

Feminism and Nursing

Can nursing afford to remain aloof from the women's movement?

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The relationship between nursing and feminism is obscure. The profession has been notably absent from the women's movement, and with few exceptions, nursing literature has not incorporated feminist thinking and feminist theory. However, nurses have now begun to recognize the effects of sexism on nurses and women health care consumers and to consider nursing and women's health from a feminist perspective.¹ There are important links between feminism and nursing. Early nursing leaders incorporated strong feminist perspectives in their lives, writing, and work. Nursing, traditionally a woman's occupation, can benefit from a better understanding of feminist theory, which provides a frame of reference for examining nursing from a historical, political, and personal point of view.

Feminist Theory: What It Is

Feminism can be defined as a world view that values women and that confronts systematic injustices based on gender. Feminist critiques and feminist analyses can be found in women's writing since the early 1600s. Although much of the scholarly writing done by early women has been lost or destroyed, what has survived includes a collection of writings surprisingly relevant today.² These writings, and those of many early nursing leaders and scholars such as Nightingale, Wald and Sanger, are now recognized by feminist scholars as reflecting remarkable feminist insight.

Contemporary feminist theory began to emerge in the late 1960s, as the current women's movement evolved along with the civil rights and peace movements of the 1950s and 1960s. Like many of the early theories, current feminist thinking is based on the assumption that women are oppressed, and that the

position of women in society is a direct result of patriarchal dominance and pervasive sexism.

There are four major philosophic approaches to feminist theory.^{3,4} The *liberal feminist* view, which was the earliest to emerge, has strong roots in the feminist theories of the 1800s. This view stresses equality of opportunity for women and criticizes unequal distribution of wealth, position and power based on family, race and sex. Liberal feminists do not object to the roles of housewife and mother per se, but rather to the political, social and economic imperatives that channel women into these roles. In the liberal point of view, women's oppression stems from a lack of equal civil rights and educational opportunities. From this perspective, oppression can be overcome by providing legal rights and opportunity for women that are equal to those of men.

Marxist feminist theory identifies the origins of women's oppression in the introduction of private property. Private ownership of property accompanied industrialization and instituted a class system from which sexism derived. Women and children became the property of males just as did material goods and the means of production. Capitalism is viewed as having created a unique social and economic class for women, which is maintained primarily through economic exploitation of women's labor in the family, industry, and marketing. Marxist feminism holds that in order to eliminate capitalism and the resulting sexist society, there must be a socialist revolution to return the ownership of property and the means of production to society as a whole.

Socialist feminist theory adds a class analysis of cultural institutions such as the patriarchal family, motherhood, housework, and consumerism—all of which are seen as playing a major role in the oppression of women, but operating differently within different classes. Socialist feminists insist on an analysis of the particular problems of working class women and women of color.

The unique contribution of socialist feminism is its insight regarding the integral relationship between the private sphere of the family and personal life and the public sphere of productive work. For example, socialist feminist critique has exposed the effects of defining women's social and economic class by her relationship to a man as father or husband, rather than by her own work and productivity in the home or in public life. According to this view, the oppression of women and socioeconomic class oppression are equally fundamental and mutually reinforcing.

Radical feminism is the most original approach; it does not draw from previously existing social or economic theories, but rather is being developed from a woman-centered world view. The major theoretical and philosophical work that has been done to date is that of challenging the existing concepts and language of patriarchal systems and of formulating concepts derived from a woman-identified perspective.⁵ Radical feminists assert that the oppression of women is fundamental; it exists in all social orders and economic systems and cannot be removed simply by changing those systems. They see the patriarchal family, violence against women, prostitution, and pornography as cultural institutions that contribute to the maintenance of women's oppression. To end the oppression of women, institutionalized gender discrimination and gender roles must be eliminated. The development of woman-defined systems, thought, and culture is essential to these fundamental changes.

The primary distinction of radical feminism is its view of women's relationship to man. Marxist, liberal, and socialist feminism define women in relation to men, even when proposing a new system. For example, "equality" from a liberal feminist point of view means "equal to men," and from a socialist perspective, "equal to men without class distinctions." For radical feminism, equality is not an issue. The critical feature of radical feminism is its starting point—discovering, analyzing, and valuing women's experience without the imposed standards of male ideology or systems.

The success of the women's movement is dependent on the broad base of analysis offered by each philosophical approach. Even though nursing has not been visibly active in the women's movement of this century, nurses have benefited from the liberal feminist view that uncovers realities of unequal opportunity, and from the Marxist and socialist views that sustain many nurses' labor unions. Radical feminism is the point of view least understood by most women, partly because it does not offer immediate resolution to the problem of women's oppression. It does provide critique and analyses of issues, focusing on the fundamental causes of women's oppression.

