GENDER BASED RESERVATION IN NURSING -A SURVEY REPORT

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BACKGROUND OF THE STUDY

Gender is a key factor in the health care workforce, where nursing is the largest workforce in the health care team, gender equality is still missing in it. Though the nursing profession is considered to be female-oriented, males too have the interest to be in this profession. Humane resources for health have noticed the imbalance of gender which is a challenge for policymakers. The need of the hour is to bring gender equality to strengthen the workforce and it's distribution.[1,2]

Canada, US only 5% of nurses are men, whereas in England and Ireland the percentage is 10% and 4%, in contrast to this Iran has 26% of males being nurse, although, rise in the number of male nurses has been observed significantly. However, in India, the scenario is entirely different, even though India holds the largest medical sector3-7. Still, according to the 15th Finance commission report India is way back than the requirement. India has one nurse against 670 patients which is nowhere meeting the norms suggested by WHO one nurse for 300 patients.[8,9,10.]

With such scarce availability of nurses males too shall be motivated to opt for the nursing profession. The challenge for male nurses is a feminization of nursing, men who choose to nurse are even ridiculed for engaging in gender inappropriate professions, their masculinity is questioned. Male nurses are continually reminded that they are different from other men.[11]Failure to recognize the male nurse's contribution in nursing leaves with little professional background and inflicts discrimination.[12]

Nursing as a profession has slowly grown or developed due to various discrimination on various bases. Many problems like sexism and suppressed group behavior, lower status, and esteem are due to the female composition of the profession. These problems can be eliminated by recruiting men in nursing. Male nurses' large number alone can increase the social image of nursing as a profession as well as wages can also be increased and improvement in working conditions, because men have better ability to bargain competitively and coalition strategies in comparison to female [12,13.]Even the percentage of male nurses is lesser; still, this minority is viewed themselves as leaders and highly respected by peers [14].

Though the empirical literature related to gender-based reservation not available the review of the literature revealed gender-based discrimination in nursing. Gender bias does

exist even at the nursing education institutes, keeping the entry of female nursing students only, and lack of guidance to a male student about appropriate use of touch, and absence of historical contribution of men in books.[15-18]

Recently a gender-based reservation act is passed for the recruitment of nurses for all AIIMS (All India Institute of Medical Sciences) in India by the Central institute Body that 80% of the vacancy will be reserved for female candidates and only 20% will be for the male nurses (ANNEX A). Based on this an online survey was created and circulated among the registered nurses and awareness, opinion, and the implications of the gender-based reservation were assessed.

MATERIAL AND METHODS

Sample: Nurses all over India were targeted to assess the awareness about the gender reservation and their opinion about modifications needed in it and how it will affect the social image of nursing as a profession.

Research Design: A descriptive survey approach was considered for the present research study and a snowball sampling technique was followed. **Tool:**A self-structured research questionnaire was validated by the experts in the nursing field and then an online form was created for data collection. A web based e- survey link was generated to get data from participants amid of covid social distancing guidelines and to reach maximum participants. The survey link was sent by social sites like mail, whats app.

Sample Size :A total of 674 participants fill the e-survey out of them 600 were found completed and were included. **Data Analysis** was done with the help of SPSS-20 and descriptive and inferential statistics were done.

RESULTS

Section A - Sociodemographic Profile Of Study Participants

The participants of the present survey were young adults (mean age= 24.61years with SD 5.25years and range18-56years), as the majority of the participants were 21-30years of age (73.2%) and less than 20 were 18.7% those were nursing students. Male participants were 53.2 % and females were 46.2 %, therefore homogeneity of the participants was observed. The majority of the participants

were the nursing officer 86.3%. Qualification of the participants varied from GNM to M.Sc. Nursing where the majority were B.Sc. Nursing degree holder and had young generation with less than 5years of experience made the majority.

Section B - Awareness About Gender Reservation Act

The majority of the nursing personnel (76.3%) were aware of the gender reservation act passed but detailed information was not known to 13.3% and 10.4 % percent do not know about it.

The majority of participants believed the reasons for the gender-based reservation to be a political influence, biased leaders, and the dominance of the medical fraternity. The decision of making recruitment rules on gender based reservation was taken under the political influence, 64.7% of participants agreed to be the reason for gender-based reservation whereas 15.7% disagreed for this to be the reason, and the rest 19.6% were neutral about this.

