

Perceived Women Rights, Obligations and Family Support Towards Nursing Service and Professional Development among Married Nurses

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DOI: [10.21276/sjnhc.2019.2.7.2](https://doi.org/10.21276/sjnhc.2019.2.7.2)

| Received: 08.07.2019 | Accepted: 16.07.2019 | Published: 18.07.2019

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Abstract

Nurses' awareness of professional rights and values and how those values affect their behavior is an integral part of nursing care. This study aimed to assess the perception of married nurses regarding women's rights and obligations and also to assess the family support towards nursing services and professional development in selected tertiary hospital of West Bengal. This descriptive survey was conducted with 103 married nurses employed in North Bengal Medical College and Hospital who were selected by non probability, total enumerative sampling technique. Data were collected using investigator prepared rating scale and the responses were self reported by the participants. The data were analyzed by descriptive statistics, associations between socio demographic variables and mean scores were analyzed by inferential statistics like chi square test. The results revealed that 46% of the nurses had average perception about their professional rights but 73% of them had good perception about their personal rights, 62% of the nurses had good perception about their professional obligations related to patient care and only 16% of the nurses had good family support towards nursing services and professional development. It was also evident that age, duration of service and type of family (χ^2 values = 4.133, 7.433, 7.336 respectively) at 0.05 level of significance were associated with perception of women's rights and obligations. Family support was associated with professional qualification of nurses, monthly family income, type of family and working hours (χ^2 values = 4.307, 6.26, 7.01, 6.448 respectively) at 0.05 level of significance. Further studies using standardized tools and other reliable and culture specific instruments are recommended.

Key words: Nursing, Women's rights, Professional rights, Professional obligations, Family support.

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INTRODUCTION

A clear distinction is typically made between human beings depending on their sex. The masculine sex has a history of being considered superior. Although this has tended to evolve towards a more neutral vision of both sexes in some societies, women are still broadly underestimated compared to men [1]. About 70% of the work worldwide is done by women, but when considering compensation, they receive only 10% of the global earnings. Women work more than men but earn less or nothing, since domestic duties is not recognized as work. In this regard, women still undertake the majority of domestic tasks, regardless of the country [2]. Women's rights are the rights and entitlements claimed for women and girls of many societies worldwide, and formed the basis to the Women's Rights Movement [3] in the nineteenth century and Feminist Movement during the 20th century. In some countries, these rights are

institutionalized or supported by law, local custom, and behavior, whereas in others they may be ignored or suppressed.

Many women are not even aware that they are being discriminated or abused and about their rights. About once every five minutes an incident of domestic violence is reported in India, under its legal definition of "cruelty by husband or his relatives". Campaigners say that could be because the Indian government brought in a new law in 2005 to protect women against violence at home and more women are coming out to seek help. Knowledge of law that establishes a profession is essential for the professional. Nurses practice within an environment in which accountability is demanded by the professional body as well as the communities they serve. This implies that the very nature of nursing practice requires nurses to be vigilant about understanding of the law. However, there is

paucity of empirical evidence of nurses' knowledge of legal aspects of nursing.

Values represent basic convictions of what is right, good or desirable and they motivate both social and professional behavior. Personal values guide people's behavior and life choices whereas professional values are standards of behaviors that are accepted by practitioners and professional group to which they belong. Professional values provide the philosophical framework for nursing practice. The nursing profession is founded on professional values. Professional values acts as a framework for decision making and ethical practice and contribute to an individual's professional commitment. The best way to practice nursing effectively is being highly knowledgeable about the science and art of nursing coupled with sound knowledge of the laws that establish; control and promote nursing practice. It is therefore recommended that the stake holders in nursing be more involved in ensuring adequate knowledge of legal aspects of nursing practice to achieve the Nursing goal of quality care. Researchers [5] conducted a study on "Nurses' knowledge of legal aspects of nursing practice in Ibadan, Nigeria". The study was conducted among 20 males (12.4%) and 141 females (87.6%) with varying years of experience. They reported that (58.4%) had knowledge of general law of the land but the majority had knowledge deficits of laws governing nursing practice (77.6%). About 57% of nurses indicated that their hospitals have institutional policies that govern how nurse's practice but only 50% knew the content and intent of the policies.

