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Review Article

Are Nurses in Oppression? An Approach to Explore the Evidences

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Abstract

It is well known that nurses are the largest manpower in healthcare delivery system of any country. Though, they spend sleepless nights in caring and curing the sick one but continuously striving for professional honour and dignity what they actually deserve. Instead of getting recognition, respect and reward, this profession face exploitation, struggle for existence, discrimination, humiliation from their own persons and even from medical colleagues. There is a negative portrayal of this professional image as feminine, menial, subservient roles with low intellect, taken for granted and assistance of physician only. The term "Oppression" has been described for nurses who represent powerlessness, submissiveness and domination. Nurse leaders often talks about qualities of self-esteem, assertiveness, accountability, control over practice, self-advocacy and autonomy but in contrary nurses in below hierarchy reported higher levels of dominancy, lack of initiative and fear of retaliation. Negative consequences of oppression resultant decreased workforce performance, dissatisfaction, self-hatred behaviour, submissive aggressive syndrome, horizontal and lateral violence, workplace bullying and poor retention of nurses in the same workplace. Therefore, this article is aimed to pinpoint & bring insight on those major challenges faced by nurses due to oppression and propose remedial strategies to reshape and uplift this profession as a prestigious one.

Keywords: Oppressed group behaviour, Oppression in nursing, Horizontal violence, Lateral violence, Workplace bullying among nurses, Submissive aggressive syndrome.

INTRODUCTION

Ashley was often recognized as an early pioneer in identifying powerlessness in nursing since the year 1973 [1, 2] though Roberts (1983) was the first nurse scholar who described about nurses demonstrate oppressed group behaviours and utilized oppression theory to justify it [3]. In common words, "Oppression" considers unfair behaviour, ignoring others' rights, disrespecting their dignity and overlooking of person's statement and opinion [4]. Nurses admit existence of this oppressive behaviour from administrator, seniors and physician; then persist anger; become fury towards oppressive group. But instead of bringing that into light they portray equal range of negative behaviour among own group, one towards another who are in the equal status of the hierarchy, deny their own basic rights and moreover it continues. In between the late 1800s to early 1900s, the nursing profession was predominantly meant for women, they used to serve under male physicians with very little pay, their service was not appreciated comparing to other and even physicians were responsible for ruling the nursing education curriculum [5]. Today, after more than 100 years "Nursing" is labelled as a profession where men or women both choose to be nurse for living their livelihood. There is a curriculum from diploma to post-doctorate and nurses are performing various role of specialty care in oncology, nephrology, neurology, psychiatry, anaesthesia, critical care, operation theatre care; nurse educator; clinical instructor; nurse manager; researcher and academicians. But still medical model believed as empowered and shows bright values whereas nurses show dependent-submissive role. Sometimes, nurse leaders try hard to be fitted with the medical and administrative group and adapt the culture of making the fellow feel low for earning the status of power and control and that makes the subordinates more depressive. Gradually, nurses adopt this and abolish their own origin which gives birth to hatred feeling, diminishes self-esteem, start showing passive-aggressive behaviour and later turns into the reason for horizontal and lateral violence among the nursing group

[5]. Consequences of all those, affects quality patient care, productivity, reputation of organization, poor physical and mental health of nurses. Only nurses can do the needful to prevent it and protect their profession. Support to each other, fights for rights e.g. pay scale, duty hours, leaves, appreciation, promotion, the opportunity for in-service higher education, strong reporting system of any violence and bullying, tough punishment strategies for it, uniform cadre structure, safety measure, basic facilities like food, sanitation, changing room, transportation during night duty, availability of quality personal protective equipment and no discrimination with other members of health care team etc. are the interventions to break the cycle of oppression and make innovations to improve the workplace culture in nursing [6].

METHODS

Review authors searched PubMed, Medline, Embase, Ovid, Scopus database (last search February 24, 2021) along with some hand search for finding literature eligible for this review. Keywords, Free-text terms and Mesh terms such as "Oppressed group behaviour" AND "Nursing", "Oppression in nursing", " Horizontal violence" AND " Nurses", " Lateral violence" AND "Nursing", "Workplace bullying" AND "Nurses" , "Submissive aggressive syndrome" AND "Nursing" etc. has been used. Reviewers searched independently, screened potentially eligible studies by reading the title, abstract and related references to select literature which requires further in a detailed examination. We also reviewed cross-references cited in retrieved articles to identify additional relevant studies. Review authors quoted the area to: (1) determine the prevalence of oppressed group behaviour in nursing; (2) describe the characteristics of the most distressing incidents nurses experience; (3) measure the physical and psychological impact of these events; (4) define the consequences of experiencing such events in organization; and (5) conclude the adequacy of strategies received to manage violence followed by oppression. Overall aim of this review is to make a brief explanation regarding origin, manifestation and effects of oppression among nurses along with summary of evidence, components of models and dimensions along with managerial strategies. Selected articles are also screened in the reference list to find other relevant content.

