

Nursing as a Gendered Profession: Exploring the Lived Experience of Female Nurses



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A thesis submitted to the Department of Anthropology, Quaid-i-Azam University Islamabad, in partial fulfillment of the Degree of Master of Philosophy in Anthropology.

Department of Anthropology

Quaid-i-Azam University Islamabad, Pakistan

2021

Formal Declaration

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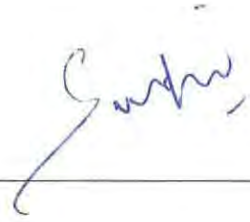
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Final Approval of Thesis

This is to certify that we have read the thesis submitted by Ms. Rubab Altaf. It is our judgment that this thesis is of sufficient standard to warrant its acceptance by the Quaid-i-Azam University, Islamabad for the award of the Degree of M. Phil in Anthropology.

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Dedication

This thesis is dedicated to my parents: my father, who gave me the confidence to pursue a field of my interest and my mother, whose love encouraged me and gave me unconditional support.

Abstract

This study explores the concept nursing as a gendered profession and lived experiences of nurses. It explains the challenges they have been faced while choosing and persuading nursing as a profession. Along with that how nurses deals with the issues and challenges that they have been experiencing at work place in detail. This study explores how the profession of nursing is being stigmatized by the society and shaped the perception of people according to that. An anthropological qualitative method was used for data collection. In qualitative methods such as purposive sampling, snowball sampling, in-depth interviews have been used to understand the true picture of Nurses along with their professional image. Socio cultural challenges that are being faced by nurses as they have family and societal pressure while choosing nursing as a profession due to lack of decision making authority. Finding shows that Society makes a contribution in shaping negative image of nursing as according to them it is a low status profession which has no future and nurses who belong to this profession are characterless because they have interaction with males. For that reason, nurses are being stigmatized which interdict them from joining the nursing profession. Further more patients have good perception regarding nursing after interaction as before that they perceived nursing as unacceptable profession but once they get an experience with them they recommended and give more respect to nurses.

Keywords: Gendered profession, lived experience, professional image, perception.

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List of Abbreviation

ADB	Asian Development Bank
ICN	International Council of Nurse
JPMC	Jinnah Postgraduate Medical College
CCN	Central Council of Nursing
LHV	Lady Health Visitors
PNC	Pakistan Nursing Council
PNEB	Punjab Nurses Examination Board
KPKNEB	Khyber Pakhtunkhwa Nurses Examination Board
SNEB	Sindh Nurses Examination Board
BNEB	Baluchistan Nurses Examination Board
MScN	Masters of Science in Nursing
OHCHR	Office of the High Commissioner for Human Rights
USA	United States of America
UK	United Kingdom
MSE	Multi-sited ethnography
FGD	Focus group discussion
OTA	Operation theatre assistant
PIMS	Pakistan Institute of Medical Sciences
WHO	World Health Organization
IH	Islamabad Hospital
HFH	Holy Family Hospital
IIMC	Islamic International Medical College

1. Introduction

“No nation can rise to the height of glory unless their women are side by side with them...It is crime against humanity that our women are shut within the four walls of the houses as prisoners. There is no sanction anywhere for the deplorable condition in which our women have to live.”...

Muhammad Ali Jinnah, Father of the Nation

1.1 Setting the research context

Pakistan is a male obsessed country, where men and women are considered two different species, both created to do different jobs/tasks and it is considered as a taboo if one is found out doing others job. Patriarchy is the domination of the females by the males. It literally means the rule of the father or the head of the family. The central role is being played by the man in patriarchal setup and a woman is considered as peripheral. The identity and the decision of a woman revolved around her male family members that are father, brother and husband (Singh, 2016). Unfortunately, the women of Pakistan were neither too courageous nor too lucky to break away from the chains of patriarchal system and therefore still find themselves living in a male chauvinist society.

According to Connell and Connell (2005) in patriarchal societies most of the advantages are being availed by men e.g. higher salary package, control over economy and considered as authoritarian and ruling figure, men have higher social status, control over important decisions with in and out of family unit. Patriarchy represents the structures of domination and exploitation which defines the women's position in society (Fredric, 1982). Home is elucidating as the women's authorized physical and ideological space, whereas man is entrusted to the family bread earner. Due to this situation women are become socially and financially dependent that becomes the foundation for male power over women in all social and cultural alliances (ADB, 2000)

Medical Health Professionals plays a heroic role in saving someone life. However this difficult task requires a team effort and it cannot be accomplished alone neither by doctors nor by nurses alone. Yet there is mark difference between both profession not only in term of respect, salaries, social acceptance, and career progression and so on and one can easily find these disparities if she or he take a careful look at our society. A nurse is practitioners who have a caring relationship with patients by giving them a holistic care. The role of nurses in allhealthcare settings varies like nurses were involved in providing care, emotional support, spiritual care, medication, treatment and comfort and nurses also act as a therapeutic (Kim et al., 2019).

Florence Nightingale who was considered as a founder of modern nursing. According to her Nursing is an independent profession that was not subordinate but it should be considered equivalent as compared to the other medical profession .Male dominance is the main factor that controls the development of role along with the portrayal and the social position of nurses. Previous studies that are being conducted on this subject delineate that nurses have always been aware of their subservience position in the medical profession that how they are being stereotyped and with reference to their professional status they are encountering high level of disaffection. (Hoeve, Jansen & Roodbol, 2014).

Women should have the true nurse calling, the good of the sick first the second only the consideration of what is their „placæ“ to do – and that women who want for a housemaid to do this or the charwomen to do that, when the patient is suffering, have not the making of a nurse in them.

Florence Nightingale

Nursing has been considered a woman’s occupation, and it is not considered as preferred profession because of the stereotypes that are being attached to it. (Choo & Jang, 2021).Before and after selecting a nursing as a profession women must think and faced a lot of challenges from society as they didn’t get that respect and prestige that they deserved. Nurses work, as health care keepers are under the supervision of medical health professional i.e. Doctors who give them orders what to do and nurses are obliged to perform their duties and treat patients according to the doctors”

decisions. An unsympathetic portrayal of nursing in Pakistani society affect the proficiency and encouragement for the women who deliberately want to choose this nursing profession as their passion but unfortunately could not able to proceed in this profession (Hoeve, Jansen & Roodbol, 2014).Nurses faced a sense of inferiority; suffer of lack of self esteem and depression because they are not treated as proper professionals who provide 24 hrs care and treatment to the patients. Women nurses performs a dual function and have responsibility of both professional and domestic and in these two function she is not appreciated by her family and not by her profession as family is not willing to do such kinds of jobs.(Zufiaurre & Villarreal, 2018).To meet the objectives of the study, qualitative methodology will be used. The interviews will be conducted and interpreted by using thematic analysis and case studies. Locale of this research will be hospitals in Islamabad and Rawalpindi cantt and nurses, patients and local community will be taken as respondents .This study aims to highlight the Nurse's point of view about the social and cultural challenges that they may face while creating their professional image along with the challenges they have to faced at work place while persuading it as a profession. Nursing in Pakistan is predominantly considered as a female profession but due to the low status of women in Pakistani society many stereotyped are being attached with this profession and not be considered as a respectable profession. This study signifies that why in Pakistan people always have perceptions that woman only wants to be a nurse just because of some financial issues not by their own choice and why this profession is not considered as a respectable profession for women.

1.2 Statement of Problem

Numerous studies have been conducted on nursing as a profession for women. The socio-cultural challenges of nurses related to patriarchy and gender have also been explored. However, the subject class and status about doctors vs. nurses remained unexplored till now. This study aims to explore challenges faced by nurses due to class and status differences and resulting stereotypes and also the challenges they face in their professional careers. It unfolds the perception and experiences of nurses and analyzed why it is permitted for women to provide care in the domestic sphere but not as a professional, what forced are at play to stereotype nursing in Pakistan.

1.3 Research Question

Keeping the aim of my research in foresight, I have operationalized my research problem into two fundamental questions:-

- What professional challenges nurses have to face while being a part of nursing profession?
- What are the nurse's firsthand experience in encountering family and social problems?

1.4 Research Objectives

The objectives of the research are as follows

- To explore the challenges faced by nurses in Pakistan while persuading nursing career as their profession.
- To observe the family pressure and lack of involvement in decision making regarding their profession.
- To find out the perception of patients and local community regarding Nurses and Nursing profession.

1.5 Significance of the study

This study aims to scrutinized the Nurses point of view about the social and cultural challenges that they face while choosing the course of their profession, from decision of choosing nursing as their profession to the stereotypes that are attached to this profession, from patriarchal system to an undesired profession, from issues with doctors to dealing with patients and last but not the least their public image. Why in Pakistan people have an perception that women only wants to be a nurse just because of some financial issues not by their own choice and why this profession is not considered as a respectable profession for women. This study is significant, because it helps in to explore the nurses perceptive about their clinical experiences with hospital staff and the current status of nursing profession.

Furthermore, this study will also try to redefine gender roles in caring practices from motherhood to prestige's and respectable profession, it would not only improve the healthcare, encourage more people to join it as a profession but will also remove the disparities of its public image. This issue is very much relevant to our society, in fact the stereotypes that have been attached to this oblique profession has kept it behind in

comparison to other fields. It is therefore need to the hour that we start removing these stereotypes and make it respectable enough, so that people choose this profession as their first choice.

1.6 Definition of Key Terms

1.6.1 Nursing

According to ICN (International Council of Nurse)(2017)“Nursing is a profession which comprises in the prevention of illness, providing care to the physically and mentally ill patients, involve in the promotion of health, and give treatment to the people who have been in all health care and other community settings under observation. Within this broad spectrum of health care, the main concern of the nursing staff is to provide care to the patients, give solace to the family and attendants who are worried for their patient health”.

1.6.2 Nurse

The nurse is person who has done specialization in basic and generalized nursing education and gets authority or a permission letter to practice in the profession of nursing in his/her country. Education of nursing is a registered programmed of study which provide broad spectrum to the nursing science for general practice of nursing (ICN , 2017).

1.6.3 Stereotypes

Stereotypes are shared beliefs and norms about the characteristics and the behavior of individuals regarding to the group or the society and define their single characteristics on the basis of race, gender or age. A stereotype can be a cognitive process or a thought or perception which our mind made to the information or experience which they receive from their surroundings (Bauer, 2013).

1.6.4 Gender Stereotypes

Gender stereotypes consist of beliefs about the actions and characteristics of an individual. Gender stereotypes provide descriptive and behavioral information and also provide the comparison for men and women. A gender stereotype can be defined as a regiment and often derogatory idea or image about an individual on the basis of their gender (Bauer, 2013).

1.6.5 Gender roles

Gender roles is a norm that are social and behavioral which belongs to specific society or culture and socially appropriate for individuals which somehow have different characteristics as compare to other culture as they have different historic periods. Gender roles provide guidance to normative behaviors for every individual either men or women who belong to certain social context (Mencarini, 2014).

1.6.6 Lived Experience

Lived experiences are the experiences of people which is related to their social issues or combination of issues which has had directly relation to their personal impact (Sandhu, 2017). These are also narratives of women about their journey as nurse, challenges and problems they have been facing while choosing this profession and how they are stereotyped by the society. Women choose nursing as a profession and their challenges are the center of focus of the study and they are represented and recorded through this research study.

1.6.7 Gender and Profession

Gender is a term which is used to describe an idea about differences that are being caused by society which means that the main distinction between men and women are products of social meaning (Eckert& Ginet, 2013).

According to Herr, Cramer and Niles (2004) “Profession is the combination of collective activities which is based on the prior knowledge along with individual’s interest and skills which is only gathered through education and carry out to earn their life and the rules and standards of profession are set by the society”.

1.7 Thesis Outline

The first chapter introduces the topic of the research. It mentions the problem statement, the objectives of the study as well as understanding of the important key terms that are utilized throughout the research and thesis. The first chapter also highlights the significance and future scope of the study for the policy maker, academics, and government level studies. The second chapter documents all relevant literature about the topic and make references to related research work, studies and project reports about nurses ,their work life challenges along with family and societal

pressure they faced while persuading their nursing profession. This chapter sets the pace and direction of research. Third chapter deals with the selection and utilization of different research methods and sampling techniques to extract purposeful data. Fourth chapter deals with the details about research setting/ locale. Fifth, sixth and seven chapter deal with the finding of the research. Fifth chapter discuss the work place challenges nurses faced while persuading Nursing as a profession. It also explains the problems that nurses faced because of hospital mismanagement. Whereas sixth chapter explore the social and family pressure faced by nurses while choosing nursing as a career. Seventh chapter deals with the perception of patients and local community members regarding Nursing and Nurses. The last chapter presents a summary, conclusion, and way forward as recommendations or suggestions for policy makers as well as development experts.

2. Literature Review

This chapter elaborates on some of the literature that has had an influence on the research topic –Nursing as a Gendered Profession: Exploring the lived experience of female nurses. It starts from the historical background of nursing and then moved towards the history of nurses in Pakistani context. The section then sheds light on the gendered profession to the gender roles and stereotypes then goes on to elaborate the concept of nursing as a feminine profession along with the stereotyping in nursing profession. The later part of the chapter reviews literature on the concept of female mobility and socio cultural challenges faced by Nurses on which many authors gave their detail explanation and at the end these all themes are being discussed within the context of Pakistan.

2.1 An Historical overview of Nursing

Providing nursing care in ancient Greece, a topic was a centre of discussion until the mid 20th century, and it was considered as providing care was work of women of every household. Due to this reason, practice of performing nursing activities in primitive societies only be accessed because of the social position of women at that time period. In primitive societies women as not allowed to take important decisions and practice any type of profession. The social space provided by people to the women where she could only practice nursing was confined within the boundary of the house in which she take care of her family members . The word „nurse“ derived from the latin word „nutrire“ which means to nourish. As male have authority to take decision regarding their female members and also due to limited social roles of women which include not working outside the house and the profession of nursing was perceived as a „female job“. In the long course as caregivers, women were able to find out many cures for the diseases and discovered the healing properties of herbs which is also transfer from one generation to another (Theofanidis & Krepia, 2015).

During 18th century in Europe there is a rise of women in nursing profession. Florence Nightingale who was considered as founder of modern nursing. She raised the status of nursing profession and devoted her life to the physical disabled and poor people. In the 1800's nursing became an regiment practice and in 1900's, there were no specific institutions for nursing education and through hospitals nurses get degree and diplomas rather than colleges or universities. During World War II, nurses were being

posted to the area where they take care wounded soldiers and they were also providing proper treatment for the first time. To ensure sufficient nursing staff during war, the Cadet Nurse Corps program was started in 1943 which give education to nursing students who were willing to work in the understaffed area till the war's end. Due to this nursing profession gained much support and encouragement from patients and people during this time and they were also considered as a part of medical Health Professional. (Winkelstein, 2009).

2.1.1 History of Nursing in Pakistan

According to Punjwani (2021), pre partition period i.e. from 1931 to 1941 the history of nursing in Pakistan is being started. In 1884 in the Indo-Pak region Nursing as a profession is being originated when Anglo-Indian sisters promoted the profession of nursing in India. And then at Mayo Hospital Lahore the first school of nursing was opened where most of the nurses who worked over there belong to England because Muslim and Hindu girls were not allowed to join nursing because of cultural and societal values. Even those who join this profession were convert their religion from Hinduism to Christian and have low socio-economic .From 1907 to 1941, large numbers of Nursing Superintendents were hired who came from Europe and they make rules and regulations and proposed a standard outline for the first time for Indo-Pak Missionary Hospitals and not only this they opened nursing schools in all provinces of India and Pakistan. Those proposed set of rules and regulations were also approved by civil hospitals. After Independence in 1947, non Muslim nurses and British nurses migrate to other countries and because of this there was a shortage of nurses in nursing services and very less number of nurses“ are available who were providing care to refugees and give them first aid services. At that time, famous political female leaders who belong to West-Pakistan Ms. Fatima Jinnah and Rana Begum Liaquat Ali Khan take a step in order to serve the refugees in camps under the supervision of few trained nurses that are currently available over there. In 1948, two nursing training schools were opened i.e. Ganga Ram Hospital in Lahore and Jinnah Postgraduate Medical College (JPMC) Karachi along with them there were also development of nursing schools in different provinces of Pakistan like in Punjab Bahawalpur, Multan, Lady Reading Hospital Peshawar and Mayo clinic situated in Lahore were formed whereas in Sindh, Civil Hospital Karachi is being established. The Central Council of Nursing (CCN) for Pakistan was established in 1949 which

consist of total 33 members in which there were 9 nurses, 3 midwives and LHV and other medical professionals are included. The aim of this project was to set standards for training and give certificate throughout country. CCN also passed the rule in 1950 according to which there was the selection of two grades of nurses“ i.e. General Nurse who have experience of almost 3 years and Girls with minimum age 17 and there first preference was given to unmarried women, widowed or divorced women. In 1952, the Pakistan Nursing Council (PNC) was established which big step was taken by government. It was made compulsory for the training nursing institute to get registered from PNC and follow their rules and standard. In 1973, National Assembly of Pakistan passed an act in 1973 under the supervision of Pakistan Nursing Council Act No. XXVI according to which four Provincial Nursing Examination Board were established i.e. Punjab Nurses Examination Board (PNEB), Khyber Pakhtunkhwa Nurses Examination Board (KPKNEB), Sindh Nurses Examination Board (SNEB) and Baluchistan Nurses Examination Board (BNEB). 1997, four year diploma in Nursing (BScN) degree program was introduced. In 2001, 2 year Masters of Science in Nursing (MScN) program was introduced and then in 2014 PhD in Nursing program has been started in Aga Khan University, Pakistan (Punjwani, 2021).