American Nurses' Association has given Nurses Bill of Rights [6] to maximize the contributions nurses make to society, and to protect the dignity and autonomy of nurses in the workplace. The world health organization report (WHO 2000:76) states that human resources are the most important of the health system's resource inputs. The performance of health care systems ultimately depends on the knowledge, skills and motivation of the people responsible for rendering the services. Education and training are key investment tools as old skills become obsolete with the advent of new technologies. The WHO report places emphasis on the need for strategic planning with regards to continuing education for health care providers. For better patient care, professional development of nurses is important and for the professional development good perception about rights and obligations as well as the support of close ones especially family is essential.

The present study was conducted to examine the nurses' perception about rights, obligations and family support towards the nursing services and professional development. The following questions guided this study:

- What are nurse's professional and personal rights?

- What is the perception of nurses regarding their professional and personal rights?
- What is the perception of nurses regarding their personal and professional obligations?
- What are the various areas of obligations faced by nurses professionally and personally?
- Does nurses' family support them in rendering nursing services and their professional development?
- Do nurses' socio demographic characteristics influence the perception of their professional rights, obligations?

METHODOLOGY

This descriptive study was conducted with survey approach at North Bengal Medical College and Hospital, West Bengal, India. The study population comprised of 103 married nurses with offspring working in the above mentioned setting, which is one of the tertiary hospitals of the country. The selection of samples was done by non probability, total enumerative sampling technique. Those married nurses were included who were available during the study period, were willing to participate and were able to understand English. The staff nurses were only included whereas the nursing administrators and nursing tutors were excluded.

Instruments

- A Performa was used to collect demographic variables such as age, professional qualification, duration of service, setting of service, duration of marriage, type of family, number of family members, number of children, spousal education, spousal occupation, and monthly income of the family, number of working hours of respondent and number of working hours of the spouse.
- Perception regarding women's professional rights related to patient care was assessed by self prepared scale with 18 items with responses to be indicated on a three point scale. It evaluates the nurses' perception under the following dimensions safe working environment, proper Job orientation, patient care decisions, ethics, fair compensations. The range of the scores was from 18-54. Scoring pattern of the tool was interpreted as below
 - Good perception = 49-54
 - Average perception = 44-48
 - Poor perception = <44
- Perception regarding women's personal rights was assessed by self three point rating scale with 15 items. It evaluates the nurses' perception under the following dimensions like sharing household maintenance, educational rights, financial rights, privacy rights. The range of the scores was from 15-45. Scoring pattern of the tool was interpreted as below
 - Good perception =42-45

Average perception = 38-41
 Poor perception = <38

- Perception regarding obligations related to patient care was assessed by self prepared three point rating scale with 19 statements. The statements were related to hand over, records and reports, patient care, infection control, maintenance of patient's unit, nurse's personal work. The range of the scores was from 19-57. Scoring pattern of the tool was interpreted as below

Good perception = 51-57
 Average perception = 44-50
 Poor perception = <44

- Perception regarding obligations related to ward administration was assessed by self prepared three point rating scale with 17 items. It evaluates the nurses' perception under the following dimensions ward cleanliness, inventory maintenance, patient care, recording and reporting, assisting ward sister. The range of the scores was from 17-51. Scoring pattern of the tool was interpreted as below

Good perception = 46-51
 Average perception = 40-45
 Poor perception = <40

- Perception regarding women's personal obligations was assessed by self prepared rating scale with 17 items. It evaluates the nurses' perception under the following dimensions time for family, household work, care of sick and child, financial obligation, rest and sleep. The range of the scores was from 17-51. Scoring pattern of the tool was interpreted as below

Good perception = 39-51
 Average perception = 26-38
 Poor perception = <26

- Perception regarding family support in nursing service and professional development was assessed by self prepared rating scale with 15 items. It evaluates the nurses' perception under the following dimensions support related to career development, support related to job, support related to home maintenance 15-45. Scoring pattern of the tool was interpreted as below

Good family support = 36-45
 Average family support = 26-35
 Poor family support = <26

Development of Tools

At the outset by reviewing of text books and research and non research literature preliminary draft of the instruments were prepared. The instruments were submitted to 7 experts for evaluation of the relevance, appropriateness and accuracy of the instruments.

These experts were proficient in psychological construction and testing. The experts independently rated the instructions to the test takers, items of the instruments and response options on three point rating scales. Suggestions of the experts regarding the improvement of the tool were also noted. Then based on the suggestions, some alterations were made in the drafts of the tool. For computing the internal consistency of the tool, Cronhbach's alpha was chosen. Next the final tool was administered to 20 nurses by non probability sampling technique from 1st June 2017-10th June 2017 working in SSKM, Medical College and Hospital, Kolkata. The values calculated for the tools were found to reliable ranging from 0.7 – 0.87 (0.7, 0.8688, 0.729, 0.78, 0.81 & 0.741 respectively).

