

**RESEARCH PAPER****Oppression among Female Nurses: A Concept Analysis****¹ Dr. Nadia Noor* ²Ar. Maryam Jamil ³Ar. Dr. Yasmeen Ahmed**

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***Corresponding Author** nadiarandhawa397@gmail.com**ABSTRACT**

This article aims to describe the concept of oppression, its facets, oppression theory and psychological characteristics of the oppressed for understanding of this phenomenon. Nurses are the major human capital in healthcare organizations. They are continuously struggling for professional dignity and honor they actually deserve despite spending sleepless nights in curing and caring the sick one. Nursing profession face discrimination, exploitation, struggle for existence, disrespect from their own colleagues and physicians instead of receiving respect, recognition and reward. This paper is a review paper and for this concept paper data collection consisted of electronic databases. Literature revealed negative outcomes of oppression including dissatisfaction, decreased workforce performance, self-hatred behavior, workplace bullying, horizontal violence, submissive aggressive syndrome and intention to leave. This article suggests corrective strategies to redesign and upgrade this profession as a respected one.

KEYWORDS Horizontal Violence, Low Self-esteem, Oppressed Group, Oppressed Self, Quality of Patient Care**Introduction**

The word "oppression" originated during 1300s and has been derived from Middle English word *oppressioun* that means "pressing down (Merriam Webster Online Dictionary, 2010). These days, two distinct meanings have been associated with the word "oppression": First unjust, cruel, unfair governance or exercise of power and authority and second, to symbolize emotions of mental distress, burden, or sufferings (Webster's New World College Dictionary, 2009; Cambridge Dictionaries Online, 2010). In reality, "pressing down" is due to unjust, unfair use of power and authority by groups or individuals and feeling of emotional distress is a "pressing down" of someone's soul and motivating force. Therefore, oppression is an emotionally loaded word that provokes negative descriptions and connotations. Cudd (2005) presented the theme of injustice in her exploration of oppression. She defined oppression as the consistent, unjust, unfair behavior towards people resulting from norms and customs of society. Societal norms and traditions "coercively enforce" this injustice that leads to the inappropriate treatment and dehumanization of people. Though, Cudd (2005) continued that to become an oppressor, the intention to keep up oppression is mandatory and one cannot be an oppressor by only affiliating to and taking advantage from being member of a group.

Similarly, the terms "privilege" and "privileged group" was used by Deutsch (2006) to describe oppression. He argued that the "privileged group" always takes psychological or material advantage as of the oppression of the oppressed individuals. Oppression has been defined in different ways in literature to understand its prevalence. First, Frye (1983) described that oppression occurs when individuals are trapped by the closely related forces

and obstacles that equally confine, restrain or inhibit their movement. In order to delineate the process of oppression, she used the keywords such as immobilize, mold and reduce. Frye (1983) considered that oppressed individuals usually confront with two incompatible demands in which choices available for them are limited and all of these expose individuals to contempt, penalty or deprivation. She compared oppression with birdcage where all the wires inhibit bird to escape.

Nursing profession is dominated by females as around 92% of nursing professionals are female. In the healthcare sector, the probability for being an oppressed group for nurses is high due to the gender specific nature of this profession. The literature on nursing profession and oppression described the concept of nursing professionals being oppressed group as the main theme. Therefore, the present paper aims to elaborate the concept of oppression in nursing profession and describes the literature regarding different categories of oppression, oppression theory, psychological characteristics of the oppressed and oppression among nursing professionals.

Literature Review

Literature regarding categories of oppression, oppression theory, psychological characteristics of oppressed and oppression in nursing profession has been cited to understand oppression.

Categories of Oppression

Young (2000) complemented this understanding of oppression and explained Five Faces of Oppression. She defined oppression as the social injustice and disadvantage suffered by some individuals not for the reason that they are authoritatively pressed down, however, due to the routine practices of a well-intended liberal society. According to this argument, she considers that oppression is structural for the reason that it is rooted in the unquestioned customs, symbols and habits of the society, in the postulations providing institutional statute and the collective outcomes of ensuing those statutes. From the social justice view point, Young (2000) explained five comprehensive "faces" or categories indicating oppression. A person is considered oppressed if he/ she have been experiencing any one of these five categories.