2.2 Gender and Profession

Gender is a term which is used to describe an idea about differences that are being caused by society which means that the main distinction between men and women are products of social meaning. Gender is being deeply rooted in our social values, our beliefs systems, in our social institutions ,in our desires and actions that it appears to us to be completely natural due to which we make distinction between ourselves and make rules and regulation according to our societal norms and values that which things are suitable for men and which for women (Eckert& Ginet, 2013).Freedom of choice is one of the fore most and important rights of individuals in every society either it is patriarchal or democratic. Individuals must have authority to take decision regarding their lives and the most important decision of all these is choosing a profession of his /her choice which shapes their lifestyle and flourish them socially and financially. (Unal, Tarhan, Koksai, 2018). According to Herr, Cramer and Niles (2004) “Profession is the combination of collective activities which is based on the prior knowledge along with individual’s interest and skills which is only gathered through education and carry out to earn their life and the rules and standards of

profession are set by the society”. Now a day people perceived profession within the context of gender as we are surrounded by gender lore from the time when we are on the very initial stage of our learning like the professions that is acceptable by the society that which is more appropriate for men and women are inculcated in child’s mind during his/her childhood period. So the mental and physical capacity of individual their area of interests which an individual wants to proceeds and the attached values and dreams, which are important factors in choosing a profession develop through gender stereotypes that are also supported by our social institutions which include our family and education system. (Unal, Tarhan, Koksall, 2018).

Women in a nursing profession provide care to sick people or the patients who need medical assistance at the public sphere and if we see her role in domestic sphere she is considered as a care keeper in mother, daughter, and wife role at the private sphere. Before and after selecting a nursing as a profession women must think and faced a lot of challenges from society as they didn’t get that respect and prestige that they deserved. Nurses work, as health care keepers are under the supervision of medical health professional i.e. Doctors who give them orders what to do and nurses are obliged to perform their duties and treat patients according to the doctors’ decisions. Nurses faced a sense of inferiority; suffer of lack of self esteem and depression because they are not treated as proper professionals who provide 24 hrs care and treatment to the patients. Women nurses performs a dual function and have responsibility of both professional and domestic and in these two function she is not appreciated by her family and not by her profession as family is not willing to do such kinds of jobs . In relation to personal and social effects, some negative features arise that Nurses faced professional risks .considered as a secondary status in the chain of health services (Zufiaurre & Villarreal, 2018).

2.3 Gender Roles

According to Blackstone (2003) “Gender roles are the different expectations that individuals, groups and societies have on individuals and which are based on individuals sex and their societal values and beliefs system regarding gender”. Gender roles are the outcomes and the results of the interactions between individuals and their environments, and they also helps in figure out that what kind of behavior is appropriate for what sex and acceptable by the society. Traditionally, even developed

countries or in many western societies women are considered as more nurturing than men. Therefore, the traditional view of the feminine gender role also support the stance that women should behave in ways that are nurturing. This could only be done in a way that woman might engage in the traditional feminine gender role which is done by her under the four walls of house in which she has to take care her family by doing 24/7 full time job rather than doing job in a professional or public setting. Men, on the other hand, are considered as a leader or the head of the family by traditional views of gender roles who take important decision as he is the only bread earner of the family on which all the family members are dependent (Blackstone, 2003). According to Eagly & Wood (2012) in Social Role Theory differences in sex and similarities in behavior give thoughts to gender roles beliefs which create people perception about men and women social roles which represent their society in which they live. Literature suggest that in post industrial societies, for example, men are considered as having more skilled and having more knowledge as compared to women thus are employed in higher authority position where as women are more likely to work and perform caretaking roles within the boundary of their home but not in employment setting. Social roles are defined by the society and make distinction between men and women tasks according to their physical traits as men are considered as large, having more strength whereas women are considered as more emotional and emotional and have ability to take care to other family members. Due to these physical differences certain activities re associated to one sex or the other according to their society cultures and norms. This causes tasks specialization which is being shaped by the society and society decides which profession is suitable for male and not for females which produce an alliance between them as they indulged themselves in a division of labor. According to Social role theory in our everyday life people perform gender roles which enact specific social roles such as working in an institutes along with playing role as a father or a mother e.g. .Being a nurse a women along with her job and giving care and treatment to the patient as her duty she is performing her domestic tasks as well taking care of her family and husband. Although society doesn't allow women to perform tasks rather than domestic because people construct gender roles that are being acceptable by our cultural values as Nursing is a profession that has no respect in our culture as this profession is being stereotyped by individual within the society as according to them our cultural values

not allow women to stay outside at night and have contact with males (Eagly & Wood, 2012).

2.4 Gender Stereotypes

According to Bauer (2013) Stereotypes are part of the culture to which we belong in which people shared cultural knowledge and beliefs and whole society not only believe but also practice that knowledge that they receive from their society. Stereotypes make a distinction between men and women that which things are acceptable for the men and women. Stereotypes about women are multidimensional constructs by the society which depicts the beliefs of our traditional society and how they defined gender roles, behaviors and traits. If we see gender roles in definitional boundaries the position of women lies in the four boundary of the home as mothers, wives and caregivers. Traits that are associated with women includes nurturing, provides care and love to her family and emotional sensitivity. Many stereotypes are being attached with women regarding their profession as women is considered as emotional ,not as competent as men and not able to perform tasks that require physical energy. Due to these reason and some other social pressure and categorizations that society distributes men and women regarding profession she didn't able to choose career of her own choice and only few career are acceptable for women. Nursing is a profession that is considered as un prestigious and society attached different stereotypes with a women who belongs to this profession as she belongs to poor socio economic status and she contact and take care of patients i.e. male or female both which is not acceptable by the society as providing care to male patients is the part of her duty but social norms and beliefs not accept that women choose those profession in which she have close contact with the male members (Bauer, 2013).

According to OHCHR (2014) "Gender stereotyping is the women and men specific attribute, characteristics and roles by reason only of her or his membership in the social group of women or men". Gender stereotypes play an important role in socialization process of men and women as societal and culture decides and taught women to take care of the children and they should involve themselves in domestic sphere. Similarly, men are taught to have management skills and to be authoritarian and have decision making authority to control over their family members specially

women .Society decide and make clear distinction between women's and men's profession. Gender stereotypes play an effective role in the process of education which is known as the first and the initial stage of progressing into the profession. The consequences of gender stereotypes is not only seen in their access to basic education but also in what type of education or institution one should select and for how much duration is required to complete that and to what extent they will fulfill the requirements of their profession .In developing countries specially in Pakistan gender stereotyping is very much common due to patriarchy as women are represented as an inferior specie and they don't allow to proceed in their educational career therefore the role of women in educational sector is submissive with a smaller rate in labor market and higher status occupations (Unal, Tarhan, Koksal, 2018).

A Gender Stereotype is creating problems when it limits women or men capacity to enhance and shaped their personal abilities, and when they unable to take decisions about their professional careers and to make choices about their lives and life plan (OHCHR, 2014).

2.5 Patriarchy

Patriarchy is the domination of the females by the males. It literally means the rule of the father or the head of the family. The central role is being played by the man in patriarchal setup and a woman is considered as peripheral. The identity and the decision of a woman revolved around her male family members that are father, brother and husband (Singh, 2016).

According to Connell and Connell (2005) in patriarchal societies most of the advantages are being availed by men e.g. higher salary package, control over economy and considered as authoritarian and ruling figure, men have higher social status, control over important decisions with in and out of family unit. Patriarchy represents the structures of domination and exploitation which defines the women's position in society (Fredric, 1982). Societies play an important role in set rules for both male and female which shows clear distinction and biasness among them (Shah, 1986). Economic dependency is considered as one of the most important factor that cause patriarchy and this has been inculcates in children's mind since their childhood that is for boys who is considered to be the head of the family and they have to be independent and must have higher social and economic status as they also observes

while living in that environment that father hold the main position and he has the authority to take decisions (Wentworth, 2004 as cited in Ferdoos and Zahra, 2016).

The society of Pakistan is same as any other male obsessed country, where patriarchal setup is dominant and strong which cause problems for the women to take decisions and flourish herself. Due to this dominancy of male women has a very low status in society. Patriarchy has been an element that caused a total disregard for Pakistani women .Dominancy of male is the main factor which causes savagery to the other gender. Women are seen as inferior or useless thing or even worse according to male perception. They cannot raise their voice in front of their male family members especially fathers, brothers and, after marriage, husbands. Moreover, according to people perception daughter has no role to play in family and she is not allowed to be a provider nor a protector that's why she is not able to take decision regarding her career and education and if she get educated she is unable to take part in economic activities and doing job of her own choice (Bhattacharya, 2014).In Pakistan, most of the families do not allow their daughters to choose the institution or the subject of their own choice and also they do not want their daughters to study in co-education and if they get educated it is considered a symbol of dishonor if get job and independent. (Briere and Runtz, 1988 as cited in Ferdoos and Zahra, 2016).

2.6 Stereotyping of Nurses

Stereotypes can be defined as image or a perception regarding anything made by people or a society or the images of the characteristics of a group and its members. Nurses faced a lot of stereotypes about their profession. Literature suggest that nurses see themselves as more caring and communal but powerless and dependent whereas doctors see themselves as more skilled and having more knowledge than other health professional (Sollami,Caricati & Mancini , 2015).

According to Sharif, Liaquat and Ali (2020) there are many factors that are responsible for the negative image of nursing. To explore the factors behind this image, a study conducted in Turkey school of Nursing and the first reason that came out is that the people actually don't know that what nurses are doing and what are their duties, roles and responsibilities. Nurses who are the part of medical health professional but they have no power and authority to take decision regarding patient's health and in other hospital matters as well as in community areas. They are

answerable to the doctors to every activity they are performing within hospital setting. As they belong to low socioeconomic class and have poor background and nursing as a profession is also considered as a low class profession. Although nursing is a very old and advanced profession because before as a profession women provide care in their homes as well and providing care to whole family is her responsibility but still there are many myths and misconceptions are attached with this profession that are harming their image. There is a myth that is found in many researches that nursing is only a female profession as females provide much care and are more emotional than males but now many males were also entering into this profession to fulfill the occasional physical demand of this profession. There is another misconception about nurses that they are only confined to hospital work. But according to the US dollar Bureau of Labor Statistics, 50% and more than that nurses are also play their role in government local and private sectors. They are not only doing duties in hospital but also play their part in public areas, residential care facilities. They are not dealing with the patients but also performing other tasks as manager at corporate level and also teach in nursing schools as well. There is one another myth in society that nurses only perform a dirty task that's why nursing is a dirty profession because nurses are hired only for cleaning purposes, dressing, changing bedpan of the patients, changing and empty the urine bag only. In fact, nurses provide holistic care to the patient in the hospital setting and are considered as professional caregivers. In Pakistan, the Medical profession is flourishing and improved but in case of nursing profession it is being ignored by the other health professional as well as government. According to a report, in Pakistan, there is an extreme shortage of nursing has been seen and the main reason for this shortage is due to the negative stereotyping and stigmatization. If we see a nurse to patient ration in tertiary hospital is 1:50, which is extremely very low. According to Pakistan Nursing Council (PNC) a criteria of ratio 1:10 nurse-patient is being set but, because of negative image build by society patients don't give respect to their care providers which are extremely unrespectable for the nursing staff as their patients didn't treat them with respect . Nurses are facing multiple challenges while working in a highly stressful environment .Non supportive and an unhealthy environment force them to turnover, Brain drain and to leave this profession. There are many factors behind the shortage of nursing as it is considered as a low prestige and low profile profession as they didn't receive that much attention and respect from society that they deserve. Due to this negative image nurses self-esteem, personal and

professional growth, attitude expertise and quality of care is being affected. There is the public perception that individual who belong to profession of nursing have low socioeconomic status having poor background and they are doing job only because of financial issues that they faced and it is considered as a female dominant profession .Many studied have been conducted on the job satisfaction level and according to the results it has been found that the majority of the nurses have a lot of issues regarding their job as they are not satisfied with their job because of people perception about their job poor working conditions and with no bright future and low level of improvement in career development and advanced opportunities. The nursing profession is considered as the backbone of the medical profession as in medical line every individual play their role in serving humanity that's why nurses are also playing an important role. Many nurses are leaving this field and also wants to leave this profession because of the social behavior that they faced by local community .along with hospital staff and patient's attendant who didn't give respect to the nurses and have very harsh and negative attitude with them. In their point of view nursing practice is of low profile and submissive and they didn't belong to a good family background (Ali et al., 2020).

2.7 Feminine Profession: Nurses as a Professional

A nurse is practitioners who have a caring relationship with patients by giving them a holistic care. The role of nurses in all healthcare settings varies like nurses were involved in providing care, emotional support, spiritual care, medication, treatment and comfort and nurses also act as a therapeutic (Kim et al., 2019). Nurses are considered as professionals of health, caregivers, and because of these qualities they join a group of "feminine professions" (Jones, 1983 as cited in Zufiaurre & Villarreal, 2018). According to ANA (American Nurses Association) (2004) the current definition of nursing is "The promotion, providence and development of health and abilities, impediment of illness and injury, mitigation of suffering through the diagnosis and treatment of human response, and endorsement in the care of individuals, families, communities, and populations". According to French, Watters & Matthews(1994), Nursing as a career provides care and their main emphasis is to keep people healthy and treat them with attention and care when they are sick which is considered as the women task. In spite of the increasing professionalization of nursing, it is considered as a female occupation which illustrates the selflessness and

powerlessness associated with the traditional female role. The demand of this profession that is to perform menial tasks and having close contact with the patient either male or female has negatively affect the image of nursing around the world .At Global level , profession of nursing is in the state of crisis which results in lack of interest among youngsters who want to choose nursing as a profession. In developed countries like Canada, the United States of America (USA) and the United Kingdom (UK), nursing was among one of the few occupations which was considered as a respectable and acceptable for women who belong to all socio-economic classes. Along with time status of women changed and new opportunities and career option became available due to which nursing experienced a large decline in the quality and quantity as well. In contrast to western societies, nursing has not been considered as an acceptable occupation due to the lack of respect and status in many developing countries especially in Muslim societies. In Pakistan due to Patriarchal setup, nursing has an extremely low social status. Occupations which are considered as prestigious with higher and acceptable social status for women include, teaching, social work and become a doctor. The latter is the most prestigious occupation. Pakistan had been facing acute shortage of nurses since 1947. (Matthews,et al., 1994). However, nursing continues to face difficulty as they are in sufficient numbers of qualified nurses due to their negative portrayal in society and they were also facing problems in their work places. The situation varies across the four provinces with respect to population and literacy rate like in Punjab having least because it is considered as the developed province and in Baluchistan because of strict tribal rules and restrictions for the young girls to get education and choose profession of their choice. The overall perception among the population of all four provinces in Pakistan regarding Nursing as a profession is that no respectable family would like to allow their daughter to do such work as a nurse but they want their daughters to be a doctor as it has a respectable position in society. The main reason behind this mentality among people regarding this field is that women is not allowed to contact with male non-family members as a patient and she should only take care of her own family and provide care and attention with in her own family circle(Matthews, et al., 1994).Nurses faces a lot of difficulty because of their dual functions i.e. in public and private sphere, working at clinics or in hospital or providing care to family members at home .According to Zufiaurre & Villarreal (2014) “Nursing is considered as feminine profession as the in charge of this profession are mostly women as the access of women specially nurses to work in

“feminine professions”, does not commendation in a significant way women’s quality of life with reference to cultural and personal balance, development and self-esteem”.

2.8 Female Mobility

According to traditional concept women should remain inside the house and it is against to their familial and social norms to get education and attempt to search of employment. With passage of time and rapid increase in urbanization, social interaction increase and the restrictions are less due to economic needs, exposure, and education. Nevertheless, while there are many advantages of urbanization along with them there are many other things which is faced by the people like the deep-rooted societal beliefs are reflected in the discrimination and harassment which cause difficulties for the women who attempt to step out in public due to which women’s could not approach to educational institution, availing job and training opportunities and even the high level of available social services (England, 1996).

2.9 Perceived image of nurses

The image and status of nursing that is being defined by the society and how they defined the term nursing is a global problem that nurses face. Image is defined as the “perception regarding of a character or a thing or person by public”. According to Gul (2008) Nursing image is defined as the set of beliefs, and ideas and the image that is being perceived by the people regarding nurses and nursing. Poor or negative image that is created by the society is a main problem for the profession of nursing and there are many reasons include the inability of the people to understand the role of nurses, they also face lack of recognition from other health professionals, having low salaries packages, and as it is a female centered profession so due to unsafe work environment nursing profession is not acceptable in patriarchal society especially in Pakistan (Gul, 2008). Furrakh(1962) did a detailed analysis on nurses and their families in order to explore the level of dissatisfaction nurses have with their profession in Pakistan. According to her findings the main reason behind nurses’ dissatisfaction is bad reviews of people along with the societal portrayal regarding nursing. There are many factors that are responsible for negative image of nurses which includes the low socio economic status of nurses along with not good salary packages. Nurses’ who also provide care to their male patients, work under the supervision of doctors as well as dealing with the attendants was considered as contact with unrelated men (with

patients/visitors, doctors) was considered unacceptable. Because of all these perception nurses are being stereotyped and due to these reasons they are unable to proceed in their profession and they are not satisfied with their jobs.