Procedure

Ethical approval was obtained from the Institutional Ethics Committee. Data collection occurred from 1.09.17 – 4.11.17. Prior to the data collection, written permission of Nursing Administrators were taken and were also consulted to obtain the list of nurses. Potential participants were identified from the list and the researchers directly contacted them. They were provided verbal and written explanations of the study purpose and seven self made rating scale were administered to 103 nurses who responded by self reporting.

Data Analysis

Data was analyzed using SPSS version 11.5 and a statistician was consulted. Socio demographic variables were assessed using descriptive statistics. Scores obtained were analyzed using mean, median and standard deviation. Since data was normally distributed, association between socio demographic variables and mean scores were analyzed using chi square test. For all test, statistical significance was set at $p < 0.05$. Participant's ratings related to nurses perception regarding women rights, obligations and family support towards nursing services and professional development were analyzed normally. Following analysis, the ratings were represented using percentage.

RESULTS

Participants' demographic characteristics

Participants mean age was 32 (SD +/- 5.16) ranging from 21 to 50 + years, 88% of nurses had diploma in nursing and midwifery and 12% held a bachelor degree. Participants had an average of 10 years of professional experience. The majority of participants (50%) were married for about 6-10 years and 60% of them belonged to joint family having average of 6 to 10 members. The majority of participants were posted in internal medicine (58%), surgical wards (20%) and other units' e.g. intensive care units, emergency departments (2%). 42% of participants spouses were professionals that 54% of them had monthly family

income more than Rs.41430. Being an employee of the same institution each of the participant work about 8 hrs per day whereas 47% of the participants spouses had 8

working hours per day and 22% of their spouse had 6 working hours.

Table-1: Nurses demographic characteristics (n=103)

Demographic Variables	Frequency	Percentage
Age Group (in years)		
21-30	20	19
31-40	75	73
41-50	8	8
Professional Qualification		
General Nursing and Midwifery (GNM)	91	88
Bachelors	12	12
Duration of service (in years)		
<1-5	18	17
6-10	51	50
11-15	28	27
16-20	4	4
>21	2	2
Clinical settings		
Internal medicine	60	58
Surgical ward	41	40
other	2	2
Duration of Marriage (in years)		
1-5	3	3
6-10	19	18
11-15	45	43
16-20	36	35
Type of family		
Nuclear	41	40
Joint	62	60
Number of family members		
1-5	67	65
6-10	33	32
11-15	3	3
Number of children		
1	83	80
2	19	19
3	1	1
Spousal Education		
Secondary	6	6
Senior secondary	10	10
Graduate/ post graduate	64	62
Professional	23	23
Spousal occupation		
Unemployed	1	1
Semi skilled worker	4	4
Skilled worker	12	12
Clerical / shop owner	22	22
Semi professional	20	19
professional	44	42
Family Monthly Income (Rs.)		
>41430	56	54
20715-41429	43	42
15536-20714	4	4
Working Hours of Spouse		
6	23	22
7	11	11
8	49	47
9	3	3
10	7	7
11	1	1
12	12	12

Perception of Nurses’ regarding women’s rights and obligations

Of the 103 nurses only 46% had good perception regarding their professional rights and 44% of had average perception. It was evident that they had good perception in the areas like having safe working environment, following professional ethics followed by their right to autonomy in making decisions related to patient care and perceived least in their right to fair compensation. When compared with perception about personal rights 73% of nurses had good perception whereas only 10% had poor perception towards it. The areas they were obligated were household maintenance (92%), their right to higher education (91%) and decision making regarding financial issues (90%). Results also highlighted that 62% of participants had good perception and only 9% of the samples had poor perception regarding professional obligations related to patient care. The important areas where majority participants felt obligated were direct patient care (94%), inventory maintenance (94%) and ward cleanliness (92%), maintain records and reports (87%) but lastly obligated towards assisting ward supervisor (64%). When compared with personal obligations only 17% of nurses had good perception about their personal obligations and majority 69% had average perception. Results highlighted that majority felt obligated in

spending time with their family and caring for their sick child along with the financial obligation.

Perception of Nurses’ regarding the family support towards nursing service and professional development

Among the samples only 29% perceived good family support, 43% average support and 31% of them reported poor family support for of their career development. 45% nurses that they had good family support but 33% of them perceived poor support for the job related services. Survey emphasized that 15% of the participating nurses had good support whereas rest 54% had average support and 34% had poor family support for their household task and maintenance.