Biased leaders were another reason reported and 68% agreed for this on other hand 13.7% denied this to be the reason for gender-based reservation. Another interesting reason data revealed was medical fraternity dominance for which agreement was reported by 60.5% and 16.3% disagreed for this to be the reason for gender-based reservation. In addition to this 23.2% were neutral.

An interesting trend was observed for the doctors who don't wish to work with male nurses, for this 49.7% agreed and 33% disagreed, and the rest 17,3% were neutral, therefore, the conclusion was drawn that this is personal preference not the reason for the gender-based reservation. As nursing is considered to be a female-oriented profession so it can be the reason for gender-based reservation, but, participants disagreed (52.3%) for this to be the reason. However, 33.2% of participants agreed it to be the reason for reservation. Participants 42.1% reported that gender-based reservation is not an appropriate method of recruiting competent nurses whereas 34,7% agreed that this reservation will help in recruiting the competent nurses and 23.2% were neutral (refer   figure   1)

Section C – Implications of the gender based reservation

Participants were asked about the future implications if the reservation act is implemented. Results revealed that conflicts will rise in nursing 76.31% whereas 10.2% of participants disagreed that conflicts will arise and 13, 5% were neutral.

Another implication reported was bias against specific gender will occur, 79.8% of participants agreed with this to be an implication but 9.3% disagreed and 10.8% were neutral about it. Implication on quality of patient care was asked and participants 26.8% agreed that it will improve quality of care but 55.5% disagreed 17.7% were neutral.

Will gender-based reservation improve professional autonomy -for this implication participants (28.5%) agreed and 52% disagreed that this will aid in the improvement of professional autonomy, the rest 19.5% were neutral.

With this gender-based reservation will disciplinary action increase? – majority of participants (49%) disagreed with it and only 28% agreed where 23% were neutral. Social image improvement will improve with the reservation for this 54.2% disagreed and only 27% agreed whereas 18.8 were neutral about it.

Lastly according to the participants 26.3% patient satisfaction will improve however 53.6% of participants disagreed with this and 20% were neutral on this.

Hence the conclusion was drawn that conflicts in the nursing profession and bias against specific gender will increase with gender-based reservation and will decrease the placement opportunities for male nurses. On other hand quality of care, professional autonomy, disciplinary actions, social image as well as patient satisfaction will not improve with gender-based reservation.

SECTION D- Association of Gender With Implications Of Reservation

In order to differentiate the implications based on gender, nonparametric test of significance, Mann-Whitney U Test, was performed between male and female nurse participants. It was found that male nurses perceive that this gender reservation act will bring conflicts in nursing fraternity (refer table 1), is bias against specific gender and will result in less job opportunities for male nurses.

Table 1- Association Of Gender With Implications Of Gender Based Reservation

Variable	Gender	Mean	Mean rank	U value	Z	P value
Conflict among the nursing fraternity	Female(n=277) Male (n=323)	3.74 4.37	240.62 351.85	28140.50	-8.38	<0.001*
Bias against specific gender	Female(n=277) Male (n=323)	3.79 4.51	230.43 360.59	25325.50	-9.98	<0.001*
Improved quality of patient care	Female(n=277) Male (n=323)	3.07 2.04	371.61 239.52	25038	-9.57	<0.001*
Improvement of professional autonomy	Female(n=277) Male (n=323)	3.08 2.21	362.63 247.22	27524.50	-8.33	<0.001*
Increased number of disciplinary actions	Female(n=277) Male (n=323)	3.05 2.35	353.20 255.31	30138	-7.06	<0.001*
Improvement of social image of nurses	Female(n=277) Male (n=323)	3.05 2.16	364.36 245.74	27047	-8.58	<0.001*
Increased patient satisfaction	Female(n=277) Male (n=323)	3.03 2.14	364.22 245.85	27084.5	-8.56	<0.001*
Less job opportunities for male nurses	Female(n=277) Male (n=323)	3.74 4.49	232.29 359.00	25840	-9.94	<0.001*

*p value highly significant

However, data in the table 2 also predicts that in comparison to male nurses, female nurses perceive that this gender based reservation will lead to improved quality of care, improved professional autonomy, improved social image as well as increased patient satisfaction. The results in Table 2 show high statistically significant difference among opinions of male and female participants about the consequences of gender reservation act (p value <0.001).