Several studies has been conducted and the main aim of these studies was to find out the image and status of nursing in Pakistan is generally poor and due to this image that is being created by the society is one of the factor due to which Pakistan face shortage of nurses as in today's society everyone who want to proceed in medical field wants to be a doctor rather than nurse. (Gulzar, et al., 2016).

2.10 Care Women and Nursing

According to Martiningsih, Winarni and Alvarado (2021) Every human being needs and want to be cared from its family and people around him specially when he /she is not feeling well. Caring is considered as the most important element for understanding and describing the nurse-patient relationship. Caring is the main focus in nursing profession because it is more tangled and relational concept that depends on the interaction of individuals and other in the same social setting. Nurses who provide care to the patient must have general knowledge about the patient that what his/her needs are his /her medical history. How to deal with his /her illness, what her and other's power and limitations are and how to respond them and understand their problem. Roach's gave a six Cs essential attributes and components of caring which provides a framework that discusses how to learn and teach care in Nursing:

Compassion: It is deliberate attempt that is used to understand how person's experience, his/her pain due to some illness how they deal with their sufferings, happiness when they recovered which describe the relationship between nurse and patient.

Competence: It is the understanding of the patient and nurse how nurse judged and take decide what treatment a patients need and treat them with her skills competently.

Confidence: It is the ability in nurse that with her positive, polite and caring attitudes build trust in the eye of her patients and also have trust on her abilities that she can provide any type of assistance that her patients want.

Conscience: It is the inner satisfaction and considered as a moral component of what nurses do is right or wrong and the decisions which she might take for her patient is helpful or not and taking action when needed.

Commitment: It is the most foundational to nursing as this profession provide surety and guarantee to society that they provide any kind of care and treatment to their patients in any circumstances.

Compartmentment: It is a kind of oath that nurses take while joining this profession and also considered as nurse's affirmation of respect for their profession and self that they want from society and from their patients. (Alvarado et.al, 2021)

Care is an important human need that is basic for the social reproduction and for the betterment of life. Many forms of care take place in the domestic environment and mostly the word care is associated with the female members of the family that are mother, daughter, wife or a sister. There are two main spheres one is domestic sphere that is discussed above and the other one is Professionalized care in health centers that clearly defines the nursing profession. The act of care giving highlights feminine connotation. Profession of nursing provides features that are attributed to women as caregivers that's why nursing is considered as a feminized profession (Estragues & Argemir, 2017). From the perspective of Watson's theory on caring which defined nursing as "the term that is more relevant to the science of caring according to which the concept of caring is described as the humanistic way to secure, intensify and preserve life of an individual who is facing illness and suffering and by providing care and gaining attention from family members and from medical professionals i.e. Doctors and Nurses and subsequently gaining control, self-knowledge, and healing" (Scotto, 2003).

A nurse who is professional in her work not only working as a staff nurse in hospital or an academician she can also perform activities in other related fields in which she get formal education . Nurses should perform well in their chosen field. Duty of nurses is not only to provide treatment and care to the patients but also by doing research and excel in this field Expertise in nursing is evolve through interest ,having experience along with knowledge and reflection on nursing situations. Caring nurse who is student along with doing practice, work as a clinical instructor and doing duty as a health care team members have caring and good terms in the workplace

environment which is reflect through their communication and action .(Alvarado et.al, 2021)

2.11 Socio-Cultural Challenges – Pakistani Contexts

Women faced a lot of challenges to choose and precede their career due to their family responsibilities. Traditionally women play a single role that they look after their family and do home tasks but with the passage of time proper education and awareness gave an opportunity to women to choose career and take decisions about themselves. Along with this working woman have to faced socio cultural challenges due to patriarchal society like in developing countries man is considered as a primary bread earner of his family so they won't allow their female members to participate in public sphere (Kumari, 2014).

Socio-cultural boundaries have affected many profession which women wants to choose like the profession of nursing as it is not considered as an preferred profession for women because of its stereotypical image perceived by our society as nurses are interacting and touching male patients while caring so they are being stigmatized by the people as women should only provide care in domestic sphere not in public sphere. The stereotypical image and embodiment of nursing that is introduce by the society has placed nurses in a submissive position in peoples eye due to which nurses are unable to show their potential and give their emotional labor to others which denigrate the portrayal of nursing profession.(Fischer, Zakar & Abbas, 2020).

Nurses are positioned to contribute to and lead the transformative changes that are occurring in healthcare by being a fully contributing member of the inter professional team.

Salmond and Echevarria (2017)

Profession of nursing has not been recognized as a acceptable profession especially in the developing country. Although nursing play an important role in healthcare workforce, but its contribution to healthcare systems is not properly acknowledged. Every profession in the world is entitled to a specific education in order to gain specialty in that particular field along with degree of autonomy which depicts the level of knowledge which an individual gain through experience and training. Similarly, nursing is also the profession in which one should get proper education in

order to serve the nation. Nurses being a largest part of health care workforce in Pakistan but somehow are often undervalued and the role they are playing by providing care and their contribution to the healthcare system at all levels is underestimated (Chauhan, 2014). If we look at the role that are being performed by nurses all around the world, we came to realize that they can run a clinic in the absence of doctor, they can also practice as specialists in their sub specialty like in family medicine, maternal and child health etc . But unfortunately, in Pakistan's healthcare system, the scope and the social position of nurses has been narrowed and their roles and duties are limited to just providing medications, basic hygiene care under the supervision of doctors. Doctors who were considered as the most important character in Pakistan's health system and play a major role in serving the society creating hierarchy and dominancy with other medical professional i.e. Nurses on the basis of their ranks and knowledge and they do not want to share their knowledge and rights with other health professionals.

2.12 Working conditions of nurses in Pakistan

Few countries in the world have an inverse ratio of nurses to doctors at 1:2 and Pakistan is one of them which affect the role of nurses in healthcare setting. Dominant medical health professional i.e. Doctors who were considered as authoritative figure in Hospitals due to which nurses get neglected by the society and hospital. Nurses faced a lot of problems regarding their career as this is the main reason behind severe shortage of nurses". Role of nurses remains limited and they perform ordinary tasks such as medication administration, obeys doctors orders (Gul, 2008). Literature suggests that the current working conditions of nursing workforce in Pakistan faces a lot of challenges and issues which results anxiety and depression amongst nurses as they are not satisfied with their jobs (Punjwani, 2021). According to Bahalkani et al. (2011) a tertiary care hospital in Islamabad in which they conducted as study and according to the result 86% of Pakistani nurses were not satisfied with their jobs , and 26% were highly dissatisfied, with their job. Major reason behind dissatisfaction were lack of good working environment, less salary package with no benefits, lack of training opportunities, poor supervision and time pressure were the major reasons of dissatisfaction.

3. Research Setting and Research Methodology

3.1 Research Method

Method is a kind of track or the process by which data and layout of the study is represented where as the concept of Methodology is generic approach through which we design and study the themes of the research which also includes the holistic description that how the data is gathered and collected from the field after collecting how to analyze the data. (Islam, 2012).

According to Bernard (2001) “Research Method is about selection of technique in which researcher decide either to a sample or not, how to take an interview whether to take interview by face to face interaction or use telephone or internet. Research method is the way to analyze, interpret and collecting information to answer specific questions. It majorly depends on the aim of the research, research problem respondents and the audience along with the researcher personal experience and knowledge about the research topic and resource constraints”. Research methodology is a science to scrutinize how to do research and also a meticulous way to solve a problem. It involves in the examining the different techniques that can e helpful in conducting research especially the procedures that researcher choose to explain, prognosticate different phenomenon relevant to their work (Goundar, 2016).

This chapter deals with detailed description about research methods and procedures that have been select for research that further helped in collection of data while conducting research in the hospitals of Twin cities of Pakistan. The first part of the chapter deals with the applied methodology that is used for the data collection. However, the second and last part discusses the sampling method which is used in research and techniques or tools that are appropriate for targeting categorizing, systematize of data. The researcher espouses a combination of purposive and snow ball sampling to document and exploring the lived experiences of medical health professional i.e. Nurses from different hospitals of twin cities. In-depth, semi-structured interviews and participant observation along with the focus group discussion have been used for authentic data collection and analysis.

The aim of the study was to explore the lived experiences of Nurses while choosing nursing as profession and socio cultural challenges that have been faced by them

,Qualitative research methods has been used for the holistic and detailed understanding about the phenomenon .The study of research is a multi sited ethnography which is useful to use different methods and technique such as focus group discussion ,participant observation ,detailed in depth semi structured interviews in order to get information about the perception of Nurses(both male and female) presently available in different hospitals of twin cities. Multi-sited ethnography (MSE) was first introduced by George Marcus (1995), according to which selecting more than one geographical location or sometime there is co-existence of two or more physical site while data collection within same research design (Boccagni, 2020).The term named „site“ is recognize as nurses who were geographically dispersed which incapacitated the researcher to leave the bounded field site behind and move from one place to another following the nurses in different hospitals of twin cities. The ethnographic research has not bound to any one hospital and demanded to consider where the nursing staffs were in sufficient number and they are willing to share their views regarding researcher area of interest hence making it multi-sited ethnography. Multi-sited ethnographic help the researcher and provide opportunity to examine the research question by analyze correlations and associations between different socio-cultural variables such as age, marital status, education, family support and perception about their profession , behavior of doctors, patients and local community, level of encouragement ,sense of duty etc. The field work was extended to 2 months time in which researcher tries to explore maximum possible dimensions and the main focus was on the Nurses and their challenges. There is a lot of effort and time that researcher has to put to document and get as much information as possible. But the schedule of nurse was so tough and they were too busy in their duty timings which create problem for the researcher so the researcher tried to gain maximum information in limited time. In Ethnographic research methodology there is direct observation of behaviors of the respondents, having conversation with them in which researcher conducts daily chitchats in order to extend the interviews that are both structured and semi-structured. It also comprises of in-depth detailed interviews with the respondents that is being selected by researcher which leads to the collection of life stories and their struggle that they faced while being a part of nursing profession which is helpful for the researcher in understanding the phenomenon that is understudy (Kottak, 2014).

3.2 Tools of Data Collection

Tools are most important mean that is used by researcher in order to collect data from respondents. It depends on researcher and the nature of research topic that which tools are being used while conducting research. For good research, it is important to select appropriate research tools. In the current study different tools for data collection of qualitative research like participant observation, in depth interviews, focus group discussion (FGD) and case studies were also used for authentic information. In order to gather data from research participants interview guide was developed. Nurses belong to government as well as private hospitals of Rawalpindi and Islamabad were interviewed using the interview guide and also researcher took the perception of patients and local community regarding nursing profession as well.

3.2.1 Observation

During field research observation is a very important tool. Researcher used this tool when they are doing field work in hospitals with their respondents. It helped out researcher when they observe things, their locale environment, attitude and activities of respondents and many other things which will be beneficial for research data. During field work researcher used to take field notes and having jotting pad to jot down each major and minor information and also the body language and thoughts of their respondents which they observed to note every minor or major point, which researcher has observed during field work. Jotting pad is a notepad or a small register for note down rough notes which is used to remember all types of observation during field work.

3.2.2 Participant Observation

Participant observation is an effectual and oldest research tool that is used in anthropology which provides assistance to the researcher to know about the perception of people in a particular context. In participant observation the researcher going and staying out ,exploring and observed from the inside ,learning a lot of new terms and language, and observed verbal and non verbal actions along with experiencing the lives of the respondents and field under study. Qualitative data has been gathered through participant observation along with fields' notes and with the consent of participants, interviews were recorded using voice recorder after which data is transcribed and analyzes (Bernard, 2011).

In current study, through participant observation researcher get close to the people and make an friendly environment and make them feel comfortable so that researcher able to get information easily. As the main purpose of this research tool was to get an in-depth understanding about respondents, their values and their point of view about their profession and experience regarding their career. As it is difficult to collect data without observing the daily routine action and locale environment

As a keen observer, I pay attention to very minute details in the field and listen carefully respondent's point of views. I have almost spent two months with nurses in which I daily observed their routine in duty hours .Spending time with nurses, their interaction with doctors and behavior toward patients and their families and observing the hospital environment gave me a basic and holistic understanding about ground realities. To achieve the main goal and to meet my objectives, for accurate finding from field research, this is not only gained from the data but also from the observation of the respondents. In every visit to hospital when I interact with nurses who have duty in wards by observing the environment and their relation with their colleagues, doctors and patients helps me in refining interview guide and an in-depth understanding of the roles and importance of nursing staff. During the Fieldwork, the nursing staffs don't treat me as a researcher they treat me as a friend and cooperate with me in every possible way. I observe them when they are on duty and provide treatment of the patients and involved in other activities which is helpful for me in order to understand that how much they are sincere with their duty and show obedience towards doctors and other medical staff. I feel that all nurses were very responsible and sincere with their profession by following the instructions of doctors, taking care of the cleanliness of wards, etc. results which researcher gain through participant observation helped researcher to get an answer of unknown questions.

3.2.3 In-Depth Interview

In-depth interview method involves in detailed sharing of information in order to get the perception of participants and they are allowed to share their opinion .In in-depth interview there are loosely and semi structured interview are conducted which help the researcher to find out more points and in-depth understanding about research topic. It helps the researcher to get detailed understanding about the environment and to gain insight into the studied phenomenon. It also involves in probing, asking

questions that is appropriate, recording with the consent of respondents, observing the body language and tone of voice of participants (Neuman, 2007). Researcher conducted 25 in-depth semi-structured interviews with the nurses who had ample experience about nursing profession. Researcher tried to conduct all the interviews as in face to face interaction so as to get detailed information from respondents along with observing their body language and also through this researcher build a good relationship with the respondent in order to gain their trust. But due to COVID-19 third wave it became difficult for the respondents as they became busy in their duty as working hours increase due to emergency situation and researcher is also unable to go to hospital in this situation. So the researcher find an alternative to the face to face conversation. During COVID-19 online interviews through audio and video calls are the best way to conduct an interview. Both online and face to face interviews are pre-scheduled periodically and orderly when researcher interact with the respondent in first meeting. This technique saved a lot of time and effort of respondent as well as researcher.

Researcher started interview by providing basic information to the respondents like title of research, about aim and goal of the research and purpose to conduct this research. When I started interviews nurses are very glad to hear about my research topic as according to them in Pakistan image of nurses is very bad and they did not hear about research on these types of challenges and problems that Pakistani faces regarding their professional image. They were very welcoming but due to hospital rules and regulation they are somehow afraid and worried about their job as well as according to hospital rules no one is allowed to provide any kind of information that is relevant to the hospital. Through in-depth interviews, I am able to spend more time with nurses and they discuss their personal life experiences and also give reason for joining Nursing as a profession and what image society has created regarding their profession. Twenty-five in-depth formal and informal interviews were conducted during field work from my respondents till the saturation point of data was achieved. Formal interviews are conducted which are based on the interview guide that has been designed by the researcher before going to field. Formal interviews were taken from nurses, their patients and local community. I have selected nurses from government and private hospitals. Nurses from government sector have permanent job and those who work in private hospital get their job experience from different hospital. I also

take informal interviews in order to create friendly relationship with my respondent as well as it is part of rapport building. Some nurses are very cooperative and give me detailed information about their life, daily routine and their problems which help in conducting formal interviews. Although I do not ask direct question regarding hospital and behavior of hospital staff but nurses feel hesitated while discussing their experiences regarding hospital in which they are currently doing job. Through in-depth interviews, I am able to get detailed and efficient information about the question that is mentioned in the interview guide.

3.2.4 Interview Guide

In qualitative research, researcher used an interview guide which consists of list of structured questions that provide guidance to the interviewers and investigators in collecting authentic information or data about a specific research topic or issue. For the convenience of the respondents, the interviewer conducted interview in local language so that respondent get the point of researcher later it translates into English. In the interview guide researcher make question according to the themes with a high level of flexibility and during interview molds these question according to the situation and for better understanding of the respondents. Tools that are being used was flexible as during data collection more themes were added. The interviews were taken with the consent of nurses, patients and local community so as to get better results.

3.2.5 Pilot- testing Interviews

In order to check the validity of questionnaires, pilot testing interview were conducted at the start of fieldwork. After that questionnaires were sequenced according to the information that is received from respondents and some of the questions were excluded which are not relevant and ambiguous which caused biasness in the interviews. Researcher used pilot testing in order to get new experiences as how to ask question from their participant and to have holistic understanding of the respondents. Due to this researcher able to learn about mistakes that they did during fieldwork and data collection.

3.2.6 Focus Group Discussion

Focus group discussion (FGDs) involves gathering of people who belongs to similar backgrounds or a part of same environment experiences together to discuss a specific

topic of interest. It is used in qualitative research in which questions are asked from respondents about their perception, attitudes or opinion. During focus group discussion participants are free to talk with other group members and share diverse opinions among respondents from different hospitals. The researcher performs the role of mediator and tried to keep discussion under the pre-determined agenda or topic. It is known as the most effective tool through which researchers investigate about the perception of groups about any specific issue. Focus group discussions were conducted to record the perspective of nurses about the socio-cultural challenges and problems and how they were trying to cope with them along with that the researcher also collected information from patients and local community points of view regarding nursing as a profession.