Feminist Theory: What It Is Not

Feminism, because it challenges the fundamental structure of society and the prevailing world view, is an emotional issue. Because feminism endorses women, critiques male thinking, challenges patriarchal systems, and focuses on creating self-love and self-respect among women, it disturbs some women who see it as anti-male or equate it with a lesbian ideology.

In reality, it is neither. Feminist ideology is opposed to the male-defined systems and ideologies that systematically oppress women. However, forming knowledge, theories and ideologies from women's experience is not equivalent to ignoring and hating men. A feminist approach values all people regardless of gender and seeks to end dehumanizing polarizations. However, as Clare Bright states:

Before there can be a transformation to a new plane of thought for humanity, a new synthesis of female and male, women must complete an investigation of their own metaphysical realm. Then and only then can we realistically talk about a comprehensive philosophical system in which men are an integral part.⁶

Feminism is not a lesbian ideology, but it is committed to ending the isolation and divisiveness that exist among women in male-defined systems, advocating that women value themselves and other women. Moreover, it acknowledges that all forms of woman-shared experience are in essence revolutionary acts in a male-dominated system that demands and depends on the devotion of women's energy to it. In this context, it is apparent that the derogatory use of the term "lesbian" to label women seen as independent, assertive, aggressive, or self-sufficient is a tactic intended to frighten them into submission.⁷

Any anxiety related to embracing feminism, once recognized as such, can be examined for underlying assumptions, and illusory fears can be erased. To the extent that we in nursing open our minds to values and possibilities that lie beyond patriarchal thinking, we can begin to see relationships between nursing and feminism and can use feminist insights to derive new meaning for nursing.

Feminist Theory and Nursing Theory: Is There a Relationship?

In some respects, feminist theory and nursing theory have little in common. The bodies of theory apparently deal with quite different domains, are based on different assumptions, and use different language. Nursing theory, until very recently, used "man" as a generic concept. This practice has been untenable from a sociological, a psychological, and a linguistic frame of reference, not to mention a feminist frame of reference, for several decades. Nursing theories embody

many underlying patriarchal assumptions about human experience. For example, the ideal of the patriarchal family is unquestioned by current nursing theorists, even though it was challenged by Florence Nightingale in 1852.⁸ Feminist theory, while not rejecting the importance of intimate human ties and support networks, has questioned and challenged the social imperatives perpetuated in the patriarchal family that create and sustain the oppression of women.

In other respects, feminist theory and nursing theory have much in common. This is initially difficult to recognize, because early feminist roots in nursing that have been incorporated into nursing theories of our day are hidden from view. Dating from Florence Nightingale, nursing has reflected the conceptual notion that human existence and the environment are integrally related, forming a unity that cannot be separated. The experience of each individual is viewed as a complex totality that cannot be broken into segments. Nursing has remained committed to developing interactive processes emerging from traits such as caring and nurturing that have been devalued by patriarchal systems. Reverence for life, reverence for the environment, and respect for each individual's uniqueness are common to all nursing theories.⁹ These tenets are also central to feminist theories.

Regardless of the shortcomings of nursing theories from either a theoretical or feminist perspective, they are a valuable and strong foundation on which to build. The value of this foundation is often not recognized, even by nurses, because of distortions inherent in patriarchal thinking. We are handicapped by not learning, nor learning to value, nursing theories in our formative educational years and through the negative reactions of the traditional health care system when we attempt to use nursing concepts and theories in practice. Nursing practice typically occurs in the oppressive, reductionistic milieu of the patriarchal order—the hospital—which does not foster, tolerate, endorse, nor approve nursing practice based on nursing's own theories and values.

The Value of Feminism for Nursing

A major contribution of feminist thinking in relation to nursing is the basic tenet of feminist theory—that women are oppressed. Since nursing has traditionally been a woman's occupation, it is essential to understand the oppression of women to gain insight into some of the most persistent problems in nursing.

Roberts presents a well-documented analysis of nurses as an oppressed group.¹⁰ She draws from feminist literature, theories of oppression, and previous nursing literature that addressed problems in nursing from a feminist perspective. In her analysis, she docu-

ments characteristics of nursing that are typical of oppressed groups. As Roberts acknowledges, nurses sometimes recognize these traits as undesirable, but feel powerless to effect a more positive course. More often, behaviors stemming from a state of oppression are seen as desirable, and are mistakenly thought to be "right" choices leading to improvement of nursing as a profession.