Association of socio demographic characteristics with the perception of nurses

It was surveyed and found that perception of women’s rights were associated with their age, educational qualification and duration of service but not associated with clinical specialty. Similarly, nurse’s perception of personal and professional obligations were associated with their age, duration of service, educational qualification of their spouses, working hours of their spouses, type of family they belong and their monthly income but not associated with their educational qualification, duration of marriage, number of family members etc.

Table-2: Association of socio demographic characteristics with the perception of nurses (n=103)

Demographic Variables	Perception of nurses	Pearson Chi square Value	Degree of freedom	Impression
Age	Perceived professional rights	0.082	1	Not Significant
Professional qualification	Perceived professional rights	2.423	1	Not Significant
Duration of service	Perceived professional rights	7.433	1	Significant
Age	perceived professional obligation related to patient care	4.133	1	Significant
Spousal occupation	professional obligation related to patient care	12.418	5	Significant
Duration of service	professional obligation related to ward administration	4.099	1	Significant
Spousal occupation	professional obligation related to ward administration	16.026	5	Significant
No. of working hours of spouse	professional obligation related to ward administration	5.005	1	Significant
Type of family	perceived personal obligation	7.336	1	Significant
Professional qualification	Family support towards nursing service and professional development	4.307	1	Significant
Monthly family income	Family support towards nursing service and professional development	6.264	1	Significant
No. of working hours of spouse	Family support towards nursing service and professional development	6.448	1	Significant
Type of family	Family support towards nursing service and professional development	7.01	1	Significant
Family support	professional obligation	1.66	1	Not significant

DISCUSSION

Overall, study results revealed that although 46% of nurses reported to have good perception regarding their professional rights, they had a strong professional orientation as indicated by high scores in ethics and safe environment (94%, 92%) followed by their autonomy in decision making (89%). This is consistent with the results of other studies Gallegos & Soetedahl [7]; Poorchangizi *et al.* [8] maintaining confidentiality and privacy of the patient and protecting their rights were highly rated which indicated the importance of ethical values for professional practice. This study highlighted that most of the nurses (88%) had diploma in nursing and midwifery, which might affect their perception of professional values and autonomy in making patient decision. Indeed literature suggests that education is one of the major determinants for professional autonomy in practice [9, 10]. Nursing is still considered a feminine profession and the hierarchical structure of health care institutions and policies often restrict the autonomy of nurses while privileging the authority of physicians in India. The nursing laws require dependence upon the physician order in nursing implementations, which limit the autonomous decision making. Investigations by Tomascheski – Barlem *et al.* reported that personal values and professional skills are the major sources of support for the practice of advocacy which is crucial for nurses to protect their patients from harmful situations.

This study also emphasized that 62% of nurses had good perception of obligations related to patient care having highest score in infection control, communication i.e. handing over records and reports, followed by being punctual and caring for patients. This is consistent with existing literature by Erkus, G & Dinc, L [11] who assessed the perceptions of nurses' professional values and results highlighted that the Nurses had high scores for perception of professional values (82%). This can be pointed out that ability of the nurses in applying their professional knowledge and skills to practice can be due to proper nursing education rendered, which bridged the gap between theory and practice.

It can be noted that nurses pursue knowledge through experiences that are part of the acquired knowledge thus having an association between duration of service with professional rights and professional obligation related to patient care and ward administration which was supported by the findings of Erkus, G & Dinc, L [11] but were in contrast with those of Cetinkaya *et al.* [12], who found the nurses professional value scores were associated with age, marital status, position, educational level. Such differences might be due to the existence of various age groups, clinical or working environments.

The present study also aimed at identifying the family support towards nursing services and

professional development. It was reported that 41% of nurses had poor family support but only 16% had good support in rendering nursing service and in their professional development. This is supported by the research findings of Yashiko, Y; *et al.* [13] who reported that level of job control, family variables, and work-family conflict affecting nurses to leave their organization or profession varied between the various care settings. This may be possibly due the gender differences in the Indian society in which the women are seen mainly as homemaker taking care of the family members rather than shouldering the husband in increasing the household income.

The study examined that there was no significant association between family supports and perceive professional obligations which is inconsistent with the study conducted by Das, S; *et al.* [14] who identified the relationship of family support with Job Satisfaction and Job Performance of Staff Nurses. The findings of the study represented that increase in family support will increase job satisfaction. In this study, the professional qualification of the nurses, monthly family income, type of family and number of working hours of the spouses were associated with family support.