3.2.7 Case study method

Case study research method used for data collection is a methodology which involves an individual factor, such as an institution or events in the life of an individual belonging to a particular community, is being studied in comparison with other members of the group. The main emphasis of the researcher doing a case study is to thoroughly examine every minor detail about an incident or a situation as well as their interrelationship. Case studies were conducted by the researcher in order to closely examine the respondent's lives and the problems they are facing during their professional career.

3.2.8 Key Informants

Key informants are the person who is aware about the culture and are expert in that field to the researcher and give information about the things that are important for the researcher and that he/she wants to know (Bernard, 2011). The researcher chose doctors, male and female nurses, ward boys as key informants. They play an important role in building the rapport and trustworthy relationship with respondents. They also helped out the researcher to access the respondents i.e. Nurses which serve the purpose of current study.

Following are the details of key informants:

Ms. Saba was doing a job as a Nurse at Pakistan Institute of Medical Sciences (PIMS). But due to some reasons she left that profession. She was the first key

informant whom I met as she was familiar with other nurses who were currently doing job in PIMS. She helped me arranging meeting with other nurses.

Ms. Huma Iftikhar is a senior gynae doctor in PIMS. Due to her authoritative figure she gave me their nursing staff working in gynae ward. She suggested me about many things that are relevant to my research. She was very helpful during my field work.

Ms. Ayesha is a Nurse at Holy Family Hospital Rawalpindi. She had a good term with her colleagues of holy family so she requests them and helped a lot in arranging meeting with them.

Mr. Irfan is a ward boy at Benazir Hospital Rawalpindi. He has contacts with nurses as they were doing duty in the same ward .He helped me arranging meeting with nurses by requesting them.

Mr. Ehsan is a doctor at Benazir Bhutto Hospital. He made a lot of efforts in establishing links of the researcher with nurses.

Ms. Yumna was a patient in Holy Family Hospital Rawalpindi . She had been there for almost 6 weeks .During first meeting when I meet her and discuss about my research .She said that she has a very good relation with her nurse and now she is become her friend so I asked her to request her to give an interview. She gave me her contact number and on audio call I take her interview.

Mr. Usman is an OTA operation theatre assistant at Bilal Hospital in emergency ward. He helped the researcher in making contacts with nurses. He helped me a lot through his experience with nurses and knowledge about the nursing staff of Bilal Hospital.

Without the above mentioned Key-Informants, necessary co-relation between Nurses and researcher could not be established.

3.3 Sampling

The foremost and important step in conducting research was how to select respondents for gathering relevant information. Sampling is the process which helps to designate all the information and data. It is the technique through which data is selected from the sample from the target population. Sampling helped the researcher to take up the smaller part of the target population of the study, research it, and generalize the findings to the whole target population, as it was not possible for the

researcher to research in geographical area having dense population that's why researcher used to select a sample .Due to this method researcher save time and money and get a authentic finding in a limited time period. The main focus of the current research was to assemble different lived experiences of female Nurses and how in their daily routine they are stereotyped and judged due to their professional image. Along with this how they are being treated by the hospital staff, patients and their attendant and perception of society. There were 25 in-depth interviews conducted in different hospitals both government and private in twin cities.

Non-probability sampling methods and techniques considered as the most suitable for conducting in-depth qualitative research. Studies conducted by researcher in which target population is very difficult to find with respect to current situation, Researcher choose purposive sampling method (Bernard, 2011). The challenge to gain access to the nurses was resolved with the help of combination of sampling techniques i.e. purposive, snowball and convenient sampling techniques.

3.3.1 Convenient and Purposive Sampling

Convenient sampling is the type of non probability sampling technique in which researcher used to get a sample from the population that is close to hand as it is also called accidental sampling. It is also used in accessing research subjects who are conveniently available and also served the main objectives and purpose of the research.

Purposive Sampling helps the researcher in order to achieve the purpose of the research that informants will serve. It is also known as judgmental sampling and not choose sample randomly. A qualitative research with respect to specific population relies on purposive sampling (Bernard, 2011). However, the research also demanded the willingness, approval, availability and permission of nursing staff for conducting detailed interview along with informal discussions. The decision to use these sampling methods helped the researcher in order to gather authentic data quickly and more efficiently. Social networks and personal contacts of key informants such as with doctors, nurses, and technical staff as well and ward boys helped in order to get access to the sample of the current study.

3.3.2 Snowball sampling

Snowball technique is a non-probability sampling technique in which when you go to the target population in order to collect data from respondents in start you know a few respondents and ask them to recommend more respondents so that researcher get interview from large sample .it is also known as chain sampling in which researcher select a few samples and with their references they ask them to recommend other subjects which are related to the current study and present in that geographical setting .This technique is helpful for the researcher as respondents are more comfortable when they know the researcher and without any references no one give interview .As my research topic is sensitive and according to the hospital rule medical health professional who are the part of any hospital is not allowed to give any relevant information regarding their profession and the hospital. But when you have reference of a person having authoritative position e.g. Doctors you can easily get information from the respondents because nurses are considered as low rank profession and they work under the supervision of the Doctors.

3.3.3 Target population

Target population consists of entire group of people or objects in which researcher are interested in order to get the conclusion. It is also known as theoretical population due to its varying characteristics. The area which is selected by the researcher for data collection is known as the locale. The local of the study was government and private hospital in twin cities of Pakistan. Female nurses dealing with patients having an age range from 21-48. The main reason for the selection of target population is to meet the main objectives of the research and to get authentic results.

3.3.4 Subject or Representative Population

The representative population of the research was 25 medical female nurses who were working as a staff nurse in government and private hospital of Rawalpindi and Islamabad.

3.3.5 Element

The socio-cultural challenges faced by the female nurses due to their professional image.

3.3.6 Sample size

After constant follow ups with key sources, 25 medical Nurses were selected as a sample size in which 17 were taken from government hospital and 8 were taken from private hospitals. This medical nursing staffs were performing their duties in hospitals located in Rawalpindi and Islamabad. Nurses who were selected as a sample size were performing their duties in different wards mostly female nurses were from gynae ward and other female nurses were from paed's ward and emergency wards of their hospitals. They have close contact with the patients they were dealing as they have long duty hours. Patients with their attendants were also used as a sample for the current study as they are being treated by doctors as well as nurses and nurses spend more time with patients as compare to doctors. Local perceptive is also important about nursing profession so researcher also take them as a respondent as well.

3.4 Equipment used in the fieldwork

Technical equipments are those research tools or instruments that are being used by the researcher during field in order to record data regarding research.

3.4.1 Audio and Video Recording

While conducting Interviews, researcher faced difficulty to write down all the points due to which he/she used to record the data which helps to be focused on actual points. Researcher also used video recording in order to note the facial expression of the respondents. The main advantage of recording is to free up the researcher from notes taking. I have recorded the interviews for my own convenience. Some respondents" do not allow video recording or record interviews but after rapport building many respondents were willingly allow me to record interviews.

3.4.2 Online Interviews

Through online interviews, online research has been conducted which involves technology e.g. Computers and mobile etc through which researcher contact with the respondents through messaging, emails and video and audio calls. These online interviews help in gaining insight understanding about respondents attributes to their behavior, along with their experiences. It also save time of both respondents and researcher and researcher used this method for data collection for ease and availability of respondents because participants also recommend and appreciated this online interviewing. As due to COVID-19 world order has been changed due to which most

of the activities and business has already converted to online so that people have less physical contact with one another. Nurses as a respondent also wanted to give online interviews after their duty timings as according to them they could be a virus carrier so they did not want to take any risk. Interviews were taken through audio and video calls. Audio calls and voice notes were also used for interviewing purposes. Video calls are more effective for the researcher because video session respondent gestures and expressions were being noticed.

3.4.3 Daily Diary and Field Notes

For preservation of the data and events, researcher used daily diary and field notes because the whole information taken from the field is written in document. Due to field notes researcher were able to remember all the actions and activities during field work. These are the important tools for the researcher to study individual behaviors and occasions and circumstances occurring in research field. In current research daily diary and field notes were maintained properly which includes both verbal and non verbal communication with the respondents which includes their field experiences and daily activities.

3.5 Sources of Data

Both primary and secondary sources of data used by researcher in this research.

3.5.1 Primary Source

Primary source is a source through which researcher collect data by following interview guide which was designed on the basis of research objectives.

It includes informal discussions with the respondents, asking in-depth questions during participant observation. It is an important source for the researcher as he/she collects data for the specific purpose on a specific topic.

3.5.2 Secondary Source

Secondary data was conducted by researcher through reviewing an extensive literature from research papers, books, journals and reports relevant to the current study in order to develop an in-depth understanding of a research topic and identify a gap.

3.6 Data Analysis

Data Analysis is a process that is used to describe and evaluate the data. In thematic analysis the data that were gathered from the interviews were first categorized according to the themes. "In data analysis that is used in qualitative research includes statistical procedures through which data is continuously collected and analyzed simultaneously. During data collection phase researcher analyze patterns through observations (Savenye& Robinson, 2004). For analysis and interpretation, I have used thematic analysis and themes were developed from literature review. Furthermore, these themes were enhanced from the data collection. To ensure the validity of research data is analyzed by researcher who quoted individual responses, case studies.

3.7 Ethical Consideration

Ethical consideration includes the limitation that what should be done by researcher while conducting the research study. Researchers need to be mindful and show full concentration towards the potential effects and impact of research on the respondents therefore confidentiality and anonymity of the participants are considered as most significant ethical consideration.

To ensure privacy of the medical professional i.e. Nurses, patients and respondents taken from local community, pseudo names have been used while quoting important conversation between respondents and researcher.

3.7.1 Informed Consent

It is important principle of research ethics. Prior consent of the respondents before starting the interview was also taken by the researcher to doing audio or video recording of the discussion and information provided by the participants. Through informed consent, I have taken the interviews and record also. This was one of the reasons, the researcher had to apply convenient sampling as many of the nurses were concerned about sharing their lived experiences, family details, socio cultural challenges and problems.

3.7.2 Rapport Building

According to Neuman (2007) it is important for the researcher to have good and friendly relationship with respondents and other members in the field to get authentic and relevant data. Researcher should build trust and strong bond with the respondents

of the study in order to uncover the hidden things. There are some important point that kept in mind before going to field first and foremost is that researcher should pay attention to his/her dressing style and body language and make sure that dressing style should be according to the cultural norms of the society. Secondly, researcher should communicate with the use of good vocabulary in front of respondents. Researcher should speak and learn the native language which is spoken by their respondents. Local people who did not understand English and when researcher speaks English with them they might feel uneasy and left out. Thirdly, according to some social scientist self-disclosure plays an important role for the researcher to gain the trust and confidence of respondents through which balance and sincerity have been developed in fieldwork.

I took care of all above points in my mind while building a rapport during field works so that I will not feel alienated. I started my field work from hospitals where I try to involve in every situation and activity which is done by nurses. During free time when nurses have short working hours I used to sit with them and discusses about their daily routine .I visited twice in a week so the whole staff nurse know me very well and become my friends . In doing so, I developed a good understanding with nurses and the patients that they were dealing due to which after some time they were feel comfortable enough to talk about the issues they are facing while having in this profession.

3.8 Limitations and proposal for Future Research

There are some limitations which might be addressed in future studies. Firstly, my research study was limited to hospitals that were located in twin cities of Pakistan and from that locale I selected limited number of people as my respondents that"s why I was not able to explore the depth of study in larger context. Secondly, the sample of the study was taken from only government and private hospitals of Rawalpindi and Islamabad located in the advanced province i.e. Punjab .Further studies might explore the problems faced by nurses who belong to different provinces of Pakistan and do comparative analysis, to get a larger picture.

3.9 Positioning as a Researcher

My position as researcher was as an outsider. Being an outsider, I am a student who was keen to explore the perspectives of all stakeholder (Nurses, patients and local community). The main drawback of being an outsider was that people were not welcoming and cooperating with the researcher. They feel hesitated and get defensive while share their experiences and information about their problems and challenges and due to hospital rules and regulation they were not allowed by the department to record their interviews. Respondents were not clear about my research topic in order to overcome the hesitation of respondents, I introduced myself, aim and objectives of my research and also highlight its significance. Due to pandemic situation in Pakistan, I was unable to visit to the hospital frequently and the Nurses were very busy as their duty timings get doubled during COVID-19 and didn't give proper attention to the question that being asked by researcher. I also kept a polite and friendly behavior with everyone present in research field to build a good rapport.

4. Area Profile

Introduction

Hospitals located in Twin cities i.e. PIMS, Holy Family, Benazir Bhutto, Maroof International Hospital, Fauji Foundation Hospital, Bilal Hospital and IIMCT- Railway General Hospital was selected as the locale of the study. Rawalpindi and Islamabad are known as the twin cities of Pakistan.

4.1 Islamabad

Islamabad is known as the capital city of Pakistan which is regulated by the Pakistan Federal Government as a part of Islamabad Capital Territory. It is considered as the ninth-largest city located in Pakistan whereas Islamabad and Rawalpindi metropolitan area is known as country's third largest which have 4.1 million populations. In 1960s Islamabad built as a planned city and replace Karachi as before that Karachi was the capital of Pakistan. Islamabad is known for its high standards of living provide greater opportunity and facilities to the citizens along with safety and abundant greenery.

Islamabad is known as Gamma city as rated by Globalization and World Cities Research Network. It has the highest cost of living in Pakistan as population of Islamabad is majorly consist on middle and upper middle class citizen who were mainly educated and were private and government employee.



Figure 1 Source: Google Map of Islamabad.

Islamabad has government, semi-government as well as Private medical centres. Major facilities and technology are available in the hospitals of Islamabad. People coming from far places for the treatment that is not available in their cities or villages

as highly qualified medical health professional are available over there. There are six major facilities available in medical centre of Islamabad i.e. Surgical and Allied Specialties, Medical and Allied Specialties, Diagnostic Facilities, Critical Care (NICU, PICU, Isolation& Accident Emergency), Operation Theatre and a Blood Bank. In 2008, According to the Federal Bureau of Statistics of Government of Pakistan there were 12 hospitals, 5 maternity and child welfare centers in the city with 5,158 beds along with 76 dispensaries were established.

4.1.1 Pakistan Institute of Medical Sciences (PIMS)

According to World Health Organization, hopes were emerged for Pakistan's people after the establishment of Pakistan Institute of Medical Sciences (PIMS). It is known as the largest hospital in Islamabad .In 1985 PIMS was established as a teaching and doctor training institute and has been expanding its programs and equipment in order to meet and raise the standards of healthcare needs. PIMS has 30 major Medical departments and divided into five main administrative branches. According to hospital official website, the main and important component of PIMS is Islamabad Hospital (IH) which has a capacity of 22 medical and surgical specialties and 592 beds. The main goal of IH is to provide basic facilities and medical services to the people of Islamabad and Rawalpindi and it is also served as a National Referral Hospital for the Azad Jammu and Kashmir KPK and other northern areas of Punjab. Children Hospital which is also known as fundamental part of PIMS. Children Hospital consist of 230 beds .The main objective of this is to meet the basic need for primary healthcare by using preventive and curative methods in the whole region. People who want to take any instruction visit this hospital as it is known as the hub of paramedic and other medical professionals. In order to control the disease prevention and other children's needs hospital staff takes an initiative as it is known for providing medical facility renovation. The Maternal and Child Health Care Center ia also a training institute of PIMS which provides different operational and clinical services with availability of 125 beds. PIMS consists of five major academic institutions i.e. College of Nursing, College of Medical Technology, Quaid-e- Azam Postgraduate Medical College, School of Nursing and Mother and Child Health Center.As many nurses who were respondents were get their training and nursing degree from College of Nursing and School of Nursing and Mother and Child Health Center.



Figure 2 Source Google: Pakistan Institute of Medical Science.

4.1.2 Maroof International Hospital Islamabad

According to the official website of Maroof Hospital, it is known as a state of art hospital and constructed in 2009. During its inception, Hospital provide basic healthcare services to the citizens as well to the neighboring areas . It also provides medical facilities to International patients. This hospital provides a medical, preventive, surgical and 24 hour diagnostic healthcare facilities. Due to its unique building structure and location consultation fee at Maroof International Hospital is very high as it is a Private hospital. The hospital has meet the international standards and have a very professional and friendly staff with latest equipment. In Nursing Staff there were mainly 15 nurses who were currently working as a staff nurse in Maroof Hospital with 55-panel doctors. Maroof International Hospital provides a wide range of medical services and treatment to the local people of Islamabad. There are different department like Accident, emergency, renal and heart etc .ambulance, pharmacy and other facilities are available under the same roof. Nurses who were selected as respondents were doing their duty in different department as their shift changes. Nurses provide treatment to the patients under the supervision of Doctors who take rounds after a fixed interval of time.



Figure 3 Source Google: Maroof International Hospital Islamabad.

4.2 Rawalpindi

Rawalpindi which is also known as Pindi, is the capital and largest city of Rawalpindi Division which is located in Punjab Province of Pakistan. According to an article that is published in History Pak, Rawalpindi is Pakistan's fourth-largest city, and the fourth – largest metropolitan area of Pakistan is Islamabad-Rawalpindi metropolitan area. Rawalpindi is located near Islamabad, Pakistan's capital and these two cities are known as "twin cities" because of their close social and economic relations. Hospitals that were used by the researcher as the locale are: Benazir Bhutto Hospital, Bilal Hospital, Fauji Foundation Hospital, Islamic International Medical College Trust Pakistan Railway Hospital Rawalpindi and Holy Family Hospital.