Traits recognized by nurses as undesirable include divisiveness, the low level of participation in professional nursing organizations, and a lack of effective leadership in nursing. These traits, while creating frustration and dismay, are not recognized as stemming from a self-perpetuating oppressive system. Perpetuation comes from a deeply ingrained tendency to reject that which the dominant system devalues, including one's own group. Roberts states: "Lack of participation in professional organizations can be viewed as evidence of lack of pride in one's group and a desire not to be associated with it. It is as if to align with other nurses is to align with other powerless persons—something that has been shown to be unwise."¹¹

Traits deriving from a state of oppression and yet viewed as desirable by nurses are even more damaging to the profession, in that they are not recognized as actually perpetuating the oppressive system that the group wishes to overcome. This phenomenon is the result of assuming that values prescribed by the dominant system are "right" or "good." For example, nurses often advocate and avidly pursue the acquisition of traits, skills, and approaches of physicians, both clinically and administratively, arguing that to do so will enhance the status of nursing and grant nursing more power. In reality, medicine's power does not necessarily derive from academic, clinical, political or administrative skills, but rather from long-standing social, political and economic privilege. Too often, the assumption that emulating the medical power model is desirable results in failure to question the fundamental moral and ethical basis of the model and promotes assimilation within a self-perpetuating, oppressive patriarchal system.

Another trait of oppressed groups is a lack of awareness or denial of the group's own culture. Many nurses are unaware that we do have a history and a culture that is worth knowing, worth writing, and worth teaching. A feminist perspective would encourage us to embrace our rich cultural heritage within nursing and value our predecessors, who made brave and courageous strides in developing the foundation upon which nursing is built.

A feminist perspective does not seek to romanticize or idealize these women, but rather to develop insights that allow us to appreciate their struggles, understand

their limitations, and see their joys and their pains as similar to ours.

While many early nursing leaders would not have considered themselves feminists and may not be judged as "feminists" using our current perspective, there is clear evidence of feminist thinking and motivation in their work. For example, prior to her work in the Crimean War, Nightingale wrote an essay that decried the plight of Victorian women. In it, she wrote these words: "Why have women passion, intellect, moral activity—these three—and a place in society where no one of the three can be exercised?"¹² Nightingale's long life of productive work was a radical statement defying the traditional role of upper-class Victorian women. The most popular of her 200-plus books, pamphlets and reports, *Notes on Nursing*, was written because of her recognition that women's education left them ignorant of their own bodies and lacking in knowledge needed to carry out their responsibilities while caring for the sick.¹³ In her closing note in this publication, Nightingale cautions her sisters against doing what men do merely because men do it, and against doing what women do merely because it is prescribed for them by society. She states: "Surely woman should bring the best she has, *whatever* that is, to the work of God's world, without attending to either of these cries."¹⁴

We can learn a valuable lesson from Nightingale's life by recognizing the effect of her refusal to be associated with the women's movement of her time—a heritage that nursing has unfortunately carried on to this day. Feminist nurse scholar Denise Connors observes that Nightingale felt powerless to change women's situation and failed to identify politically with the women's movement of her time. She escaped from women's sphere into the realm of the male ruling class, divided from other women who were working toward similar goals. She felt that this was the price she had to pay for gaining access to the world of male power and action.¹⁵ As Connors states:

Nightingale faced essentially the same dilemma that still haunts many women today. Women have been deluded into believing that they are forced to choose between the passive and stifling male-defined "feminine" role and the seemingly more powerful and interesting "masculine" role. What is obscured by these two poles of the patriarchal paradigm is that both "choices" arise from a male worldview and neither affirms the richness and diversity of women's lived experience. Either choice involves women's becoming alienated from their true Selves.¹⁶

Summary

Feminism provides a personal, philosophic and political means for analyzing the realities of women's lives as lived in patriarchal systems. It is not a single

line of thought; multiple approaches have been developed that provide diverse avenues for confronting systematic injustices while learning to value ourselves as women. Jo Ann Ashley, recognizing that new realities must emerge from within nursing rather than from other groups, states:

For many years we have heard that nursing is at the crossroads. Nursing never seems to get over being at a crossroads. Indeed, nursing has been at a crossroads many times, but instead of taking a new road, leaders in the profession always choose to continue bearing the burden of continuing to live out the subservient role under the patriarchal system, rather than taking a new road that can lead beyond patriarchy. Nursing is no longer at a crossroads. It is at a turning point. It needs to turn away from being the "token torturer" of itself and other women. It needs to turn toward the health awaiting women in a woman-defined, woman-created world that lies beyond patriarchal ideas and institutions.¹⁷

Movement in this direction requires becoming familiar with feminist literature and the insights that women scholars have provided. In nursing, a feminist perspective requires an uncompromising questioning of the forces that divide us from one another, the ethics of our actions, and our co-optation into the unhealthy environment of the current health care system. □

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