Nursing theories 5: Gender theory

The underpinning theory that guides nursing practice can sometimes be forgotten in busy clinical environments. This article, the fifth in a six-part series providing a snapshot of nursing theories and their implications for practice, discusses gender theory.

Gender theory and feminist theory

Feminist theory and gender theory stem from the observation that men are treated preferentially based on gender alone. In 1792, the writer Mary Wollstonecraft demanded that women have the same rights as men in terms of education, respect and social autonomy.

This ‘first wave’ of liberal feminism, advanced by British suffragettes a century later, demanded votes for women. They believed this would break down the structural inequalities between men and women. Liberal feminists continue to demand equal rights under the law, including equal pay, employment and welfare rights.

Simone de Beauvoir (1953), argued that: “One is not born, but rather becomes, a woman”, and that woman is socially constructed in a male-dominated society as ‘other’ to the man, and therefore seen as inferior. De Beauvoir argued that it is the meaning given to biological experiences, such as menstruation, pregnancy and menopause, which is important. Once women are labelled as subordinate, it becomes acceptable for them to be treated less favourably than men.

Since women construct their understanding of womanhood, femininity and gender through their interactions with others, they are just as likely as men to view themselves as entitled to lower status and fewer rights. This presaged the ‘second wave’ of radical feminism in the 1960s, which emphasised the role of male violence against women in creating and maintaining gender inequality. Radical feminism aims to dismantle personal and institutional patriarchy, including challenging male violence, which is often hidden, disregarded or blamed on women.

‘Third wave’ feminism focuses on individualism and celebration of difference – urging women to deny support for men who do not support women’s rights to control their lives and bodies. Butler (1990) contended that women are not a homogenous group, differing in terms of other major sociological categories such as race and class.

Furthermore, we should not define men and women by gender differences, but rather see gender as a more fluid entity that is not synonymous with either biological sex or sexual identity. If gender roles were not attributed to individuals, then the idea that people should behave according to a gender stereotype would cease to exist. This would free people to achieve their goals without imposed restrictions or a feeling of entitlement.

Implications for practice

- Stand up to gender bias among nurses, as it undermines both female and male nurses leading to burnout and ineffective care
- Promote access to healthcare for women and children – identify specific needs for disadvantaged groups
- Spend time alone with women and children to identify safeguarding issues
- Identify the roles that sex, gender and sexuality can play in susceptibility to disease, labelling and health management
- Adapt your care to the person’s perspective of their own gender and sexuality

References


Wollstonecraft M (1792) A Vindication of the Rights of Woman: SWB.

Useful resources

- Bit.ly/TEDFeminism
- Bit.ly/GenderMen
- Bit.ly/EndingGender

Keywords Nursing theory/Gender theory/Feminism