Figure 4 Source Google: Rawalpindi Map

4.2.1 Holy Family Hospital

Holy Family Hospital has been affiliated with Rawalpindi Medical University since 1977 as it was established in 1948. In 1927, in the building that is now St. Mary's School HFH began as a mission „Sister' with other mission „Sisters' at Murree Road located in Rawalpindi, (Healthwire, 2000). As HFH gained a prestigious reputation for outstanding maternity care because it was considered as the first hospital who has good reputation in the entire region. In 1940s, it was relocated to its current location and at that time there was no development around its surrounding. The new hospital not only had the most up-to-date services, but also gives basic medical facilities with latest technology and qualified medical health professionals. Hospital also employed a large number of “Sisters” as physicians and nurses along with substantial number of local employees. Nurses were mainly lived in Hospital hostels or they were also allotted bungalows near the hospitals. There were high quality of teaching and training that is given to nurses which includes high professional. According to the official website of Rawalpindi Medical University, the hospital has two basic stories, the ground and first, which housed the 200-bed wards, emergency room, operating room, labor room, and nurseries, among other things.



Figure 5 Source Google: Holy Family Hospital Rawalpindi

4.2.2 Benazir Bhutto Hospital

Benazir Bhutto Hospital which is also known as Rawalpindi General Hospital is located on Murree Road, Rawalpindi. According to the information that is published on official website in 1957, hospital was designated as a District Headquarters Hospital. It provides major teachings with psychiatry, orthopedics, urology, and cardiology along with other basic specialties. Rawalpindi Medical College is affiliated with it. After the death of Benazir Bhutto on December 27, 2007 Government of Punjab has named Benazir Bhutto Hospital as a specialized healthcare facility. Availability of both in-patient and out-patient facilities provided by hospital. There were almost 100 and above qualified medical doctors who are well qualified in their field along with all specialties and sub specialties are available in hospital. Other medical health professional i.e. Nurses were available in sufficient number in different medical wards. Senior doctors will be on call 24 hours a day, seven days a week, in three eight-hour shift. Nurses were also available 24 hours a day in wards as there shift are changed after every six hours. They were having tough and long working hours as they were present all day in the ward to provide medication to the patients.



Figure 6 Source Google: Benazir Bhutto Hospital Rawalpindi.

4.2.3 Fauji Foundation hospital

In 1959, The Fauji Foundation medical system had been started in Rawalpindi in 1959 .at the opening there were 50 beds available at that time. The Fauji Foundation medical system is considered as Pakistan’s largest nongovernment medical institute and now its medical chain has been spread all across the country.

According to the official data that is being published by hospital on its website, Hospital spend more than 58 percent of the welfare budget on health care. There two main branches that is Fauji Foundation Hospital Rawalpindi and Fauji Foundation Hospital Lahore were considered as two main foundations who were providing well funds. Hospital is being run by former Pakistani Armed Forces officers. Nurses as respondents were taken from this hospital as well. They were working 8 hours a day and have team work with doctors, OTA etc. Nursing staff consist of both males and females. There was many visiting staff available as well who were doing job in other hospitals as well.



Figure 7 Source Google: Fauji Foundation Hospital Rawalpindi.

4.2.4 Islamic International Medical College Trust Pakistan Railway Hospital Rawalpindi

Islamic International Medical College (IIMC) is a medical that was established in 1996 with a different vision of Islamic ethical values with the combination of medical education. The main agenda of this institute is to create doctors who are having best knowledge about medical science with the aim of providing health services to the patients.

IIMCT-Pakistan Railway Hospital is located in west ridge Rawalpindi and established in 1998 .it is set an unique example of Public –Private partnership. There were almost 350 beds available in hospital. Departments that are run by hospitals are ungraded to match with the standards of tertiary care according to the requirement of regulatory authorities. Hospital provides a good quality and safe indoor and outdoor environment and serve patients by giving healthcare facilities which is provided by qualified and Professional medical and Para-Medical staff who provides 24/7 facilities. Nurses and some patients that are under observation of nurses are taken as respondents from the hospital.

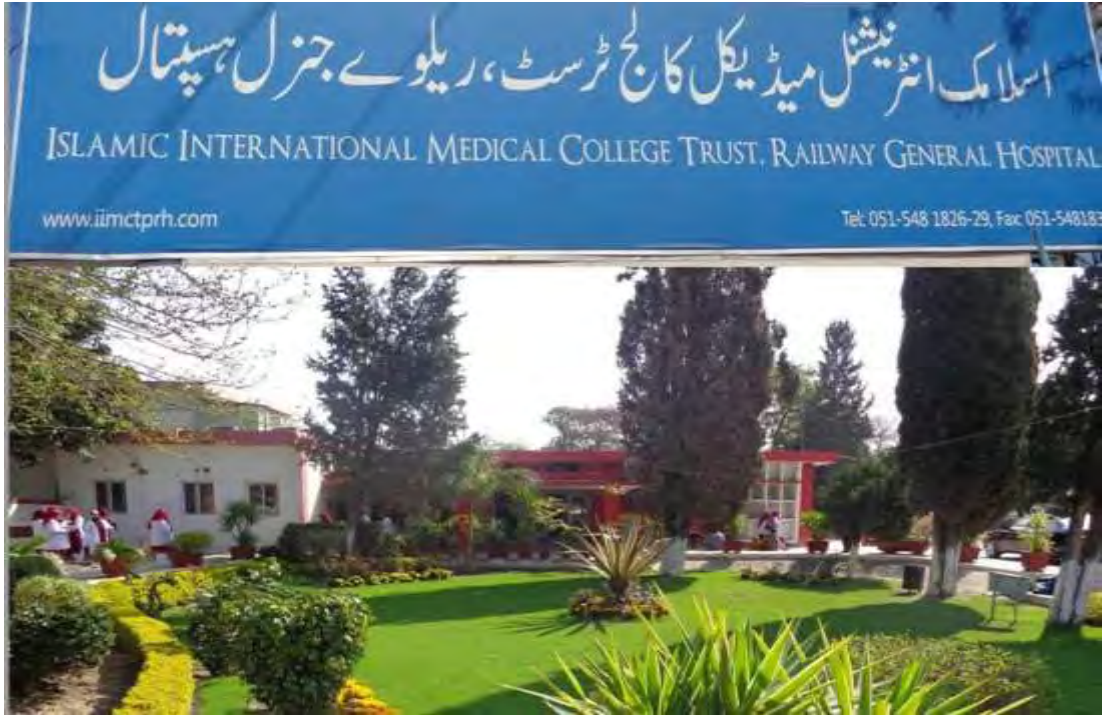


Figure 8 Source Google: IIMCT-Railway General Hospital.

4.2.5 Bilal Hospital Rawalpindi

Bilal Hospital is known as the largest private healthcare facility that is located in Satellite Town, Rawalpindi which had a long history of care-patients and their families. It is established in 1998 and it has grown from a maternity hospital and now known as the modern scale tertiary hospital .Main agenda of the hospital is to provide good quality healthcare which is accessible for everyone. Hospitals have more than 20 specialty clinics and a pool of trained medical staff including Doctors and Nurses who provide treatment to the patients. Maternity unit of hospital consist of 5 bedded labor ward with 2 delivery rooms and neonatal nursery .nurses as a respondents were interviewed from gynae ward.



Figure 9 Source Google: Bilal Hospital Rawalpindi.

5. Challenges Faced by Nurses while Persuading Nursing Career

The following chapter addresses the first objective of the study and explores the different forms of challenges faced by the female nurses of the hospitals of Twin cities of Pakistan. The researcher tries to understand the issues that nurses faced while working in hospital. It records the varied perceptions of the nurses about the problems faced by them while persuading nursing as a career.

5.1 Challenges at Work Place

Profession of nursing binds the human society by providing care and affection to the patients. A nurse is practitioners who have a caring relationship with patients by giving them a holistic care. The role of nurses in all healthcare settings varies like nurses were involved in providing care, emotional support, spiritual care, medication, treatment and comfort and nurses also act as a therapeutic (Kim et al., 2019). As nurses plays an important role in hospital and other healthcare systems but along with this they faces many challenges while working in a hospital environment.

Workplace challenges are among those challenges being highly faced by the nurses in the line of their duty which includes inequitable workload, lack of medical facilities, long working hours, security issues, uncooperative behavior of staff or co-workers, Patient behavior towards nurses, Doctors as an authoritative figure etc.

5.1.1 Lack of Medical Facilities

Nurses face a high risk if they do not take proper precautions and care while working in healthcare centers i.e. hospital and clinic .During their duty timing they are being face up to many biological and physical hazards which causes illness among them. But in Pakistan hospital management is poor and they do not provide basic occupational safety and resources due to which nurses are exposed to various diseases on daily basis while dealing with patients (Chhugani & James, 2017).

The respondent told regarding this

“I am working in this hospital from last eight years and in my whole career I never faced this type of situation that I along with other paramedic staff have been facing during this pandemic. We take precautionary measures before COVID-19 but did not

take them seriously but now when we need safety measures like mask, personal protecting equipments (PPE) hospital management did not provide as they have lack of these equipment and other medical facilities to cope up with the pandemics like COVID-19 due to which we have only mask and gloves which is not enough as we sometimes come in contact with patients who is carrying a virus but not diagnosed as the patient have other symptoms but the main signs of virus are not noticeable as hospital have insufficient diagnostic facilities. Also last week our paramedic staffs get vaccinated before that we request to our management but they refused as according to them there is acute shortage of vaccine and we were at high risk of getting infected by the virus”.

When nurses interact with patients physically, there are more chances of being exposed to various diseases that patients have even if they are healthy. So it is necessary for healthcare system or hospitals to provide them with basic medical facilities as in current situation due to Covid-19 hospital management should provide personal protecting equipments to the paramedic staff including nurses so they are able to protect themselves with viruses and other diseases while look after their patients. In the start of pandemic, personal protection equipment were not available to the paramedic staff. Paramedic staff faced a lot challenges as they have no basic medical facilities and were performing their duty without PPEs. They were insufficient because every person who belongs to healthcare system needed them and as it was first provided by doctors instead of others medical professional i.e. Nurses including other staff.

Another Respondent added,

“ I am working in a government hospital and at governmental level we as a Nurses were labeled as BPS-16 scale officers but management or the other paramedic staff do not facilitate us as any other officer as sometimes when we demand for the medical facilities health department simply refused as according to them there is shortage of supplies and sometimes there is only one set of delivery kit is available due to budget constraint and poor administration simply replied that “There is no budget available for the head staff ” i.e. for Doctors and other health professional who were at high post so you can imagine where we lie as a Nurse”.

Even at government hospital where nurses were permanent employees and working there for many years have been facing lack of medical basic facilities as due to the

occupational status they are being ignored and more facilities were avail by the paramedic staff who were high level officer and were served first. Even nurses were not getting other employment benefits that should be provided by the management. They have tough and long duty timing and spend more time with the patients in general ward than the doctors who only take round lack basic facilities due to their occupational status.

5.1.2 Inequitable Workload

Nursing workload is being defined as “the total amount of struggle and potential that is mandatory to perform nursing activities within particular time period required by the hospital management”. Quality of work that is being performed by nurses depend on the nurse-patient ratio, condition of the patients, the amount of care required by the patient ,the time provided by the nurse to the patient along with the nurses qualification and experience and the environment of healthcare system (Carayon & Gurses , 2005).

As one of the respondent expressed,

“We have different experiences because we are serving here in a government sector so our workload is more as compared to the private system that's why patient sometime complains that we are rude to them or we are not responding to them and there are many attendance at the same time as sometimes we are dealing 24 patients at a time if we have duty in a general ward so it becomes very hectic for us to deal with all of them at a time that's why they have the complains against our behavior that we are not giving proper time and treatment to the patients. Also, I have duty in ICU twice in a week which is tougher than general ward as we have no time to take rest and workload is doubled as there are many patients that have been supervise by only two nurses available as there is no attendant is allowed in ICU that"s why we fully managed each and everything and sometimes we spent many hours on one"s feet”.

Nurses have to deal number of patients at a time due to which they did not fully concentrate to the patients as they have excessive workload and providing efficient care and treatment to every patient present in ward is difficult for them due to which sometime they have conflict with patient"s attendant. Workload also depends on the duty timings, number of patients and their health and condition .If the patients is

serious then he/she is in 24 hrs under observation where as if there is one or two nurses are on duty and they have to deal all the patients present in a ward this cause excessive workload.

A respondent told,

“Along with nurses duties many additional duties were also assigned to us due to which our workload increases and patients care are being neglected. Other programs and campaigns were conducted in the wards like Polio extermination program, control on dengue, giving COVID-19 vaccine dose etc. We have assigned extra duties in public health program due to which patients clinical care are become the primary goal and we did not give medicines and other treatment on time as we have high patient load along with additional duties which we have to do two weeks in a month”.

Another respondent shared,

“Nowadays, due to pandemic situation in all over the world especially in Pakistan the demand of providing health care is increased due to which hospitals are facing a lot of predicament. As I am working in a private hospital and we had very limited nursing staff but during pandemic our hospital management unable to maintain adequate nursing staff because hospital CEOs are involved in investing more on the equipment and medical technologies and unable to maintain proper staff due to which we have insufficient number of nurses and number of patients were increasing day by day which causes imbalance among nurse-patient ratio and work load on the nursing staff”.

While performing duties as nurses, they have being doing extra duties which is not a part of their work due to which they have to perform dual function results in increasing workload. Where there is shortage of nursing staff in a healthcare centers work is not equally divided between the hospital staff and extra work would be done by nurses. Due to excessive load they are unable to perform their primary and major role i.e. providing adequate care and proper attention to the patients and causes hindrance in the engagement of nurse-patient.

5.1.3 Long Working Hours

One of the main challenges that nurses faced in nursing profession is there tough schedule because they have been working 24/7 and they have long working hours in

which they have 12-hours shifts in a row and they are available on call as well and sometimes they have to do overtime. Nurses working schedule are very tight and they have to work in a hospital 40 hours a week due to which they cannot give proper to their families and friends. They don't even have time to look after themselves as they are dealing with both mental and physical stress which affects the health of nurses as it is difficult for the nurses to perform nursing duty and provide care with enervated body and mind (Chhugani & James, 2017).

One of my respondent share her views that

“When I started nursing I planned for further courses and training as we get stipended from government in order to get higher education but till now I am stand where I started due to tough routine I cannot manage my work life .we don't spend time with our families due to regular shifts .sometimes we have double shift due to which when we go home we only take rest some rest and we have call again for duty. Night shifts are giving us tough time as in government hospital every nurse has atleast 16 patients to deal with and during night shift we take care of them whole night without any break”.

Another respondent stated,

“After completing short courses of nursing along with FSc I started working in a private hospital as I planned to continue my studies with job and when I further get education as a nursing graduate I would apply in government hospital as to get permanent job but the health system in private hospitals did not support for higher education and career growth as they only want excessive work from staff and study leave is also not allowed in private sector .as due to long working hours and hectic job If we want to take classes after duty hours it would be not practically possible as we get so tired and not focused as our mind and body get exhausted and during 12 hours daily duty we have no time to get other things except nursing”.

Nurses working in a private sector have less workload as compare to government nurses as in private sector there are limited nurses and patients are in also less number as compared to government hospital and they have to deal with mostly educated patients where as in government sectors nurses get to deal with the people who belong to middle or lower class and they have to deal with large number of patients but

private hospital do not provide any opportunity to get higher education and did not support nursing staff to further excel in their field.

Case Study

My name is Ayesha Habib. I am in this profession for last 5 years. I choose this profession due to some financial issues as my husband is a cancer patient and he is not doing any job due to which we faced a lot of problems as I have 4 children 2 daughters and 2 sons .All of them were going to school .before marriage I did some short courses in nursing while doing FA but I never want to join nursing as a profession .As private hospital did not give a good salary package and we do not have any other facility and we have to work more. We have 2 week night and 2 week morning shifts and the work load is equal as in both we have to take care patients without break .with this routine I cannot manage work life and unable to give proper time to my husband and my children due to which my children and husband is being neglected especially when I have night shift and when I have double duty there is no one who look after my husband and children sometimes I went back from duty and they were waiting for me to serve them a food .sometimes I feel guilty that I am providing care and attention to all the patients which is my duty and Allah also give me reward for this as well but in all this my husband who is also a patient and he and my children need my attention and care too but I am not available for them.

Nurses due to excessive workload and long working hours faced a lot of work life maintenance problems as they provide care and attention in a public sphere but could not give time to their family in domestic sphere due to their demand and timing of duties.

5.1.4 Security Issues

The first and fore most demand of every individual is that the area i.e. organization, school, offices, hospital etc should be safe and secure place in which they are working. Women mostly noticed the working environment when they are applying for a job when they feel secure and safe they were willing to do job. Hospital environment should be secure and safe for female paramedic staff especially as they are more worried about the security and faced a lot of issues in Pakistan regarding hospital administration because of poor security systems (Carayon & Gurses , 2005).