Need to Trace

Very recently the suicide news of Bollywood star Sushant Singh Rajput once claims that it happens because of workplace bullying before it's proved. The workplace bullying or horizontal violence is ensued in every profession but never come into news until something extreme happens. Though, there are very few Indian study supports the effect of oppressed group behaviour among nurses but didn't disclose it in primary levels. Still few prominent cases published in newspaper like nurses of M Y Hospital in Indore was on strike in the month of Sept, 2014 on the support of the nurse who was verbally abused by a Doctor on round, who was shouted and told that he would slap her before entire public [7]. In the same year month of July, supervisor was the person who did misbehaviour with an on-duty nurse at Khyala de addiction centre, Punjab [8]. In the year 2020, month of May two news published; one was the news of Sasson General Hospital in Pune where Maharashtra State Nurses Association ask for proper investigation of the death of Assistant Matron Mrs Pawar due to mental harassment by Chief Metron Rajshree Korke regarding long duty hours, no time for lunch, constant posting at COVID 19 ward and lack of adequate PPE [9] and the other one was a Viral Video of Bora Hospital Maharashtra which portrayed verbal abuse for PPE kits towards nurse by Doctor [10]. In the month of June 2020, one of the nurses of Health and Wellness Centre at Balimela in Malkangiri district, Odisha claimed that one of on-duty doctor came ward in intoxicated state, verbally abuse her even pull her hair and does physical abuse [11]. Simultaneously in July 2020, nurses of civil hospital Panchkula protested and beat the psychiatrist who alleged for molesting a nurse on night duty [12]. One of the nurse ventilate in her personal blog about misbehaviour of nurse manager who pointed out her character which is beyond professionalism [13].

Not only that each time nurses need to fight for their basic rights like Post graduate institute of medical education and research, Chandigarh nurses bound to go for strike as they are deprived from risk allowances and non-practice allowances by seventh pay commission [14]. Deprivation is in every aspects like no proper allocation of quarter within the campus, during night shift lack of arrangements for transportation, no proper nurse to patient ratio, multitasking with low remuneration in respect of other discipline, long duty hours without definite break time, no washroom, sitting and resting area, no allowances for postgraduate students, lack of proper promotional guidelines of all cadre of nurses even after in-service education, holding same post of different cadre, lack of proper performance appraisal in all parts of our country. Still need to wait one or two years to be eligible for Post-Graduation in different state. Irrespective of all above mentioned problem of this discipline, one burning issue is lack of respect from society though it's a noble profession.

Core concept of oppression

In the year 1970, Paulo Freire discovered the internalization of Europeans (Dominant group) norms and values in Brazilian (Oppressed group) culture as they were dominated by Europeans for a long time. After close monitoring of Brazilian's oppressed culture, he was motivates to generate "oppression theory" [5]. Oppression theory describe that, over a time submissive group replicate the salient characteristics of dominant

group, so called bright ones and dismiss their own, which portrayed negatively and subsequently arises low self-esteem. Dominant groups are seen as empowered and majorly hold the capacity of ruling. Sometimes, few leaders within the oppressed group try hard to assimilate oppressor culture for earning the status of dominant group, mostly the power and control they possess but land up in marginal group in between, as oppressor group refuse them because they are unable to completely acquire the feature and they are not fit in their own group in current scenario. The oppressor like behave of the leaders produce hatred feeling among the own group and develop submissive – aggressive syndrome. When they are not able to control own selves, these all repressed emotions and impulses ventilated as negative consequences like horizontal violence, lateral violence, bullying etc. This theory enumerates five prevalent aspects which come one after another i.e. assimilation, marginalization, self-hatred and low self-esteem, submissive–aggressive syndrome and horizontal violence [15]. The horizontal violence is the most dangerous sequel of oppression theory [16]. Freire pointed out that this kind of behaviour is the fruit of uneven social strata. So, the oppressed group can get rid of it through proper education and much needed awareness. Though, symptoms of oppression are detected in nursing profession but very less work has been done on Freire's model [5].