Young (2000) explained the following Five Faces of Oppression:

1. **Exploitation:** the proposition that the people from "less privileged" group should be retainers of the people from "privileged group".
2. **Marginalization:** dismissal or exclusion of people from communities or large social groups.
3. **Powerlessness:** helplessness of people to decide autonomously regarding their work life, being prohibited and repressed from personal development and improvement and intimidating and discourteous conduct for being external to the professional class.
4. **Cultural imperialism:** believing and implementation of the culture of privileged class or dominant group through the traditional custom. Individuals external to the dominant group are considered as "others". The dominant group views "other group" as unlike and invisible and objectifies and devalues them. Cultural imperialism results in sufferings for almost all oppressed group members.
5. **Violence:** organized and consistent violence towards persons of a specific group such as gays, lesbian, women and minorities. Young believes that this type of violence seems oppressive instead of a simple "moral wrong". Furthermore, all oppressed individuals are intentionally attentive to the chances of their victimization as being

attacked as a result of violence for the reason that they belong to less privileged group. Thus, they are deprived of freedom and dignity and their life is consistently in fright of violence by privileged group.

Moreover, Hulko (2009) described that individuals are discriminated on the grounds of their "social identity category". This inequality and unfairness provides grounds for oppression. Individuals become oppressed when they are discriminated on the basis of age, race, gender, ethnicity, and social class. Hulko (2009) maintained that an individual's experience of oppression or privilege is fluent and depends on his/ her social and cultural perspective. Prilleltensky (2003) reinforced that social norms form standards for exclusion of individuals and allows individuals external the social norms to be regarded as oppressed and inferior or low class. Her perspective is based on psychology. She described that oppressed individuals and social groups are deprived of their basic rights that results in sentiments of anxiety, embarrassment, lack of self-confidence and self-doubt that can further leads to isolation, exploitation and horizontal violence. Internalization of oppression by oppressed is not the only response to oppression. Alternative potential outcome is group resistance which is expressed through oppressed individuals' solidarity, social action and groups counter to oppression and their oppressors.

Rogge & Greenwald (2004) being nursing professionals described their experience of civilized oppression. Rogge & Greenwald (2004) defined this oppression as "physical, mental or spiritual distress of another person through the misuse of power or authority". Distressing of individuals is a form of civilized oppression; though, the exploitation of individuals is indirect, being more covert and it is difficult to recognize. Unequal power relations between two groups are the main antecedent of civilized oppression. The perspective that one group is dominant and other is subservient is rooted in the societal and cultural norms. Consequently, the discrimination, mistreatment and ridicule of subordinate continue. This disrespectful conduct towards individuals of subordinate group results in negative emotions of shame, separation, self- disbelief and even self-contempt in them. Furthermore, these oppressed individuals may then target others in their group to express their frustration. This behavior is known as horizontal hostility.

Oppression Theory

In "Pedagogy of the Oppressed", Friere (1970) presented the concept of "horizontal violence" to describe the effect of oppression on minorities and other ethnic groups in developing countries. He explored the aggressive behavior of the individuals of oppressed group who attacks at their peers in reaction to domination rather than confronting their oppressors. According to his concept of horizontal violence, women and other minority groups are dominated by the values of others in society. Due to lack of power, they express their anger within and treat their oppressed peers with violence and hostility. Powerlessness and inability of oppressed is the contributing factor for this negative behavior for the reason that they would be cruelly penalized if they reacted to the dominant individuals who in fact control their lives. Now a day, the term horizontal hostility describes the way; women target other women who seem to be prominent due to professional success (Friere, 2003).

Horizontal hostility describes power-as-domination amongst women. Therefore, it should be discussed in the context of relations of power amongst women. The feminist movement for identification and provocation of male dominance does not pronounce that women are only oppressed by men and behaviour of women towards other women can never be desperate assuming that women are habitually exempted from male racist norms, attitudes and actions. Male domination should be kept in mind as the main opponent. On the other hand, for women, oppression is institutionalised and due to existing state of affairs, it is very easy for them to assume inconsiderately the behaviours which strengthen forms of domination (Friere, 2003).

Freire (1970) argues that without the presence of oppressed, power, status and dominance of the oppressor are impossible. The oppressor experience brutalized behavior as the act of oppression whereas experiential reality of oppression and the adoption of the appearance and reflection of the oppressor degrade the oppressed person. The researcher defined oppressors as those persons who refute personal autonomy of other individuals by imposing worldwide hypothesis against oppressed individuals that negates their power and autonomy to take decisions of their lives. They convince the oppressed individuals that their status quo cannot be changed without the involvement of dominant classes. Moreover, oppressors restrict every possible action of oppressed individuals that conflict this hypothesis.