A Nurse said regarding this,

“Every working woman wants a peaceful and safe environment and the major problem which nurses faced especially during night shifts was security issues. As everyone who is present in the ward during night knows very well that nurses are not allowed to leave the ward because patients are under observation and after every 15 to 20 minutes we have to take a round to check the patient’s condition. Mostly in wards we are working alone as doctors take a round on their timing in the evening and give advices and go into their rooms where as during night duty we have only 2 to 3 nurses and no other staff available at that time. Administration did not provide any security measures as in the entrance security guards or ward boys were not present at their appointed places at all the times during their night shifts and if we complains and refuse to do duty at night in this condition the in charge of the ward known as Medical Superintendent warn us that she complained to the higher authorities and transferred us to another department as they do not understand the actual reason of refusal”.

Security issues are mostly faced by nurses who have night shift as doctors have their private rooms and came to the ward for round and mostly they take round in morning and evening if there is no serious case but nurses are available in the wards for whole night and they were feel insecure as hospital management do not provide proper security measures and the security guards were also not performing their duty well.

As one of my respondent named Asiya shared her views as

“ Security issues were also faced by nurses when we were coming and going back from hospitals and I think behind this hospital management is responsible as many hospitals and other organizations provide pick and drop service to the employees which is more important for females like if I talk about myself I have to reach hospital by changing 3 wagons in which I faced a lot of problems and sometimes we have night shift and we reach hospital after Maghrib so I think if hospital management provide us security in hospitals then why should they don’t provide us transport service so that we easily come and go back to hospital”.

While living in Pakistan women have been facing a lot of challenges regarding security and safety as they do not travel alone in the cities or use public transports as they have to face a lot of harassment .Nurses find difficulty in going and coming back from hospital as they have to come daily and mostly belong to low socio-economic

status so they use public transport which is very dangerous and hospital management did not provide any transport facilities to their employee.

Another respondent added

“ I am an government employee and during duty we came across many conflicts between hospital staff and patient’s attendants as if their patients get serious they blame us and management and if the patients dies they are not in our control and they start shouting at us and even they take steps to hit us at that point they were in shock they did not know that we are women but due to poor security management by hospital we get injured as we have no security that protect us from patients attendants”.

Nurses faced a lot of challenges at their workplace and one of them is poor security provided by hospital management that when there is a conflict between hospital management and attendant’s nurses were being insulted and beaten by patient’s attendant and no one provides safety and security to them.

5.1.5 Doctor as an Authoritative figure

In Pakistan , due to hierarchal perception of a society regarding the role of doctors as they are considered as the most important part of medical professionals in which due to their high qualification and stamp of their degree the other team members of paramedic staff get neglected and considered inferior and have no knowledge as compared to doctors. Patients and their attendant forget to understand the role and importance of whole team rather they only view doctor as a only person who cure them as they don’t want to understand that patient care not solely depends on any one particular member of the team but it involves holistic contribution of every members of healthcare professional (Shahid, Wajahat & Raza, 2019). Few countries in the world have an inverse ratio of nurses to doctors at 1:2 and Pakistan is one of them which affect the role of nurses in healthcare setting. Dominant medical health professional i.e. Doctors who were considered as authoritative figure in Hospitals due to which nurses get neglected by the society and hospital. Nurses faced a lot of problems regarding their career as this is the main reason behind severe shortage of nurses” .Role of nurses remains limited and they perform ordinary tasks such as medication administration, obeys doctors orders (Gul, 2008).

As one of the respondents told

“Except doctors other medical healthcare professional role is not considered to be important. Nursing profession has no weight age in society as well in hospitals. There is demarcation of duties, which both Doctors and Nurses perform. When patient arrives, we have to work as a team. But due to authoritative figure of a doctor we have to be neglected by them. We don’t have cardinal environment at workplace. Only 10% doctors treat us as their team members, thinking we are highly educated. But 90% doctors consider us as aaya that our main task is to provide clean environment to the patient. As, in nursing profession, practical experience plays a key role in treating a patient, which we possess more than Doctors. Actually it is a team work where doctors, nurses, technical staff and even a sanitary worker work together to attend a patient. Doctors, no matter how competent they are cannot attend a patient alone. We have differences of scale/grades in government departments. Qualification difference creates a little gap but that is overcome by Nurses by adding their practical experience. We know very well that Doctors are more qualified than us and they considered themselves superior. As for seniority superiority is concerned, that’s there in all professions. We had to respect them but in return we also want respect from them and want to consider us as a part of team. There is a difference of how we have been treated as compared to how doctors are treated we are always given less respect as compared to doctors people think that they are more educated and their professional status is higher than the status of nurse and that’s the bitter reality of our society” .

Due to the dominant role of the doctors nurses are being neglected and getting less respect as other paramedic staff as both of them have main agenda and their first priority is to provide treatment and cure the illness of the patients but somehow due to the difference in the occupational status and public image of nurses vs. doctors profession of nursing is considered as an inferior and low rank profession.

Case Study

My name is Sister Rubina .I am 32 years old. I have done training in nursing from DHQ hospital and now I am working as Staff nurse in the same hospital from last 10 years. As my mother was a nurse in the same hospital. I am inspired by her and then took a decision to become a nurse as my mother never allows me to choose nursing as

a profession. According to her she have already served this profession enough and like every parents she also wish that her children should start from where she have finished as the main reason behind this was that she served the humanity for 60 years and in her whole career she did not get that respect that she deserved. But unfortunately I sometime regret that instead of becoming a nurse I should have become a Doctor as they only give orders to us and whatever the situation is either they are saying wrong we have to perform according to that .One day, I was on my night shift and in ward we have only two nurses who were at duty I was not feeling well at that day so my colleague asked me to take some rest and she will do all the work .One of our patient get serious and nurse call a doctor when doctor came for checkup she asked the nurse about me .when I came he start shouting at me that how could you be so irresponsible your duty come first if the patients get serious then who would be responsible I give him the reason that I was not feeling well and other sister was present in the ward but he did not listen me and give me straight warning that I would transfer you to another faculty . At that day I came to know that why my mother always wants to wish that I should become a doctor as doctor have that authority in the hospital environment that they can say anything without being understand other person issues and problems and we as their servant who only listen to them without argument either we are right and not only obey them but also respect their decisions because we have no other option.

Unequal distribution of work and disharmony among team work is an emanate challenges faced by nurses in healthcare sector. Well balanced relationship and pleasant environment in healthcare system is the first demand of healthcare workers. Nurses were considered as responsible for any incident that has been occurred in hospital. If the patient is not treated well and he is not satisfied by the care that is provided by paramedic staff all the blame is ensue to the nurse, even it is not her fault only. As nurses were responsible for patient care and health and provide her peaceful environment in the ward but when doctor not take round and not visit the ward and don't perform their duty with responsibility nurses were blamed that they were not given details to the doctor about patients problems (Chhugani & James, 2017).

As one of my respondents stated

“We as a part of nurse staff always try to provide a peaceful environment to the patients as the more peaceful environment we provide the more patients get healthy .But sometimes patients did not cooperate with us. As we only provide basic information to doctors regarding patient’s condition but doctors spend more of their duty time in their private room and if we ask them to come and visit patient whom we cannot control doctors were involving in other activities like having gossips with their colleagues and after that when we and patient is waiting for a doctor patients blame us that we did not inform to the doctor about their condition. In some situation patients complains that they have submitted all the bills but not received that treatment which they need in this kind of situation there should be whole staff who was responsible including hospital management and the major role is being played by doctors who were not available at duty timings and if present then not provide adequate care and attention”.

Doctors shows very irresponsible behavior towards patients as they have 32 hours duty but most of the time they were in private room and in case of emergency they only informed nurses about the medicines and treatment which patients need. But when patients request nurses to call the doctor they refused to visit as according to doctors we will come when there is a time to take round in ward and all the patients were checked at duty timings.

Case Study

My name is Farina Yusuf. I did my Bsc in Nursing and did many short courses from PIMS .I have been serving in PIMS from past 12-13 years. My age is 52. As if I speak according to my experience I am a senior most Nurse in gynae ward but I donot have authority to take decision regarding department management, regarding patients health care and also we are unable to give them treatment and intervention without the consent of doctors as there are patients who value the doctor opinion more, which is obvious but we can also tell that what is wrong with a patients by just looking at them due to our experience in this field. Doctors never want that we take decisions on their behalf either they are most junior doctor in the ward as to maintain their authoritative figure they hold their place and never allowed any nurse to work against their decision. As this is the part of our training also that we have to obey doctor orders even when the doctor is not present on duty. When the patients comes in emergency

like last week we had a patients who was in labor pain and her water bag get burst also I was on night shift and we have only 2 nurses available at that time in a ward patient was in extreme pain and we have no other option to operate but unfortunately we could not take decision regarding patient condition and we call doctor many time as she was giving us descriptions but not present .when we are taking decisions on our own that what should we do to normalize the situation of the patients we have to face a conflict that whether we should interfere or not as we have no option other than to wait for the doctor.

Nurses are facing workplace harassment and flirtation which is prevailing in our society but this emerging issue is not being discussed openly as it is considered as a taboo. Right of female paramedic staff that should be provided by the hospital administration is not given properly as nurses were not take action regarding workplace harassment as they were harassed by their co-workers in which doctors were on the top of the list. As due to the unsafe environment nurses face emotional distress and unsecure feeling with respect to their workplace which negatively affects the quality of their work (Subedi , Hamal & Kaphle, 2013).

As one of the respondent stated

“I feel more comfortable by working with the female doctor as compared to male because we are more relaxed and we consider them as our sisters and it is easy for us to work with them but with male doctors it's a bit uncomfortable situation. As nurses were spend most of their time with doctors and due to the nature of their duty they also have night shifts which become problematic when there is male doctor on the duty. As I have been faced molestation by male doctor when I was on my night shift I went to doctors office to discuss about patients condition as he asked me to sit .while discussing he hold my hand and close the door I was so afraid that I do not know what to do and unable to take any action against him as he warns me that if I complaint to administration he fired me to this hospital and after sometime this incident is being spread in all department and other staff member that “ ye to doctor k noor-e- nazr hai jab bhi kam ho is se krwaya kren doctor sahib kbhi mana nhi kren gein (she is doctors favorite and whenever anyone have an issue asked her to talk to doctor to do our work done as doctor never refused to do that) I feel so ashamed that I cannot said a single word to my staff members. From that day I try to do my work

under the supervision of female doctor in order to get rid of these comments and thank God that male doctor went abroad for some course”.

Female nurses are being harassed by male doctors during duty timing as they have an authority and used their higher occupational status by molestate the female staff nurse .Nurses while on duty timings want to work under the supervision of female doctor as they cooperate with them and they have no security issues while on their night shifts. While working with male doctor as they feel uncomfortable working with opposite gender along with that nurses feel that they have proper dress code but while doing duty they unconsciously focus on their dressing and in most of the cases male staff and male doctors try to get very flirty at times with nurses that is very annoying at times.

5.1.6 Patient and Nurses Relationship

Literature suggests that every human being needs and want to be cared from its family and people around him specially when he /she is not feeling well. Caring is considered as the most important element for understanding and describing the nurse-patient relationship. Caring is the main focus in nursing profession because it is more tangled and relational concept that depends on the interaction of individuals and other in the same social setting. Nurses who provide care to the patient must have general knowledge about the patient that what his/her needs are his /her medical history. How to deal with his /her illness, what other’s power and limitations are and how to respond them and understand their problem (Martiningsih, Winarni and Alvarado, 2021).

5.1.6.1 Perception of Nurses regarding Patients Attitude

As one of my respondent shared her view as

“Generally nursing is considered as a low-grade servant. Patients do not have any idea that nursing is technical professional, which cannot be performed unless you are well trained. I had seen patients who think that we are illiterate and knows nothing and they only ask for a doctor. During COVID-19 situation sometimes they needed intense case, which could not be performed by any of his blood line even, but we keep attending such patients and are dutiful to our professional. There are good and bad in every society. There are ones, who treats and think high about us. But many of our patients instead of giving prayers to us blamed us that we did not cooperate with

them and complaint to the higher authority .At the end, we do not care about others thinking about us. We only care what our duty demands us to do and to Allah we are answerable”.

One of my respondents named Amna who is a nurse shared her opinion as

“ We as a nurse did not get equal amount of respect as compared to the doctors from patients because the patients and their attendant always trust doctors more and there is a reason for that because in Pakistan people are labeled by their professional status and more were give respect to the doctors as they are highly qualified not to us although we also get training from institute and sometimes have experience more than junior doctors but patient first priority is to get treated by doctors”.

Patients did not cooperate and give respect to nursing staff as according to them they are not well experienced and knows nothing. Even nurses provide care and attention to patients which is not provided by their own family but somehow they only want doctors to treat them and they trust more on doctors rather on nurses.

Case Study

My name is Maria Irfan. I am 47 years old. I did my nursing from DHQ hospital and also doing a job in same hospital for last 12 years. As working in a government hospital is itself a challenges for medical health professional as people have a perception that i have a good salary packages, I get a stipend for education .I get pension after retirement and also have extra bonus also along with this with increasing ranks our salary is also increased but what the other side of the picture no one could even imagine the challenges and problems we have been facing. I have to deal the patients, I have to listen bad and judgmental comments from patients attendant, while on duty the pressure that we have that we have to do whatever doctor advised. Without doctor consent, we have no value. When patients create some complications ,we have to face all consequences of that. Even the hospital management did not take action if we ask them for help. A few months before, we had a patient who was well educated and have a good family background .One day doctor prescribed some medicines and asked him to take from department. When I came to visit him he asked me to give him the medicines .I asked him that there is non-availability of medicines due to which nurses were unable to provide medicines to the patients. When I explained him about lack of hospital medicines stock and request him to get medicine

from private pharmacy .I faced a lot of criticism and abusive behavior from patient and his attendant.

According to him government supply us the medicines which is being sold by nurses including other medical staff members. But they don't know the reality that due to poor management and excessive population of patients we have shortage of medicines although we request patients and also explain them the reason but they don't take us seriously and blame us for the shortage of medicines.

As one of my respondents shared her opinion that

“Sometimes doctors create misunderstanding and conflict between patients and nurses as when doctor gives blank prescriptions with the dispenser so that when patients get medicines in the absence of doctors. When nurses have to answer the question and advice regarding some medicines, patients always support doctors along with dispensers due to which conflict arise between the co-providers.as we give them advices along with the reason that which medicine is necessary for them and which is not but they think that we don't know anything and the doctors and dispenser is right. During this situation we waste our time in resolving the issue like we go and find a doctor, get his points and made the correction and clear the minds of the patients”.

Another respondent stated

“ With patients we have different experiences some patients are more critical while others are stable so it is important for us to deal the critical patients first and then the stable ones but they don't cooperate with us they want to be dealt first so we have some clashes over dealing with the patients . also I think even spending more time with us as nursing staff is available all the time but they are more reliable to the doctors they ask to them whatever they want to know about their patients health”.

Patients sometimes don't trust on nurses as according to them they know noting rather than providing care as they also obey doctors order and what doctor say they perform their duty according to that .

One of my respondents shared her experience with patient that

“I have experienced that when you tenderly treat a patient he will recover quickly. People coming to the hospital are already tense therefore we should treat them

humbly and with care and many times patients don't cooperate with staff nurses due to which things often get bad. Like once there was a person riding a motorcycle on the road, he had an accident and he died on the spot while his fellow passenger was severely injured, his relative reached on the spot and they tried calling a nursing for the first aid. But the nursing reached late due to some reason, the relative were already grieved and angry, they surround the nursing and were about to beat him, at that moment it had to intertwined to save him. I think we deal with the patients in a humble way (aihkllaq) but during these kinds of situation nursing staff were blamed and mistreated”.

The response showed that the behavior of patient and attendants depends on the condition of the patients as in serious condition patient's attendants did not behave well with nurse and other paramedic staff as when their patients cannot survive they think that it is nurses and doctors fault who did not give treatment at time.

Another respondent shared that

“Here comes something, known in our society as High nose people. They try to establish their link with nurses, to show that they are well linked. It is only status conscious thing. While dealing such people as patients I personally get very annoyed as according to them money can buy everything. Such people are preoccupied with wrong concepts. Such negatives are part of every society. As one of patient demands me to take money in return of which provides me some extra medicines and request doctor to shift me in separate room. But it is not in our hands as we are answerable to higher authority and we have to do our works with sincerity”.

The response shows that while living in Pakistani society one could buy anything with money while on duty nurses faced these type of challenges that patients perceive them wrong and offer money to do their work with is against the administration of hospital.

Patients considered female nurses as submissive and as in patriarchal setup male have been considered superior like in mostly department large number of female nurses are dealing with patients sometimes patients misbehave with them and in that situation female nurses call male nurses and other male staff members to attend the patient.

As one of my respondents shared her views that

“Here males nurse plays a very important role. Patient deal respectfully with male nurses, however its other way round with Female nurse. Educated behave way well than other a lot many times, I came across such events. Recently, a letter has been issued by government that if someone misbehaves with female nurses, they shall be charges with hefty fine of Rs.70,000, along with 3 years imprisonment”.

5.1.6.1.2 Patients belong to different ethnic group

Literature suggests that patients who belong to different ethnic background especially pathans creates difficulties for paramedic staff as one of the reason is that they are illiterate and secondly they have their own rules and they do not allow their daughter, mother and other female member to visit the hospital and when things get out of their hands they coercively admit their patient in hospitals (Bhattacharya, 2014).