Limitations

Based on several limitations, the results of this study should be interpreted with caution. The first pertains to descriptive design and sampling. The sampling was based on non probability, total enumerative sampling, results are only the representative of nurses employed in North Bengal Medical College and Hospital, West Bengal. Additionally, the descriptive design may not account for professional value changes over time. The second limitation is the use of investigator prepared tool in which the concepts have not been tested except for its content validity. Finally other confounding variables (like cultural, socio economic status and working conditions) that may influence perception were not assessed.

Nursing implications

Nurses across the world are working in complex health care systems and faces ethical challenges that require an understanding of women's rights both personal and professional and their obligations. The development and perception of nursing professional values are influenced by social and cultural, demographic factors. Women's right and obligations are associated with motivation, job competence, job satisfaction. The knowledge of rights and obligations reflects the understanding of the strategies of nursing interventions which should be considered by health care policy makers for making decision in quality of care and cost effectiveness of health services. Perception can be enhanced by enhancing the education which indicates that nurse leaders and educators should strive to make their voice

heard by helping policy makers to establish a nationwide standard of nursing education. The nurse educators have to play an important role by transmitting women's right and perception of professional obligations to students by incorporating professional ethics into nursing curriculum.

CONCLUSION

Nurses' rights are an inherent part of practice, related to long- and short-term changes in nursing and legislation and also strongly connected to work contracts. All nurses need to be aware of their rights and have the tools and strategies to recognize and apply them in nursing practice. Since nurses work in different settings and with a wide range of healthcare professionals, their rights need to be addressed from a multidimensional and interdisciplinary perspective.

ACKNOWLEDGEMENT

The present study had been scientifically approved and supported by faculty of Nursing, College of Nursing, Medical College and Hospital, Kolkata, India. Researcher would like to thank all the nurses who participated in the study.

REFERENCES

1. Koenig, A. M., Eagly, A. H., Mitchell, A. A., & Ristikari, T. (2011). Are leader stereotypes masculine? A meta-analysis of three research paradigms. *Psychological bulletin*, 137(4), 616.
2. Eagly & Cali. (2007). Women and the labyrinth of leadership. available at - <https://www.ncbi.nlm.nih.gov/pubmed/17886484>
3. The Universal Declaration of Human Rights available at legal.un.org/avl/pdf/ha/udhr/udhr
4. Feminist Movement available at www.academicroom.com/topics/what-is-feminist-movement
5. Oyetunde, M. O., & Ofi, B. A. (2013). Nurses' knowledge of legal aspects of nursing practice in Ibadan, Nigeria. *Journal of Nursing Education and Practice*, 3(9), 75.
6. American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements*. Nurses books. org.
7. Gallegos, C., & Sortedahl, C. (2015). An exploration of professional values held by Nurses at a large freestanding pediatric hospital. *Pediatric Nursing*, 41(4), 187-195.
8. Poorchangizi, B., Farokhzadian, J., Abbaszadeh, A., Mirzaee, M., & Borhani, F. (2017). The importance of professional values from clinical nurses' perspective in hospitals of a medical university in Iran. *BMC medical Ethics*, 18(1), 20.
9. Baykara, Z.G., & Sahinglu, S. (2014). An evaluation of Nurses' professional autonomy in Turkey. *Nursing Ethics*, 21(4), 447-460.
10. Fisher, M. (2014). A comparison of professional value development among pre-licensure Nursing students in associate degree, diploma, ad Bachelor of Science in nursing programs. *Nursing Education Perspectives*, 35(1), 37-42.
11. Erkus, G., & Dinc, L. (2018). Turkish nurses' perceptions of professional values. *Journal of Professional Nursing*, 34(3), 226-232.
12. Cetinkaya-Uslusoy, E., Paslı- Gürdoğan, E., & Aydınli, A. (2015). Professional values of Turkish nurses: a descriptive study. *Nursing Ethics*, 1, 9.
13. Yamaguchi, Y., Inoue, T., Harada, H., & Oike, M. (2016). Job control, work-family balance and nurses' intention to leave their profession and organization: A comparative cross-sectional survey. *International journal of nursing studies*, 64, 52-62.
14. Das, S., Kumari, S., & Pradhan, R. (2015). Relationship of family support with job satisfaction and job performance of staff nurses. *International Journal of Advanced Nursing Management*, 3(2), 01-03.