SECTION E – Opinion and Perception Related to Gender Based Reservation

Participants were asked about the future implications if the reservation act is implemented. Results revealed that conflicts will arise in nursing 76.31% whereas 10.2% of participants disagreed that conflicts will arise and 13,5% were neutral.

Another implication reported was bias against specific gender will Present research survey suggested that 67.5% of participants opined that gender-based reservation should not be implemented on another hand 18.2% of participants were in favour of implementation. Data revealed that participants reported gender-based reservation to be discrimination against male nurses(75.8%) which is three fourth of the participants. Participants (85.3%) opined that better nurses are not gendered specific. In addition to this 74.5%reported that modification shall be done in the act passed for gender-based reservation.

With this conclusion was drawn that the gender based reservation is discrimination against male nurses and competence cannot be gender specific. Therefore the gender based reservation shall not be implemented and should be modified.

SECTION F – Association of sociodemographic variables with perception about gender based reservation

To find the statistical association of the demographic variable with the perception and

opinion, the chi-square test was applied and a significant association of Gender, Designation, Education, and Experience was revealed.

Association of Gender– Results revealed that 79.5% males and 53.5% females opted that this reservation should not be implemented which is 67.5% of total participants. However statistically also association was found ($\chi2$ - 58.7) Similar association was found with the opinion of discrimination ($\chi2$- 171.5) and the need for modification($\chi2$- 145.1) in the gender-based reservation, also with opinion of better nurses are not gender-specific ($\chi2$- 81.8). Thus the inference was drawn that gender influenced opinion and perception.

Association of Designation – results showed a significant association of designation with discrimination against male nurses ($\chi2$-25.6) and better nurses are not gender-specific (($\chi2$- 55.1) also with modification needed ($\chi2$ – 17.8). Additionally, designation did not influence the opinion of the implementation of gender-based reservation.

Association of education – was revealed with all the opinions and perceptions other than the need for modification. Statistically, it was proved with chi-square value that education influenced the opinion of implementation of the reservation ($\chi2 – 10.1$) and discrimination against male nurses ($\chi2$- 17.3), also with opinion of better nurses are not gender-specific ($\chi2$-15.24). Thus, the inference was drawn that education does influence the opinion and perception of participants. A similar statistical influence of the experience on opinion and perception was found.

Table 2: Association of sociodemographic variables with perception about gender reservation act: N=600

Variable	Gender Reservation act should be implemented			χ2 (df) p value	This act is discrimination against male nurses?			χ2 (df) p value	In your opinion, who are better nurses?			χ2 (df) p value	Gender Reservation act requires modification			χ2 (df) p value
	Yes (109)	No (405) 67.5%	Maybe (86)		Yes (455)	No (68)	Maybe (77)		Male nurses (45)	Female nurse (43)	not gender specific (512)		Yes (447)	No (67)	Maybe (86)	
Gender Female (n=277)	60 (21.6%)	148 (53.5%)	69 (24.9%)	58.7 (2) <0.001*	142 (51.3%)	59 (21.3%)	76 (27.4%)	171.5 (2) <0.001*	02 (0.7%)	43 (15.4%)	232 (83.8%)	81.8 (2) <0.001*	143 (51.6%)	53 (19.1%)	81 (29.3%)	145.1 (2) <0.001*
Male (n=323)	49 (15.2%)	257 (79.5%)	17 (5.3%)		313 (96.9%)	09 (2.8%)	01 (0.3%)		43 (13.3%)	00	280 (86.7%)		304 (94.1%)	14 (4.3%)	05 (1.6%)	
Designation Nursing officers (n=518)	96 (18.5%)	349 (67.4%)	73 (14.1%)	7.2 (6) 0.3	397 (76.6%)	58 (11.2%)	63 (12.2%)	25.9 (6) <0.001*	38 (7.3%)	33 (6.4%)	447 (86.3%)	55.1 (6) <0.001*	387 (74.7%)	57 (11%)	74 (14.3%)	17.8 (6) 0.003*
Nursing teaching faculty (n=45)	05 (11.1%)	32 (71.1%)	08 (17.8%)		23 (51.1%)	05 (11.5%)	11 (24.4%)		01 (2.2%)	05 (11.1%)	39 (86.7%)		30 (66.7%)	05 (11.1%)	10 (22.2%)	
ANS/DNS/NS (n=07)	03 (42.8%)	02 (28.6%)	02 (28.6%)		01 (14.4%)	02 (6.7%)	03 (42.8%)		00	05 (71.4%)	02 (28.6%)		02 (28.6%)	03 (42.8%)	02 (28.6%)	
Unemployed (n=30)	05 (16.7%)	22 (73.3%)	03 (10%)		28 (93.3%)	00	00		06 (20%)	00	24 (80%)		28 (93.3%)	02 (6.7%)	00	
Education GNM (n=34)	09 (24.5%)	23 (67.6%)	02 (5.9%)	10.1 (4) 0.03*	31 (91.2%)	03(8.8%)	00	17.3 (4) 0.002*	07 (20.6%)	00	27 (79.4%)	15.24 (4) 0.003*	28 (82.3%)	04 (11.8%)	02 (5.9%)	6.3(4) 0.2
B.Sc. Nursing(n=512)	96 (18.7	345 (67.4	71 (13.9%)		392 (76.6	58 (11.3%)	62 (12.1%)		37 (7.2%)	36 (7.1%)	439 (85.7		384 (75%)	57 (11.1	71 (13.9%)	
M.Sc. Nursing and					7		15			07 (13%)					13	