As one of respondents stated

“In Rawalpindi there are a lot of pathan community who when visited to hospital staff nurses and other paramedic staff faced a lot of difficulty to explain as we had a female patients who was a pathan and she had in severe labor pain and when I take her to the labor room her attendant refused as according to her it is not good in their culture that an unmarried girl would examined their patient while she is delivering a baby. And she shouting at me saying that where is you senior nurse or doctor who is also married .in that situation I call my married senior staff nurse even though I and the other female staff nurses were easily managed on our own but they did not even allow us to enter to the labor room”.

Another respondent shared her view as

“There are few patients who speak to us very rudely like yesterday there was a Pathan female patient and in the morning she had a C-SECTION and after 1 hours I shifted her to room . In the evening almost after 2 to 3 hours I went to her room in order to change her urine bag and give her some pain killer as at time that patient were in severe pain, her family was making her walk. I tried to stop them but they spoke very rudely and were saying that we know better than you. You are only a nurse not a doctor to tell us what is good for our patient”.

5.1.7 Uncooperative behavior of Co-Workers

Literature suggests that in order to improve the quality of healthcare organization there should be an adequate and good care providers who works as a team and play their part individually and contribute to flourish the hospital. Hospital management should also provide basic resources and equipment to the staff and give equal opportunities and facilities to the staff so that they work efficiently. The main purpose of hospital staff is to provide care to the patients and this could only be provided if there is good engagement between the co-providers and if the staff doesn't support and cooperate with each other and there is lack of team work among them then they will not deliver a quality healthcare services and also unable to get benefit in clinical outcomes. (Bulkapuram, Wundavalli, Avula & K, 2015).

There are various issues and challenges which is being faced by respondents with respect to their co workers which were explained here under

5.1.7.1 Poor Teamwork

Teamwork is considered as the key element for ethical practice in order to provide quality healthcare services to the patients.

One of my respondent shared that

“We already have very limited staff members as in private hospital the administrations select a short list of members as their staff and if one of our staff member get sick or on vacations or applied for some educational leaves we have to face problem as we have more work and less members As a result work load increased day by day and we are unable to manage .I as a staff nurse always complaining to our hospital management due to uncooperative support staff the staff which is available is not supportive at all . I have to do work alone as we have only 2 nurses available at a time in the ward and while dealing with patients sometimes we need ward boy or aaya, sweepers, gatekeeper etc as our support staff did not perform their assigned work which results in increase in nurses” workload”.

Another respondent said

“ Many times especially in emergency cases we nurses are contributing more than other staff members including senior and junior staff question us about to do the tasks

which is not the part of our job .while dealing emergency case we need additional pairs of hands and every member of the staff must play their role but somehow we work more than other staff available in the OT(Operation Theatre) as when ward boy shift a patient in to room on the stature he must put back the stature and shift that outside the OT but instead of doing his work he ask nurses to put stature back”.

Poor staff management and unsupportive behavior of the staff members leads to the poor team works as nurses who are mostly female could not able to refused their staff members especially senior but along with seniors many junior staff were also not performing their duties well and their work was also done by staff nurses.

As one of my respondent who works in a private hospital as a junior staff nurse shared her views as

“Sometimes we due to peer pressure and in order to maintain friendly environment help our support staff to perform their duties as well and when they asked for our help we willingly perform that task. As according to them they have a lot of burden and could not complete on time and when we agree to do their work they went to the cafeteria and doing gossips with other staff members .one day when I realized that they are only give us a work so that they would enjoy and we do their part of job I simply asked them that I don’t have time I also have a lot of work to do the male team members said that you are junior and it is also the part of your duty to obey us also”.

Another respondent shared her opinion as

“ Most of our support staff do incomplete work as when we give them work to do, they did not finish that task on time and when doctor take round we would be answerable to that so in that case we do our work along with their in complete work also .Then what kind of support they provide we as a staff nurse give them support we handle each and every thing either written or practical we have to look after and other problems that patient have”.

Nurses were bound their work along with their staff members either due to peer pressure or due to having junior post .but on the senior post they also faced problem as the work they give to their support staff they are unable to perform that task on time due to which they have to complete that work as they were responsible for that.

5.1.7.2 Perception of female nurse regarding male nurse

One of my respondents shared her opinion as

“Basically it is a feminine profession and mostly there are female nurses are in majority but I also have experienced working with male nurse and other male support staff as well. As I think the main problem is that male nurses usually do 2 jobs at a time and most of them have secondary option of doing nursing job. Along with providing care to the patients we as a female nurse get emotionally attached to the patient and cure them like we are treating our own children our own parents etc. But during my whole career I never saw a male nurse who get emotionally attached with the patient although they are doing their job sincerely but not with that intention that they considered patient as their family members”.

Another respondent willingly shared her views that

“we know that we are working as a team work and our male members were also doing their part but not on that level or not in that amount also they were coming to hospital daily but what they do sit with the ward guard ,or went for a tea break with OT technician and were coming back to work after 2 to 3 hours whenever they want to but we as a staff nurse are not even go out of the ward we have to stay with the patient so that when the patient have some problem we are available. Furthermore, I think male nurses have good relations with doctors as well especially male doctors due to gender barrier we did not discuss things as openly as male nurses and they were discussing the things while sitting in their offices as well which we can't do as we feel uncomfortable while doing this so they have good rapport in front of doctors so they were not answerable about their work and if you see in the case of female doctor as female doctors are mostly have rude behavior with female nurses but according to my experience they have good ties with male nurses as when the female doctors is on duty all the male nurses were present in ward as according to them “ aisi haseen doctor round pe hon to kon ward se bahir jae ga” (if there is a beautiful doctor on the round then who would want to stay out from the ward) so you can imagine that how much they are sincere with their job.

Generally male are considered as competent but in case of nursing as they were doing dual function and have secondary option of nursing so they did not much focused on this profession and they come to hospital and make links with other paramedic staff

and with doctors due to which if they not doing their work efficiently they were not answerable to anyone.

5.1.7.3 Perception of Male Nurses regarding Female Nurses

As one of my male respondent narrated

“I think female nurses are more competent, as males have a lot of other options from where they can earn a living and also women are naturally soft hearted so I think female nurses are more competent in the field of nursing. Female nurse’s focuses on only one job, so I think female nurses are comparatively more focused than male as their earning is being dependent on nursing along with this I did not say that male nurses don’t play their role as both are competent”.

Another male nurse respondent told

“According to my opinion malenurses are more capable and experienced in handling all sorts of situations. Female, mostly does not have confidence to handle exigencies as well critical emergencies. Male nurse are more energetic and they are ready to do every task they are given on the other hand females get tired easily and are less energetic. As we have to listen a lot of things regarding our nursing profession that it is a female oriented profession and we don’t provide adequate care to patient as compared to female nurses we cannot involve ourselves emotionally because we want to be strong but what about physical support that we provide .staff members need our help especially female nurses call us for help when they have to physically treat the patient”.

Male nurses are also playing their role and contributing in their profession .as due to male characteristics they are involves more in physical activity rather being emotionally attached to the patients. But due to such things male were faced different perception from their female workers that they are not suitable for this profession and they are not as such competent as paramedic staff could not work alone without team and everyone having playing their role.

5.1.8 Poor Image of Nurses in a Society

Literature suggests that the image and status of nursing that is being defined by the society and how they defined the term nursing is a global problem thatnurses face. Image is defined as the “perception regarding of a character or a thing or person by

public”.Nursing image is defined as the set of beliefs, and ideas and the image that is being perceived by the people regarding nurses and nursing (Gul, 2008). According to Farrukh (1962) the main reason behind nurses’ negative image is bad reviews of people along with the societal portrayal regarding nursing. There are many factors that are responsible for negative image of nurses which includes the low socio economic status of nurses along with not good salary packages. Nurses’ who also provide care to their male patients, work under the supervision of doctors as well as dealing with the attendants was considered as contact with unrelated men (with patients/visitors, doctors) was considered unacceptable. Because of all these perception nurses are being stereotyped and due to these reasons they are unable to proceed in their profession and they are not satisfied with their jobs.

5.1.8.1 Low Status Profession

As one of my female respondents shared her views that

“The most common thing that we listen from our society regarding nursing is that we belong to low status profession. The question is that how could people judge the profession to which they do not belong and even they don’t know anything about that. Other than that we as a nurse listen such comment like “haw mardon k sath kam karti ho” (you have contact with males)”.

Another respondent stated that

“I have never seen a single person who appreciates my profession as no one considered this profession as a respectable profession. When we tell them that I am a Nurse they said why you would choose such a low status profession. I have no words to give them explanation that who treat you when you are ill. But in that case they simply replied that Doctors as according to them we don’t have any role. I have been in this profession for almost 32 years and in that I listened not a single word of appreciation as we are skilled professionals and we take proper training and courses in order to attain this professional status .still, we have often perceived by others as unskilled, and we are working as servants do, the respect that we deserve has not given by society. When we see our image in the eye of people we considered ourselves and our profession inferior and all these comments cause painful distress among us”.

Another respondent added

“We only demand respect from people and society but when we receive such a derogatory comments even from patients to whom we are providing care and cure their illness and especially at this time when COVID-19 is at peak and we take our lives and along with our families lives at risk and have 24 hrs contact with the patients while dealing with such patients even though they did not say a single word of appreciation, other than patients we also receive bad comments from our colleagues also .sometimes they use abusive language which sling mud on our character as well on our professional struggle and status”.

Another respondent shared her opinion as

“ When the patients see us in our white uniform they create an image although the one of the reason of choosing nursing profession is that I like the uniform of nurses and patients also perceived that we are subservient and have poor background and belong to uneducated family who allow us to choose this profession. Even the uneducated patients have this perception regarding us. Sadly but I know that there is no respect of nurses in society”.

Mostly people have perception that nurses belong to poor background and have low socio economic status that’s why we choose nursing as a profession, as they all think that nursing is a profession that is not chosen by passion and by choice. Society did not want to accept that nurses should also want equal respect from people, patients and their colleagues as they are the playing main role in providing adequate care even spend more time with patients than doctors but when we talk about respect doctor is considered as a preferred profession but not nursing.

5.1.8.2 Stigmatization and Spread of Misinformation

There are many stigmas that are being attached with nursing profession as they deal with male patients and all nurses have bad character and have affairs with their male colleagues as well as with doctors

As one of my female respondents told

“I have been in nursing from last 3 years and in this many times I decided to leave this profession as wherever I go I listen such bad comments only because of my profession people perceived that I have abad character as I spend nights at hospitals while doing my night shifts .I have contacts with males. I take care of male patients as

well. These all are the part of my duty but it does not mean that I am characterless and have affairs with someone. People know nothing about this profession. Only this profession and people who belong to this profession are being stigmatized by others. I know in every profession at everywhere there are different people there are bad and good people but as you know not all the five fingers are equal. And it does not mean that people who are part of this profession are all characterless”.

Another respondent shared that

“ Many people attached nursing profession with Christianity as they think in this profession all the nurses were Christian which is a misconception as they put a label on nurses that we as a Muslim don’t want to get treated from Christian nurses as not all the nurses are Christian and if the nurse is Christian and what is the wrong with it .According to one of my patient Christians are not clean and tidy and have a different religious belief that “swwhy I don”twant that she treat me”.

Profession of nursing is being stereotyped and stigmatized as stigma is that perception or a thing in which somehow who belong to a particular group are considered as different from their majority society. The spread of misconception regarding nursing and due to their image according to society’s perception as submissive they were not given that respect with they actually deserved.

Conclusion

Profession of nursing should be considered as a dignified profession but unfortunately it is not true as Nurses faced a lot of challenges while persuading nursing as a career in Pakistani society as due to lack of hospital management and support they were not treated as another paramedic staff and rated low in hospital as well as also treated low in our society.

Along with all these challenges that are being discussed above nurses tried their best to provide the adequate facilities and care to their patients and were sincere to their jobs .As along with low respect they are not highly paid as compared to the amount of responsibility they have.

Workload shall not be distributed with rational. Nursing staff are over-burden in every hospital, which makes them in-humane. Time duration as well as amount of work load, both shall not be considered by the hospital management and it is nurses“

responsibility if there is some mishappening in their ward as they have lower occupational status and work under the supervision of authoritative figures.

6. Nursing and Patriarchy

The following chapter addresses the second objective of the study and explores the different forms of challenges faced by the female nurses in their domestic sphere due to the patriarchal setup of Pakistan. As women are not allowed to do jobs and lived within the four walls. The researcher tries to understand the societal pressures that have been faced by nurses and their families as well. It records the varied perceptions of the nurses about the family and societal pressure while choosing nursing as a career.

6.1 Choosing Nursing as a Career and Family Pressure

According to traditional concept women should remain inside the house and it is against to their familial and social norms to get education and attempt to search of employment. Nevertheless, while there are many advantages of urbanization along with them there are many other things which is faced by the people like the deep-rooted societal beliefs are reflected in the discrimination and harassment which cause difficulties for the women who attempt to step out in public due to which women's could not approach to educational institution, and if they get educated they are unable to avail job and training opportunities of their own choice and even the high level of available social services (England, 1996).

6.1.1 Issues in Domestic Sphere

According to Martiningsih, Winarni and Alvarado (2021) Every human being needs and want to be cared from its family and people around him specially when he /she is not feeling well. But it should not be acceptable within the domestic domain .According to cultural beliefs and norms women should only provide care and treatment to her family members and if she wants to provide that care and treatment at public sphere (choosing nursing as a career) that would not be acceptable.

6.1.1.1 Case Study

My name is Abida Hussain. I am 28 year old .i am a nurse by profession .my father was a Hakeem by profession and I belong to lower middle class family. I learn a lot of thing from my father since my childhood as I have 5 sisters and I am the eldest one. From day one I gain interest in my father's profession and when I had some free time I used to utilize it with discussing about different medicine and treatment with my

father. Whenever some patient came to our home and father was not available I give them medicine as I know very much about that. When I passed my Fsc I want to choose medical line for further studies as becoming a doctor is very much difficult because of low economic status .i request my father that I want to do some nursing course as at that time allowed me on the basis that I don't pursue it as a profession as my father never want me to become a nurse because whenever neighbors calls me to come to their home and check the patient my father simply refused to go as he does not want that her daughter treat patient outside the house .I know that he never allowed me to do such kind of job in which we have contact with male. After completing my nursing course the passion of becoming a nurse instigate in my mind request my father that I want to choose nursing as a profession .from that day my father won't allow me to even go out from home .After my father's death due to financial crisis I have no other option rather to become a nurse but I think that if my father was alive I never do this profession without her approval.

6.1.1.2 Traditional role and Effect on Family

Before choosing any profession young women always keep in mind about her traditional role that she is performing in her family due to women is unable to perform her occupational role.

One of my female respondents stated that

"I am the only daughter of my parents and have 2 younger brothers. When I was in Matric my mother has been diagnosed with Cancer as my father and brother were very supportive but the most of the home chores are under my responsibility .After Fsc I decided to choose Nursing but unfortunately my mother were not in good health and had a very critical condition. In that situation I was unable to do home task, take care of my mother and my family and to do job .I remember once my father said that you first priority should be your mother, you should take care of her, instead of providing care , treatment and deal patients in hospital you should provide care to your mother to whom you get more prayers. From that day I decided to take care of my mother but after 2 years of my mother's death I decided to start nursing and to get prayers that I take from my mother".

Women first priority is to provide care and attention to her family members rather than to pursue and maintain occupational status and if she is unable to perform these

dual function then she have to choose her family as family is considered as more important than anything .She have to scarifies and left her professional career because of its traditional role

6.1.2 Male as an Authoritative Figure

According to Connell and Connell (2005) in patriarchal societies most of the advantages are being availed by men e.g. control over economy and considered as authoritarian and ruling figure, men have higher social status, control over important decisions with in and out of family unit. While living in patriarchal environment in which male and senior most member of the family i.e. grandfather, father hold the main position and he has the authority to take decisions (Wentworth, 2004).

6.1.2.1 Live Away from Home

One of my female respondents stated

“ The main issue which I facing while choosing a profession and in making career was at that time when I was applied for nursing there were a nursing school in Mayo Hospital Lahore and my family was in Rawalpindi .The main issue that is being created by my family members was that I did not get permission to stay in hostel as in my family no one go far for studies as I hardly convinced them to become a Nurse and at that time Pakistan Nursing Council not allowed students to live at home during training. As my father did not like that her daughter would stay in hostel due to the hostel environment and I have no male family member which provides safety. As you know working as a Female nurse is challenging in male dominating society, then working far from home is more difficult proposition. Our head of family prefers us staying within city of residence. Our family obligations necessitate us to stay in same city. And also he had an issue that my mother would be left alone as all my elder sisters were married. Due to this he forced me to change my profession or either takes admission in Rawalpindi or Islamabad”.

Gaining education from another city or province is not considered as acceptable by Pakistani families because of the hospital environment and image. As father don't allow their daughters to study while residing in hostels. While going outside there should be a male member with them so as they feel secure and safe but in hostels they have to deal all things alone that is not acceptable by father or a brother.