Freire (1970) describes that oppression's act results in action of violence, therefore, the violence of the oppressors result in violence of the oppressed in reaction. The oppressors view resistance or punitive violence of oppressed as criminal behavior and try to keep peace by forcing the oppressors downcast. As soon as the oppressed succeed to achieve equal status and equality of expression in their lives, previous oppressors feel oppressed. As they have been practicing different ways to oppress others and as soon as their domination and power is taken away, they feel inequality; their dominance and manipulation authority has lost. They are egocentric and self-interested and seem to be unable to consider that every person be worthy of equality and justice of treatment. Self-depreciation is the distinctive attribute of the oppressed. This conviction shows an illustration of hegemony, dominance devoid of violence. As soon as the oppressed are enforced for compliance by oppressors, dominance and power retain them and their upcoming generations in the situation of oppression. This oppression results in low self-esteem of oppressed and they seem unaware of their full abilities and potential. They are unable to recognize that they still know things even devoid of formal education. They know essentialities of life as the oppressors know. The oppressed need to realize their value and importance being equal to oppressors and they have equal rights to be treated with respect and dignity.

Freire (1970) states that the people who oppress others degrade themselves in reality and provoke the procedure that keeps them unaware of how their power, dominance and cunning behaviour is self-destructive. The researcher pinpoints horizontal hostility as the negative behavior of oppressed when they target their relations; the oppressor is present amongst them and they strike against him indirectly consistent with an additional feature of behavior that prevent change. The oppressed people seem emotionally helpless and earlier they realize their reliance, they express their feelings of frustration and desperateness at times by drinking at home; may be the only way of exit for them.

Freire (1970) defined and explained the concept of oppression in the brilliant way. He had in-depth understanding of people's personality and emotions. He considered all human beings commendable of dignity, respect and trust. His understanding and sympathy for less privileged people and their predicament has inspired the readers. Though, consideration and belief of a classless society without the existence of oppressed is not possible. To divide and isolate the oppressed is comparatively easy for the elite class, on the other hand, it seems challenging for revolutionary leaders to fight and integrate them for their equal status in society. The duty of the leaders is to integrate with themselves as well as with other people. Oppressed people seem to unable to overcome the great problem; the awareness that they are oppressed and they expect to control it. When individuals recognize their potential, they turn into truthful, self-aware person.

Psychological Characteristics of the Oppressed

Social, cultural, and economic structures impact the micro-level behavior of individuals, and mutually, individuals' behavior affects social structures, for example through sustaining the oppression (Ratner, 1994; Makki Alamdari & Bishop, 2020). Social oppression has effects on individuals in terms of perception, cognition, morals, emotions, aesthetics, and reasoning. These psychological effects are value-based. That is, the effects

are not disorders such as schizophrenia or low educational performance (Ratner, 2011). Ratner (2011) points out to examples of the value-based psychological effects such as believing superficial and biased news, accepting punitive and fundamentalist religious thoughts, conforming to power and theological dogma, obeying the superordinate at work, endorsing the interests of the elite, becoming obsequious, irrationality, lacking critical thought, working with limited capacity, sensational and crude aesthetic taste, and enjoying vicious entertainments. Further, the oppression causes neglect about individuals' aptitudes and limits people's power and abilities (Adorno & Horkheimer, 1972; Adorno, 1978; Ratner, 2011).

Social structures such as oppression affect individuals' behavior and mind through a variety of processes including social learning, internalization, labeling, defense mechanisms, and fear of being judged (Akers, 2011; Driskell & Salas, 2013; Lakey & Lakey, 1998; Muenster & Lotto, 2013; Smith, Mackie & Claypool, 2014; Thoits, 2013). The theory developed by Bandura in 1963 demonstrates that individuals learn behaviors through cognitive processes and in social context. Observation of behaviors or behaviors' consequences provides patterns for action. Rewards, punishments, and consequences reinforce the behavior (Akers, 2011). In this case, when people in the oppressive society observe that the oppressors get benefits from oppression, the people learn and are encouraged to join the oppressors and repeating their behaviors to get the benefits (Akers, 2011).