above(n=54)	%) 04 (7.4%)	%) 37 (68.5%)	13 (24.1%)		%) 32 (59.2%)	(13%)	(27.8%)		01 (1.8%)		%) 46 (85.2%)		35 (64.8%)	%) 06 (11.1%)	(24.1%)	
Experience None (n=178)	24 (13.5%)	139 (78.1%)	15 (8.4%)		116(65.2%)	09 (5.1%)	03 (1.7%)		22 (12.3%)	01 (0.6%)	155 (87.1%)		164 (92.1%)	06 (3.4%)	08 (4.5%)	
Less than 5years(n=360)	74 (20.5%)	222 (61.7%)	64 (17.8%)	19.8 (8) 0.01*	254 (70.6%)	45 (12.5%)	61 (16.9%)	57.9 (8) **<0.001***	22 (6.2%)	25 (6.9%)	313 (86.9%)	67.7 (8) <0.001*	250 (69.4%)	46 (12.8%)	64 (17.8%)	58.6 (8) **<0.001***
6-10years(n=37)	06 (16.2%)	28 (76.7%)	03 (8.1%)		23 (62.2%)	06 (16.2%)	08 (21.6%)		01 (2.7%)	07 (18.9%)	29 (78.4%)		23 (62.2%)	06 (16.2%)	02 (18.2%)	
11-15years(n=11)	01 (9.1%)	09 (81.8%)	01 (9.1%)		07 (63.6%)	02 (18.2%)	02 (18.2%)		00	04 (36.4%)	07 (63.6%)		04 (36.4%)	05 (45.4%)	04 (28.6%)	
Above 15 years(n=14)	04 (28.6%)	07 (50%)	03 (21.4%)		05 (35.8%)	06 (42.8%)	03 (21.4%)		00	06 (42.8%)	08 (57.2%)		06 (42.8%)	04 (28.6%)		

*p value significant at <0.05

Discussion

Nursing profession is an ancient art of human caring and playing a pivotal role in health care. Inborn feminist mindset about nursing as female dominance profession.[19]

Therefore the study was aim to find opinion and awareness of nurses about gender based reservation in nursing. In the present research survey, participants were between 18 to 30 years and males were 53.2% and females were 46.2% and the majority of the participants were 86.3% and the majority of the participants had a graduate nursing degree.

The limitation observed in the study was that the experienced nursing personnel and the higher designation personnel didn't participate in the survey. Their participation would have enlightened their perspectives. The strength of this study is that it pioneered a study on nurses gender based reservation in recruitment in India.

Awareness was present among participants (76.3%) about gender-based reservations but the details were still less known to 13.3%. Participants reported the political influence, biased leaders, and dominance of the medical fraternity to be the reasons for the gender-based reservation. As nursing is considered to be a female-oriented profession so it can be the reason for gender-based reservation, but, participants disagreed (52.3%) for this to be the reason. As outcome or implication conflict in nursing will increase and bias will also increase to specific gender on the contrary the reservation will not improve quality of patient care or patient satisfaction or the social image of the nurses. Moreover, the professional autonomy will also not enhance with reservation but it would cause lesser opportunities for the male nurses.