How oppression model affects nursing profession

People's attitudes and behaviours are chiefly shaped by their position in an organization and the situation in which they discover themselves. Even though the individual's personality and social experiences has some impact on their behaviour but the formal and informal power structures has greater influence on the individual's satisfaction, work effectiveness and health. Effective empowering include (a) access to information, (b) support, (c) access to resources necessary to do the job and (d) opportunity for growth and advancement. Employees who have positive experiences with these structures are empowered and able to accomplish organizational goals [17, 18]. If so, nurses would be more likely to feel accountable for patient outcomes and become more efficient. But scenario is quite different in developing countries for this profession. Sometimes, written or verbal order and information don't reach up to all. Receiving of minimal appreciation for patient's recovery and claim for near miss or minor error is very common. Administration demands more productive and economic work from them with lower budget and limited resources. Instead of getting support, nurses are fighting for risk allowance, night allowance, childcare leave, conveyance allowance etc.

Opportunities of growth e.g. In-service training, promotion, performance appraisal are minimal in this profession. No proper established reporting system in case of abuse and bulling behaviour. Lack of policy and standardized management force them towards avoid reporting and choosing to be tolerated. Manifestation and Consequences of oppressed group behaviour in nursing has been described in detail in Table-1.

There is presence of two postulations in this profession i.e. oppressed self and oppressed group (discovered by DeMarco et al., [5]. Internalized dominant values are responsible to create horizontal violence among workers. Oppressive culture threats safety needs and emotional demands which finally lead to reduce productivity, poor patient care & safety (Figure-1).

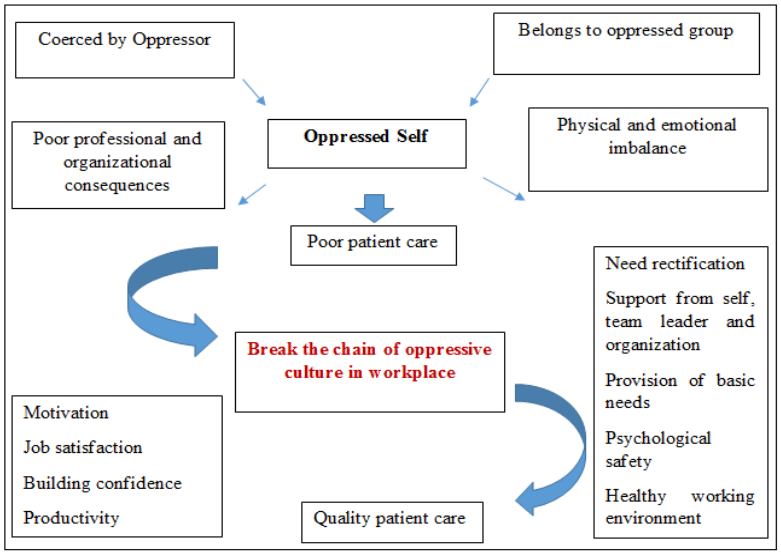

Fig-1: Impact of oppressed behaviour in health care

Only nurses can break the chain through effective communication, positive defences' mechanism, team spirit, fight for self and colleagues and positive contribution in quality of patient care. To deal it nicely, every employee should promote self-value, focus on input in health system, find satisfaction

in patient's recovery, make strong feedback system in organization, communicate politely, treat people as they are, deal conflict or grievances in a firmly manner and take standard action against any disrespectful behaviour or harassment. There is a positive relationship between structural empowerment and the autonomy, control over practice, advocacy for sick one and collaborative nurse–physician relationships [17, 18]. Different strategies have been extracted from the already existing evidence to diminish the forecasted incidence of oppressed group behaviour which can be applied from individual to organizational level. Managerial strategies have been described in detail at (Table-2).