People learn that there are inevitable inequality and power hierarchies in relationships. If people are in the oppressor position, they continue the oppressive behaviors without questioning. When people are in the oppressed position; first, they may oppress the people who are more powerless than them. Second, the oppressed people accept and internalize the oppression. When people accept oppressive and hierarchical structure, they believe fate and punitive theological beliefs (Adorno & Horkheimer, 1972; Ratner, 2011). Internalized oppression is a concept indicating that the oppressed believe and act the stereotypes created about them (Lakey & Lakey, 1998). Self-hate is the result of this internalization. Lakey and Lakey (1998) argue that the internalized oppression affects the oppressed groups in different ways. Damaged self-respect, negative attacks on leaders, divisive behavior, fault-finding manner, complaining, backbiting, fierce criticism, expecting win/lose situations, and pessimism are some of the characteristics affecting the oppressed through internalized oppression (Lakey & Lakey, 1998).

Labeling theory is another conceptual framework helpful to explain the socio-psychological processes experienced in an oppressive society. Labeling is a similar process to internalizing and stereotyping. The roots of the theory is in social constructionism and symbolic interaction theory. Taylor, Walton, and Young (2013) explain that social labels shape behaviors and self-identity. Labels are terms used to describe people's attributes. Sometimes in the society, negative labels are used for minorities or for people considered as "the others (Collins, 2008)." The others as mentioned by Collins (2008) are those people who are not a dominant category of the society. Labels change individuals' behavior, self-perception, and identity (Taylor, Walton, & Young, 2013; Thoits, 2013). Another socio-psychological process contributing to shaping behaviors is the humiliation and revenge. Muenster and Lotto (2013) in *Psychology of Humiliation and Revenge* discuss that quite negative emotions lead people who experience oppression to generate violence to address injustice. Appetite to revenge emerges when individuals or groups think they are neglected or treated as the others (Muenster & Lotto, 2013). Working with limited capacities at work place is a type of revenge and one of behavioral reactions to oppression as mentioned by Ratner (2011).

Further, there are defense mechanisms frequently discussed in psychological texts. Psychological defense is an internal mechanism which is employed by individuals to reduce the negative emotional effects. Defense mechanisms could be applied to address negative

social-emotional effects happening in social interactions. When people feel threatened or unpleasant, they unconsciously use the mechanisms to feel better (Driskell & Salas, 2013; Smith et al., 2014). In this author's opinion, in the oppressive society, when people are treated as the others, they have fear of being judged, and therefore, they take guard against being judged by other people by hiding their identity, thoughts, interests, and feelings. The guard is a defense mechanism (Driskell & Salas, 2013).

Oppression in Nursing Profession

Nursing profession is considered oppressed group as being populated mostly with female members. According to St-Pierre & Holmes (2008), within the nursing profession, development of horizontal violence resulted in following characteristics suggested by oppression theory including low self-confidence, powerlessness, and lack of control over the working environment. Wilson et al. (2011) described that this fails to address the view that the phenomenon of horizontal hostility involves social, organizational and individual characteristics and prevails in many other professions. At workplace, gender difference has been a problem for many researchers and it occurs because of the inherent imbalance in power relations between both genders. Customarily, men have been exercising more authority and power over women and this has resulted in engaging women in susceptible and inferior positions as compared to men. Organizational functioning is gender-driven in nursing from this perspective (Davies, 1995).

Dong and Temple (2011) described nurses as dual oppressed 'oppression due to gender and oppression due to dominance of physicians'. According to the research findings of Rooddehghan, Nasrabadi & Yekta (2015), oppression and submissiveness mention a sequence of circumstances that are resulting from professional dissatisfaction, favoring physicians over nurses and discrimination between nursing personnel. Nurses had to accept discrimination and oppression because they were unable to resist these situations. The participants considered that the shortage of nurses and increased burden of patient care caused occupational dissatisfaction, with the other reasons such as demotivation, unsuitable social status, job-related burnout, workload and unequal income. Mostly, the nursing professionals complained about the major issues of job stress, unnecessary workload and enhanced working hours caused by the inadequacy of nursing personnel.