On the whole, participants were not in favour of implementing the gender-based reservation and opined that it is gender discrimination. Additionally, the competence is not gender-specific and modification shall be made in the policy.

Conclusion

To improve nursing as a profession the knowledge, skill, competence, and one's ability to lead the nursing profession in positive light shall be base for recruitment. In addition, nursing institutions shall also take responsibility to include the literature which advocates male contribution in nursing and promote awareness among nursing students

about the equality of genders in the profession.

Although though men in recent times have considered nursing as a preferred occupation for various reasons including self-actualisation. The cultural and societal stereotyping of male nurses as "He-Man", "troublemakers", and their limitation during personal care to patient tend to deepen the existing gender discrimination prevalent within the nursing profession. Lastly, the nursing profession evolves and the evolution needs to consider for nurses, not for a singular gender. Gender walls need to fall as a society we are entering with neutrality. The bottom line is what an individual can contribute to the profession as a person, not as a male or female.

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20.

FIGURE 1: Reasons of Gender reservation in Nursing
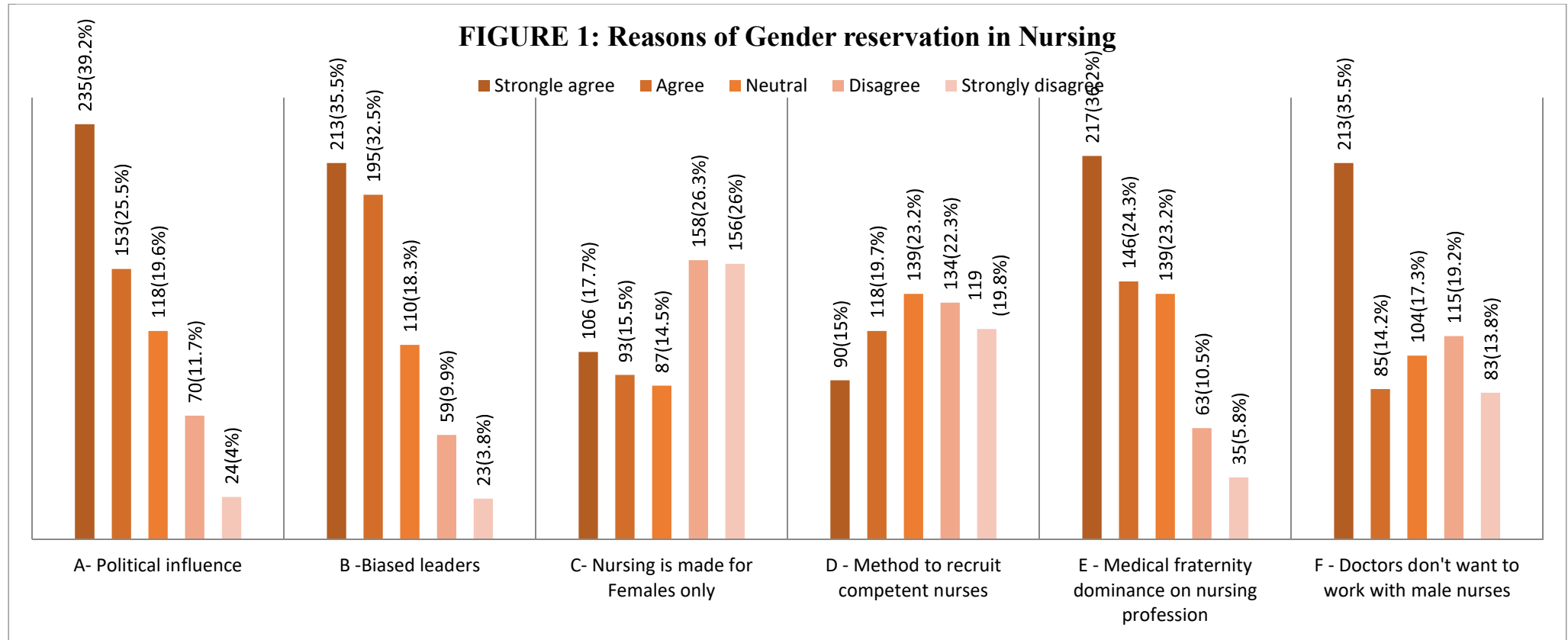
Reasons of gender based reservation in nursing was assessed on the scale of Strongly agree to strongly disagree. Participant had following opinion related to be the reason or cause of the gender based reservation;