Table-1: Understanding of behavioural manifestation of oppressive behaviour with its consequence [19, 20]

Personal	Behaviour	Possible manifestation	Consequences
Oppressor one Rigid Powerful figure Highly influential More authoritative High self-esteem Assertive Autonomy Accountability Control Try to show mastery	Non- verbal cues	Eye rolling Making faces in response to question	**Physical impact** Headache Fatigue or dizziness Gain or loss weight Loss of appetite Pain (abdominal, back) High BP Tremor Sweating Palpitation Respiratory problems Gastrointestinal issues Sleeping disorder Worsening of chronic disease
Oppressed one Younger Inexperienced Less assertive Lower confidence Vulnerable personality Low self-esteem Less power & autonomy Profoundly self-hatred feeling	Verbal remarks	Rude tone & gesture Use of abusive language Demeaning Commenting Shouting Patronizing tone of voice Humiliation Criticism Blaming for negative outcomes Backstabbing Backbiting Threat of repercussions for speaking out Rumours/ Lies spread Formal complaint processes	**Emotional impact** Anxiety Distress Frustration Low self-esteem Lack of self-confidence Self-hatred Neglect Conflict Mistrust Burn-out Depression
	Actions without physical harm	Refuse assistance Do not extend helping hand Allocate more workload Withhold information Exclude from communication Less importance on the idea of newcomers Breach the privacy	**Professional impact** Learning blocked Under valued Lack of supervision Lack of support Increase absenteeism Lower job satisfaction Lower productivity and skill Higher intention to quit Broken confidence
	Physical harm	Banging a fist Throwing an object Damage property in victim's presence Attempt to physical assault Sexual harassment (either verbally or by making physical contact which may or may not require medical attention)	**Organizational impact** Poor working environment Shortage of manpower Increased staff turnover rate Increased organisation's spending in recruiting and training new nurse

Table-2: Management strategies of oppression in nursing profession

Individual Level
Own effort of nurses which supports introspection and long-time solution (ANA president Beverly Malone, 1996) [5]

Self-insight, valued self- worth, early recognition [21], disclosing own stories [22] and self-confrontation [23-25] Alternation of own and group thought process[26],nurse to nurse information exchange [27], supporting each other, continuous examination to find out in which state they belong [6] Victims of oppression should never utilize negative coping mechanisms like isolation or self-withdrawal [28]. Bureau of Labor Statistics (2004) sought out empowerment as a solution [29].
Team Level Supporting mentorship, encouragement, well coached working environment and proper recognition can be effective (Tinsley & France; 2004) [30]. Nurturing job satisfaction, sociability, awareness, training and commitment can give positive result (Kuokkanen & Katajisto; 2003) [31]. Nurse Manager should identify early the symptoms of burn out and oppression to break the repetition of the cycle in workplace culture [6]. Ensure professional attitude in different levels and culture innovative strategies [7] to catch the attention of new beginners. Providing clear job description, orientation, skill training & education [32]. Always fight as a team [7].
Organizational Level Organization should spread positive vibes in different units and administrator should be strict on inter professional collaboration [33] and sound reporting [34] Pay scale, recognition, performance appraisal, in-service training and thereafter promotion, risk allowances, night allowance, child care leave, facilities of quarters, transport, night off etc. should be provided to nurse as their rights. Change in nomenclature: Staff nurse to nursing officer. As they are designated should be called by particular one. Establishment of zero tolerance policy [35], behavioural standard, disciplinary rules & regulations and proper delegation of responsibility for sound maintenance. For better surveillance the "Bentham's notion of the panopticon" concept can be utilize in hospital administration. It was a well-designed prison where every prisoner is monitored by a single guard through the use of lighting; the prisoners can see the light not the guard [31]. So, people pretend someone is monitoring them. Villadsen (2007) [36] revealed the concept of "principles of a psychological contract", where every nursing staff will be accounted for controlling own kind of behaviour. Other innovative strategy like forming special committees, journal club, awareness program through role play technique and cognitive rehearsal [37]. Victims can file a case against any kind of assaults by a colleagues, patient or relatives. Victim should summit a detailed written report to supervisor. Government should ensure adequate security and health care and people should utilize the security available. Fight against non-reporting culture too. In minor cases it may be verbal or written notice but major crime leads from suspension to termination. Top management of grievance and sexual harassment committee is responsible to deal such cases sensitively and surveillance is much needed.

CONCLUSION

Nurses are the heart of hospital; it is impossible to run health care system without nurses. Therefore, recognition to this profession should be obligatory. Shared assumptions, values, believe are collectively known as organizations culture. Inter professional collaboration among nurses have an impact on work environment as well as, the care delivered and received. Interdisciplinary views, discussions, suggestions, reporting the episodes of incivility in the workplace and educational strategies can be the way of solution for this burning issue.

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