Oppression theory (Freire, 1970) counts five predominant facets of oppression which come one after another i.e. assimilation, marginalization, self-hatred and low self-esteem, submissive-aggressive syndrome and horizontal violence. Purpora et al. (2012) described horizontal violence as the most hazardous consequence of oppression theory. This kind of negative behavior is the result of social inequality. Therefore, oppressed group need education and awareness to get rid of this phenomenon. However, nurses are oppressed due to organizational hierarchy but less research has been done on Freire's model (Matheson & Bobay, 2007). Duchscher & Myrick (2008) explored the idea of oppression in the perspective of newly graduate nurses in the critical care setting. The authors defined oppression as "an individual's experience of oppression is an outcome of dominating concepts distinguishing, standardizing and propagating unequal relations and role discernments contained by a social system". Duchscher & Myrick (2008) described the persistence of hierarchical relations among physicians and nursing staff in the critical care medical setting. Intrinsically, nurses get appointments in subservient role to the physicians and they are treated disrespectfully. Nurses are being criticized and shouted at by physicians. Physicians, senior nurses, residents, and other related health team fellows verbally abuse new nursing graduates. Moreover, it is more distressing to know that senior nurses and unit managers have been hesitant to talk about these workplace problems. Due to these situations and unpleasant experiences, the new nursing graduates become disappointed, aggressive and morally distressed.

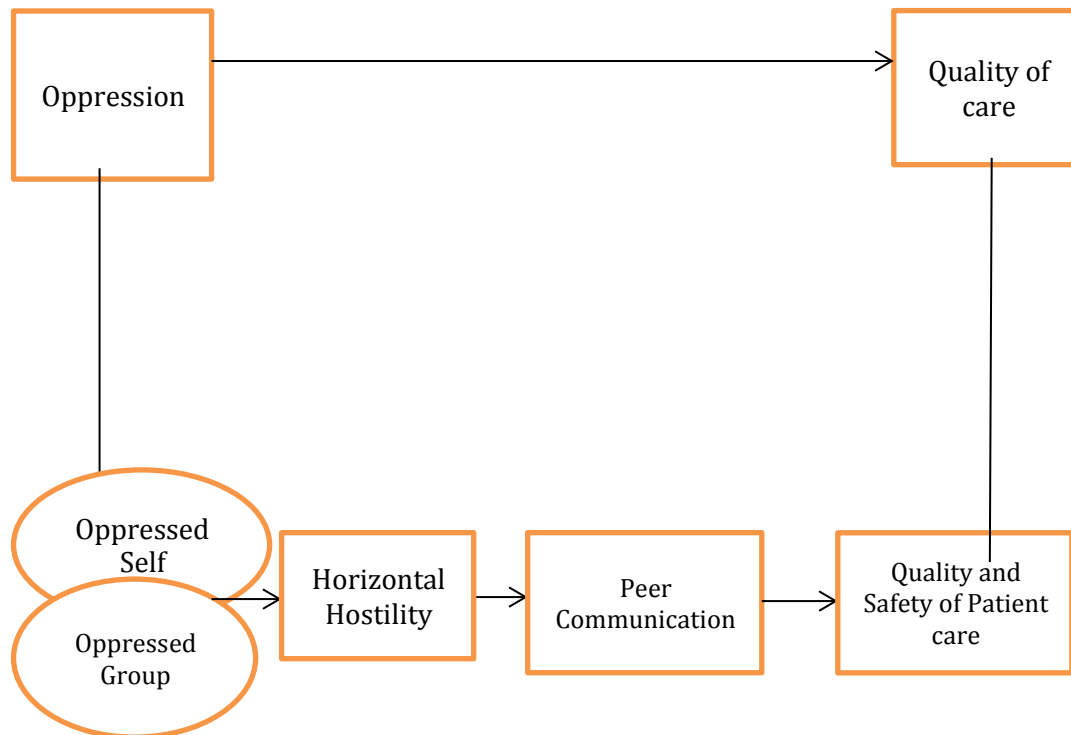


Figure 10 Oppression and patient care Source: Purpora et al. (2012)

The provision of appropriate, high-quality and impartial healthcare is directly related to the conditions provided to the nurses at the workplace. Moreover, in the workplace, self-respect and confidence of nurses in their own competences and self-consistency is crucial for provision of quality of patient care and for the atmosphere of excitement and activity for them (Roberts, 1996). The oppression is well-defined as the constraints and the limitations interconnected with each other that encourage compliance to contempt, shape and limit individuals through these practices. Globally, nurses experience and report oppression and it happens when a group dominates others through development of series of standards where they consider others as inferior and lesser (Lee & Saeed (2001). Oppression is categorized by discriminatory practices, denigrating others self-esteem and disregarding their rights. Nurses and nursing profession face detrimental and irretrievable consequences because of presence and insistence of these negative behaviors. Moreover, these behaviors also have damaging impact on work organizations and primarily, the quality of patient care.