A- Political influence was first reason reported for the gender based reservation in nursing, 64.7% of participants agreed (39.2% strongly agreed + 25.5% agreed whereas 15.7% disagreed (11.7% disagreed + 04% strongly disagreed) for this to be the reason, and the rest 19.6% were neutral about this.

B- Biased leaders as reason was reported by 68% (35.5% Strongly agreed + 32.5% Agreed) of participants, on other hand 13.7% disagreed (9.9% Disagreed +3.8% Strongly disagreed) Rest 18.3% were neutral.

C- As nursing is considered to be a female-oriented profession so it can be the reason for gender-based reservation, but, participants 52.3% disagreed (26.3% disagreed + 26%strongly disagreed). However, 33.2% of participants agreed (17.7% strongly agreed + 15.5% Agreed) it to be the reason for reservation. Rest 14.5% were neutral about this.

D- Participants 42.1% (22.3% disagreed +19.8% strongly disagreed) reported that gender-based reservation is an appropriate method of recruiting competent nurses whereas 34.7% agreed (15% strongly agreed + 19.7% agreed) that this reservation will help in recruiting the competent nurses and 23.2% were neutral

E- Dominance of medical fraternity was one of the reason for gender based reservation reported by 60.5% (36.2% Strongly agreed + 24.3% Agreed) and 16.3% (10.5% disagreed + 5.8% strongly disagreed) disagreed for this to be the reason for gender-based reservation. In addition to this 23.2% were neutral.

F- An interesting trend was observed for the doctors who don't wish to work with male nurses, for this 49.7% agreed (35.5% strongly agreed + 14.2% agreed) and 33% disagreed (19.2% disagreed + 13.8% strongly disagreed), and the rest 17,3% were neutral.

ANNEX A

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

No.F. 5-2/2019-Genl. (CIB-4)

Ansari Nagar, New Delhi-29
Dated:

2 8 OCT 2019

MEMORANDUM

Subject:- **Minutes of the 4ᵗʰ meeting of the Central Institute Body held on 27ᵗʰ July, 2019 at 3:00 P.M. in the Hon'ble HFM's Conference Hall in Nirman Bhawan, New Delhi.**

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The Final Minutes of 4ᵗʰ meeting of the Central Institute Body held on July 27, 2019 at 3:00 P.M., in the Hon'ble HFM's Conference Hall in Nirman Bhawan, New Delhi is being circulated to Chairman and all the Members of the Central Institute Body for information.

(PROF. RANDEEP GULERIA)
DIRECTOR &
MEMBER SECRETARY

Encl: As above.

The Chairman and all the
Members of the Central Institute Body.

Disabilities Act, 2016 and with consideration to patient safety and care and the same may be adopted for other AIIMS.

[Action: CIB Secretariat, AIIMS]

12. **Item No.CIB-4/12: Mandatory Senior Residency at Parent Institute for JR(Academics):**
CIB did not agree with the proposal, being legally not tenable.

13. **Item No.CIB-4/13:   Revision of tuition fees for MBBS and Nursing Students:**
CIB decided that the Directors Committee chaired by Director, AIIMS Delhi may deliberate on the proposal and submit its report to the CIB for consideration.

[Action: CIB Secretariat]

14. **Item No.CIB-4/14: Fixing up uniform user-charges for patients in all new AIIMS:**
CIB decided that the Directors Committee chaired by Director, AIIMS Delhi may deliberate on the proposal and submit its report to the CIB for consideration.

[Action: CIB Secretariat]

15. **Item No.CIB-4/15:   Proposal for introducing an All India Common Eligibility Examination for the purpose of recruitment of Nursing Officers in AIIMS and Central Government Hospitals:**
Hon'ble President desired that the proposal may be sent to MoH&FW for detailed examination.

[Action: CIB Secretariat, MoH&FW]