there is an organized hospice service. In the third century in Alexandria, parachutes, members of the Christian fraternity, who volunteered to care for the sick and the injured and bury the dead, appeared in Alexandria during the great plague.⁴ In the centuries that followed many church orders, they had members who provided nursing care (e.g. fraternity The St. Antona was founded in 1095 to care for the knightly Roman Catholic order set up in the 12th century to help the sick) (Mackintosh, 1997).

The British Florence Nightingale (1820-1910) is considered as the founder of modern nursing. After completing the education with 38 nurses going to Crimea, where during the Crimean War there is organized hospital opening and consequent introduction, special hygiene measures and other procedures reduce the mortality rate of 42% to 2%. Returning to England, Nightingale and her honey. Nurses were celebrated as heroes. Nightingale is launching a school for nursing education based on thinking that this business can only be done by women. She asked her students to be honest, accurate, reliable, mild, quiet, neat, clean, cheerful and patient. On the basis of these virtues, an ethical prototype of a nurse was formed as a woman who is: responsible, brave, sacrificial, radiant, motherly gentle and obedient to a doctor. "The beginner of modern nursing in her model matched the ideal features of her mother and housewife. With this model, Nightingale must have tried and succeeded in greatly, that the nursing profession is socially affirmed and that the nurse is publicly treated as a carrier of not only valuable but also professional work. But her model pretty conserved her nursing abyss within the boundaries of 'occupation', slowing down her way to the 'profession'" (Cockerham, 1981, in Shegota, 1997, p. 73). According to Cockerham, Nightingale's stereotype, or model of nursing, has perpetuated the woman as a nurse and a nurse in the role of a woman. And over both her roles - both a woman's and a nurse, the doctor is overwhelmed - a man. Feminization, or the fact that most of the female professions are one of the most of the female professions are one of the most prominent sociological characteristics of nursing.

Formal segregation in nursing is seen in Britain in 1919 when nursing becomes a regulated profession and all nurses are enrolled in the Royal College of Nursing Register, where there are two lists - one for women and the other for men (Evans, 2004). Segregation is also visible within the profession of division into "male" and "female" affairs. It was considered that the medical technicians might use their strength to restrain the psychiatric patients while they were excluded from other areas of care. Segregation was also visible in the education system, where women's health care training lasted for 36 months, and for men less than half as it was considered that men did not need the lessons from "bodily diseases" (Mericle, 1983, Evans, 2004). In the United States, medical technicians were denied membership to the American Nursing Association (O'Lynn & Tranbarger, 2006, p. 29) until 1930. The case of medical technician Gregory Backus of the state of Arkansas is known, and in 1979 the management of the Baptist Medical Center refused a request for work at the Department of Gynecology and Obstetrics, with the explanation that the hospital "does not employ medical technicians at gynecological departments and daughters because of the fear of privacy and personal the dignity of a patient for which a male employee could not fulfill his duty effectively" (lawsuit Backus v. Baptist Medical Center, 1981). Backus sued the hospital administration for sex discrimination; the court issued a verdict stating that hospitals policy was "permissive", but the case did not go too far and the court allowed the possibility of launching a new lawsuit (Trandel-Korenychuk and Trandel-Korenychuk, 1981). Although today there are no legal obstacles to hiring men at gynecology and obstetrics, the fact is that men are the least represented here. According to the British Chamber of Nursing and Midwifery Council, in 2008 there were 132 male midwives in the Register, out of a total of 35,305,000 or 0.37%.

Despite the growing number of nursing men, there are still numerous stereotypes related to the fact that this gender-specific occupation is based on special patterns of behavior that are in line with social expectations for women and that "nurturing" represents an extension of the traditional female role. Typical male traits are strength, aggression, self-control, management, competitiveness, objectivity, persistence, courage, and domination, which results in more sophisticated professionalisms, jobs with higher status, power, prestige and wages, occupations requiring initiative and competitiveness. Awareness of women and men is built on the basis of

cultural stereotypes, and as the most important social role of women, the emergence, care of children and households is emphasized. Because of such a perception of dominant female roles, women and in the contemporary society are more likely to come to the distribution of social power. The survey conducted on 100 nursing students in the United Kingdom in 1992 and 2002 on stereotypes in nursing shows some progress. Thus in 1992, only 4 percent of students did not agree with the thesis that women are better nurses, while 53 percent of respondents (Jinks & Bradley, 2004) did not agree with the same question in 2002. In society there are prevailing attitudes as medical technicians are feminized, and even in that context they speak of homosexuality or are considered "insufficiently masculine". It is socially acceptable to work in departments where physical strength is needed, such as psychiatry, surgery, anesthesia, operating rooms and emergency hospital admissions, while their pediatric and gynecological departments are unsuitable. Evans (2002) states that medical technicians are often caught in complex and contradictory gender relations, especially in situations of intimately exposed patients, not only women, but also men and children.

The fact is that more and more men are present in nursing, and that they are getting more and more enrolled in medical schools. The reason is primarily of economic nature, given that nursing as a profession is a lack of interest due to the increasing need for health care workers. The US Office of Statistics report for 2011 shows that although men are a minority in nursing, they earn more than women on average - men earn 60,700 on average and women \$ 51,100 a year. That is, for every dollar earned by a medical technician, his colleague earned 91 cents. Research shows that men in nursing are involved for the same reasons as women - because they want to care for the sick and injured, want a challenging profession and reasonable safety in good paying jobs (Tranbarger, 2003). Extremely small numbers of nursing men (1960, the share of men in the United States is only 1.6 percent) 14, as well as the obstacles they face when enrolling in medical schools in the United States, are some of the reasons why 1971 The American Association for Men in Nursing (AAMN) was founded in Michigan. Their goal is to encourage men to engage in nursing, to provide support to medical technicians for professional advancement, and to encourage research and discussion of the position of men within the profession.

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