Somani & Khowaja (2012) discussed workplace violence in nursing profession as a consistent and substantial issue in Pakistani Society. In healthcare setting, workplace violence is distressing for nurses. In Pakistani society, nursing profession is considered less-privileged and lack of respect towards nursing professionals is the significant factor causing workplace violence. Lee & Saeed (2001) described that other reasons could be oppressed group behaviors of nurses in healthcare settings and the discriminations against the profession prohibit nurses to acquire required respect and provide high quality healthcare. This has severe effect on the nation's general health status. Secondly, a very negative image of nurses has been portrayed by media in the society as obedient assistants of physicians and signs of sex. The misrepresentation of the image of nursing profession is another reason for workplace violence towards nurses. Finally, due to cultural imperialism, nurses are still regarded as inferior and marginalized group in both public and private healthcare settings in Pakistan. Somani & Khowaja (2012) argued that in health care settings, physicians and administrators are viewed as dominant group and over and over again display violent behavior and aggression towards the nurses. This creates disgrace and disrespect towards this honorable profession. Nurses feel frightened at workplace and young females are refrained from selecting nursing as a career. Because this issue frequently occurs in Pakistani society, nurses feel dominated and disrespected, which abstains them from self-

reliance and decision making power and promotes insecurities and incompetence regarding patient care.

Material and Methods

The present paper is a review paper that highlights the concept of oppression and describes its antecedents and outcomes in nursing profession. Data collection for this paper comprises of literature search through electronic databases regarding oppression, its facets, antecedents and outcomes.

Results and Discussion

Position in organizational hierarchy mainly shapes people's attitudes and behaviours and the circumstances in which they find themselves. Although individual's behavior is effected by their personality and social experience but the formal and informal power structures significantly impact individuals' work effectiveness, satisfaction and health. In effect, empowerment includes support, access to information, access to resources required to perform the job and opportunities for career growth and advancement. Employees having positive experiences with these power structures are empowered and are capable to achieve organizational objectives (Laschinger, Heather & Wong, 1999; Laschinger, Sabiston & Kutscher, 1997). If so, nurses would feel more efficient and more likely to feel accountable for patient care. But in developing countries, situation is quite different for nursing profession. At times, verbal or written orders and information do not reach up to all. Nurses receive negligible appreciation for quality of patient care and patient recovery and claim for minor error is very common (Helen, 2020).

Nurses feel overburdened as hospital administration demands more economic and productive work from them with low salaries and limited resources. Nurses are fighting for childcare leave, risk allowance, conveyance allowance and night allowance etc. in place of getting support from administration (Akhzer, 2020). Opportunities for career growth and development such as study leaves, promotion, in-service trainings and performance appraisal are negligible in their profession. In case of bullying and abuse, no proper reporting system has been established. In absence of policy and standardized management, they are forced to avoid reporting and choose to be quite and tolerated (Chakraborty, Mandal & Sharma, 2021). De Marco et al. (2008) described existence of two suppositions in nursing profession including oppressed self and oppressed group. Horizontal violence occurs due to internalized dominant values. Employees' emotional demands and safety needs are threatened by oppressive cultural values and norms which finally results in low productivity and poor quality of patient care and safety (Chakraborty, Mandal & Sharma, 2021).

Conclusion

Nurses are the human capital of the hospitals and their contribution in health care system cannot be denied. Nursing profession is considered less privileged and low status. They feel oppressed and discriminated due to organizational hierarchy and dominance by physicians in healthcare system. Oppressive culture of healthcare setting should be changed and recognition of nursing profession should be mandatory. Work environment and quality of patient care can be improved through effective communication and intra professional collaboration among healthcare teams.

Recommendations

Only nurses can play their role by breaking the sequence through intra professional collaboration, effective communication, team spirit, fight for self and coworkers, positive defense methods and positive contribution in patient safety and quality of patient care. Employees should deal this issue politely by promoting self-value, concentrate on input in healthcare system, feel satisfied with patients' recovery, communicate politely, develop

strong feedback mechanism in healthcare setting, deal conflict or grievances confidently, treat people as they are and take standard action against any discourteous behaviour or harassment. Structural empowerment positively relates to the autonomy, advocacy for sick one, control over practice and collaborative nurse- physician relations.

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