6.1.2.2 Economic Dependency

Literature suggest that economic dependency is considered as one of the most important factor that cause patriarchy as this has been inculcates in children's mind since their childhood that is for boys who is considered to be the head of the family and they have to be independent and must have higher social and economic status where as girl should remain within the four boundaries of their house and dependent on their male family members (Ferdoos & Zahra, 2016).In Pakistan, most of the families do not allow their daughters to choose the institution or the subject of their own choice and also they do not want their daughters to get educated it is considered a symbol of dishonor if get job and independent. (Briere &Runtz, 1988).

As one of my female respondents shared her opinion that

“ Being an only daughter of my parents my father always give me whatever I want as all my needs are fulfilled and I have everything Alhamdulillah .I choose this profession not because I have to earn money but my father and mother don't want to do this or any job because according to them all they have is mine and especially my father never want to do job firstly he considered nursing as a low status job and people don't see it with the eye of respect and also he want that I always being dependent on him economically. But after that when I convinced him that I only want to do this job to groom myself and maintain my occupational status.”

Parents don't want that their daughters get independent and take decisions on their own if head of the family is earning well he want that the female members should get educated as much as they can but don't allow them to do job due to which women faced an issue that now a days many women were joining labor market in order to get groomed and get an different experience through different exposure.

6.1.2.3 Lack of decision making authority

Literature suggest that people perception daughter has no role to play in family and she is not allowed to be a provider nor a protector that's why she is not able to take decision regarding her career and education and if she get educated she is unable to take part in economic activities and doing job of her own choice (Bhattacharya, 2014).

As one of my female nurse share her experience that

“ In my family my father and paternal uncle have perception that daughter has no economic role to play in the family .as if I get a permission of doing job I become independent and able to take my own decisions as women should in control of man when she is financially dependent on their father ,brother or husband but once she get independent she is out of control and cross the limits .due to this my paternal uncle pressurized my father not to give permission to do such kind of job and as nursing profession is not respectable in our society .I all this my mother always supported me and she request and convinced my father for my job”.

Male members of the family have threat that when they allow their females to do jobs they are somehow become independent and get freedom to do anything that they want and when they are financially independent then they won't respect us due to which males don't want women to flourish and join the professional setup as when they join the labor market they know their rights and also demand for their rights.

As one of my female respondent stated

“My Brother was always against to nursing profession. He locked me up for 3 days, to not to let me join nursing profession. I remember, I was also preparing for MBBS in those days. My family wanted me to become doctor and I wanted to join Nursing. As majority of women were supported by mothers and sisters my mother also convinced my brother to let me decide what I want to do as he was also concerned about me, as Nursing is not considered as honorable profession for female in the eye of our society. And he says that nurses have to attend the male patients as well. My brother and sisters were in respectable profession so my brother had a view that what people say about me that I become a nurse but it was my passion and finally, by facing a lot of problems and pressure I choose Nursing”.

Female members of the family have no authority to take decisions about themselves either it is regarding their personal decisions or their professional decision. As male members decide that which profession is suitable for females and which is not. They only prefer those professions which is acceptable by the society. Due to which they pressurized and forced to choose profession that they want and that they think is suitable for females.

6.1.2.4 Religious Background

6.1.2.4.1 Case Study

My name is Syeda Ayesha .I am 28 years old .I am a staff nurse by profession and have being working in Holy Family for last 2 years. I belong to very religious family. My paternal uncle were religious scholar .My father is also a religious scholar and also teaches the Madrassah students .I have been raised in a very strict and religious environment. After completing my matric along with that I am also a Hafiza my friend said that she is going to apply to get nursing training and I also have to apply with her. I already know that it was a big no from my family as my father is very religious and believes in Purdah and simply opposed the decision as according to him girls should stay at home and not interact with male members as in nursing profession you would have to attend Namahram and also work with them which will ultimately bring bad name to their house. Due to religious background I have family pressure that I could not go out for the job even I studied my father allowed me on the basis that I should study but not in co-education and in purdah. My mother and some of my paternal aunts convinced my father that he should allowed me to do some courses and get training in Nursing as my friends also doing that. During training I used to treated my family members and provide them first aid when they got ill. My father was satisfied and happy .but when I asked him about to choose nursing as a profession he said how could you even imagine that. After 2month of convincing him that he allowed me as I do whatever he wants .He finally agreed as my paternal uncle said that she should treat patients and get prayers (Khidmat –e- Khalq mein bhi sawab hai) .I used to wear hijab and do purdah in front of male patients and paramedic staff. As I have family restriction.

Another respondent said

“ While doing a job my maternal uncle when he used to visited us .he always says that I am very worried about you I don’t know how to protect you from doing this sin and how you protect yourself on the day of judgment as he was saying Nursing as an sinful act”.

Family members attached different perceptions with profession and then relate it with religion according to them doing job especially those in which you have male contact is a sinful act and one should be answerable at the Day of Judgment.

6.1.2.5 Work – Life Maintenance Issue

Women's deal with the complex lives as she is performing different roles as she has to perform its professional roles as well as to maintain her personal life in which she has to look after her family as once women get married they also married to her husband's family .Because of these kind of relationships women overburden as she has to maintain workplace and also perform well in family domain (Ismail, Mohamad & Noor, 2007).Women faced a lot of challenges to choose and precede their career due to their family responsibilities. Traditionally women play a single role that they look after their family and do home tasks but with the passage of time when they get qualified and enter in to labor market. She has to perform dual functions and also maintain their occupational status.(Kumari, 2014).

As one of my female nurse stated

“Before marriage, I easily managed my work life as my mother was very supportive as she does all the work at home and I do my job. Once I get married I faced a lot of issues in domestic sphere because of my professional career .as I have to do both my work at home as well as in hospital. I have 3 children and we lived in extended family in which I have to take care not only my family but also look after my husband family including my in-laws, my husband's siblings etc. due to which I could not focused on one thing while at work place I get tensed about my home chores and children and at home I am worried about my hospital duties. Sometimes when I have night shift my husband simply refused me to go I at early morning I have to make breakfast for all. My husband never supports me to continue nursing profession as I am unable to managed work life as my mother –in-law was not well so I should take care of her first. I got a lot of pressure from my husband to leave this job but I never want to leave this profession”.

Because of dual function and maintaining both private work and public work women unable to perform one function well. As profession of nursing demands full time attention and work load is more with long working hours so women sometimes unable to manage her traditional role .this cause a lot of family pressure along with work pressure. And if family members were not supported enough especially husband then women faced a lot of pressure from family to leave the profession and focus on her domestic sphere.

6.1.2.6 Pre-Dominant Role

The society of Pakistan is same as any other male obsessed country, where patriarchal setup is dominant and strong which cause problems for the women to take decisions and flourish her. Due to this dominancy of male women has a very low status in society. Patriarchy has been an element that caused a total disregard for Pakistani women. Dominancy of elder male member of the family including grand Father, Father is the main factor which causes savagery to the other gender. Women are seen as inferior or useless thing according to male perception. They cannot raise their voice in front of their male family members especially fathers, brothers and, after marriage, husbands (Bhattacharya, 2014).

6.1.2.6.1 Case Study

My name is Saima Baig. I am 27 years old. I am working as a staff nurse in Benazir Bhutto Hospital from last 2 years. I am living in a joint family system. Along with y nuclear family my grandfather and grandmother were lived with us. We are six sisters and my father is a government employee. According to my grandfather women should stay at home and parents should take early decision to accept the first marriage proposal they received. Due to this my grandfather was always worried about our marriage. As we have no brother and we are dependent on our father. So my grandfather wants that instead of getting education daughter should be married at their early stage. We all have been facing a lot of pressure from our grandfather so he doesn't allow us to get higher education. Even my father remains quiet when my grandfather decided once. But my mother and grandmother always support us. and we get higher education just because of them. When my elder sister got married the pressure increased that now it is my turn. my grandfather always said "Betiyen apnay gharon me hi achi lagti hein bajawae parhai k apnay bachon ko sambhalein" (daughters must be stay within their home and instead of study they take care of their children). I have seen a lot of pressure from my grandfather regarding my education and then choosing nursing as a career. My father also want that her daughters were get education and do jobs. When my grandfather were not in good health and admitted to hospital I take care of her and in those days I decided to choose nursing but no one agreed. but after my grandfather death I started my career in Nursing after a lot of struggle".

Grandparents also play an important role in joint family system due to which father role is not considered as important as in nuclear family and decision should be taken by grandparents and they decide what other members do. As grandparents are attached with their moral custom and traditional values and also bound their children and grandchildren to set their boundaries and perform their activities according to their decision within restriction they imposed on them. Female grandparent have more restriction than males as according to them women should stay home because at their time the role of women is only restricted to home so they relate their time with modern time and did not allow their granddaughters to choose that profession in which they have contact with females.

6.1.3 Societal Pressure Faced By Nurses

Patriarchy represents the structures of domination and exploitation which defines the women's position in society (Fredric, 1982). Societies play an important role in set rules for both male and female which shows clear distinction and biasness among them (Shah, 1986).

6.1.3.1 Unacceptable profession by society

As one of my respondent shared her views that

“ Society to which we belong decide more about us that what should we do, how to do, where to do etc, as a part of it we cannot show deviance “Kyoum kay agr hum ne kuch alag ya society kay against kia to log to humein jeenay hi na dein (if we do against societal norms and values we are unable to survive in our society)”. Becoming a nurse is itself a big issue for the people to whom I belong as my parents, my siblings including me have to listened a lot from our family relatives that “ haye bechari nurse hai bht hi mushkil duty hoti hai logon k Urine Bag tak change krte hein (oho nurses have very tough duty even they change the urine bags of patients). As they don't know difference between nurses and Aaya and they only considered nurses as a low respectable profession”.

The stereotypical image and embodiment of nursing that is introduced by the society has placed nurses in a submissive position in people's eye due to which nurses are unable to show their potential and give their emotional labor to others which denigrate the portrayal of nursing profession. (Fischer, Zakar & Abbas, 2020).

Another respondent shared

“When I want to become a nurse my father faced a lot from their relatives and friends that “Ab tum beti ki kamai kaho ge or agr nokari karwani bhi hai to aisi nokari krwao jis pe log ungliyan na uthaen (now you depend on your daughter and take money from her and if you want that you daughter do job then allow her to choose a good reputation profession rather than nursing so as people cannot point finger at you)”. When people discuss these things in gathering our family gets pressurized and forced us to leave this profession. But educated members of our family supports us and convinced our family”.

Societal pressure is an important factor which bound women to choose profession of their own choice as they pressurized family member so that nurses leave their profession only because society don't accept it as a respectable profession.

6.1.3.2 Rural Background

People who belong to rural background faced a lot of challenges as they are more attached to their cultural and religious values as along with financial crisis when they migrate towards urban settings they have to face societal pressure along with that they must have to attached with their cultural values and family relatives (England 1996)

6.1.3.2.1 Case Study

My name is Maria Arif. I am 29 years old .I am working as a Staff nurse in Fauji Foundation Hospital. Basically we belong to Village Matore which is considered as a backward rural area in which mostly people involved in farming. In search of good job my father settled in Rawalpindi and then in order to get good education my father also take his family with him and we get our education from city. Although we lived in city for last 19 years and we get education from here also but somehow we are attached with our village. We must have followed the norms and customs according to our family backgrounds. As when I want to become a nurse I and my family members faced a lot of family as well as societal pressure. Elder members of our family along with other family relatives discussed our family that my father give a lot of freedom to their daughters that they cross the limits and do a very low status profession. They get educated that why they cross their limits “apnay baron k izzat k koi parwa nhi hai isi lye aise gandi nokari kr rahi hai or naam badnaam kar rahi hai(she doesn't care about her elders honor and respect that“s why she is doing such low class job)”.

Along with that I belong to Rajput class in which people are class conscious and according to my caste “Nurses to hospital ki or mareezon k safai ka khyal rhkti hein to ye to chaprasiyun wali nokari hui (nursing is a profession in which we clean the patient, and work as a sweeper as we take care of patient)”.after listen such types of comments my family have faced a lot societal pressure especially my father and brother due to which they forced me to quit .but as living in city we cannot visit Matore frequently that’s why we have rare contact with our family relatives that’s why my father now ignored these kind of view.

Caste system and the rural background have impacted on person’s personal choice of selecting a profession and society and our close relatives make perceptions regarding profession and blame parent that they allowed their daughters and that’s why they cross the limits and do whatever they want.

6.1.3.3 Issues around marriage proposal

As one of my respondents stated

“My family relatives were against nursing but when I turn 27 my father get tensed about my marriage as when anyone came to visit us regarding my marriage proposal. They rejected on the basis that your daughter is a nurse. Even pilot’s proposal came for me but because of nursing they rejected me and when they came to know that my younger sister that she had done PhD in reproductive physiology they get more interested in her. Due to this my father and my uncle forced me to leave this profession as because any proposal who came for me rejected me or demand that I should leave this profession .me and my family members faced a lot of pressure from society and from our relatives. But now I got married to a person who is also a nurse and he also respect my profession”. But my relatives always says that “tum khud jo nurse thi to ksi male nurse ne hi tumhein accept krna tha (as you are a nurse that’s why you only be accepted by male nurse)”.

Another respondent stated

“We lived with our paternal uncle as my father died when we were very young .after completing Fsc I decided to choose Nursing but my paternal uncle rejected on the basis that “ aisi nokariyan apnay aglay ghar ja kar karna .logon se baten sunwani hein mujhe k baap than hi or taya parwarish nhi kar saka(do these kind of low class job after marriage .I don’t want to listen bad comments from society that you don’t

have father and I don't take care of you). He had a lot of pressure from society that according to him people blamed him".

Another respondent added

"When I got engaged with my cousin he broke off our engagement only because I wanted to continue nursing as a profession. My family get so much pressure from relative that instead of leaving job she breaks her engagement now who will marry her. Now even after getting married my present partner also does not want me to continue this profession and instead of doing nursing job I should start any other job .and in order to satisfy him I am also doing Master of science in clinical psychology along with my nursing job with a lot of pressure".

Nurses and their families faced a lot of societal pressure regarding marriage proposal as in Pakistani society there is certain age at which girls must be married and in case of nursing marriage proposals are being rejected on the basis that the girl is a Nurse and the girl who belongs to nursing has a bad character and have affairs with their patients, doctors and male staff as well. Mostly parents said to their daughters that they should do jobs when they get married.

Conclusion

Being a part of Pakistan as a Patriarchal society women faced a lot of challenges as males have authority to supervised women and take decision that what should they do. Women are also answerable for even of their single action. Head of the family decide that either they get educated or not or where they go what to wear and for whom they met.

Women are unable to take decision regarding their profession as they have to face family and societal pressure. They are unable to proceed into their area of interest as they have responsibilities of their families and their elders members or father imposed some restriction regarding choosing their career .Nurses faced a lot of issues in domestic sphere as they have to look after their families and due to dominant role of male members and due to negative portrayal of nursing they won't allow them to pursue it as a profession.

Society makes a contribution in shaping negative image of nursing as according to them it is a low status profession which has no future and nurses who belong to this

profession are characterless because they have interaction with males and they also have affairs with doctors, patients and male staff members. Due to which they did not get respect from their social circle and their families have also pressurized by their close relatives and friends.

7. Patients Perception Regarding Nurses

The following chapter addresses the third objective of the study and explores the perception of patients and local community regarding Nurses and their Profession. The researcher tries to understand the good or bad experiences of patients and local community who have interaction with nurses while visited hospital .This chapter also highlights that while interacting with nurses how the perception of local community and patients have been changed due to nurses behavior and attitude towards them.

7.1 Perception of Patients Regarding Nursing as a Profession

Nursing is “The promotion, providence and development of health and abilities, impediment of illness and injury, mitigation of suffering through the diagnosis and treatment of human response, and endorsement in the care of individuals, families, communities, and populations” (ANA, 2004). According to French, Watters & Matthews (1994), Nursing as a career provides care and their main emphasis is to keep people healthy and treat them with attention and care when they are sick which is considered as the women task.

As one of my respondent said that

“In my opinion Nursing is highly respectable profession. People have negative imprints about nursing profession. Every profession has positives and negatives but for Nursing people have more negativity in their minds. A very dignified profession but rated low and treated low in our society. They shall be highly paid, compared to the amount of responsibility they have. I grade it as honorable, as patient’s life or death depends on amount of care nurses perform”.

Another respondent stated that

“COVID-19 has turned the perception of people regarding nursing it. As before COVID-19 we usually get more involved with doctors and share our medical problems with them and considered nurses as illiterate but now they are frontline health professionals who take risk of their lives along with their and treat and provide to us when there were no family members who stay with us in hospitals as they have risks that they might be also contacted with virus .People had drastically changed their respect status for Nurses. Rather, I would say that Nurses has earned greater

respect now. Now doctors and nurses are in par, in the eye of patients, if God for sake, something goes wrong”.

Nursing is a profession which is not getting that respect and value from the society that they deserved. But during the current situation ,the profession of nursing get equal respect that doctors received from patients even sometimes nurses are more valued as they are contacted with patients although they know they take risks of their lives along with their family but they preferred their duty first.

7.2 Views of Patients regarding Female nurses

According to Martiningsih, Winarni and Alvarado (2021) Caring is considered as the most important element for understanding and describing the nurse-patient relationship. Caring is the main focus in nursing profession because it is more tangled and relational concept that depends on the interaction of individuals and other in the same social setting.

7.2.1 Case Study

My name is Sana Arif .i am 35 years old. I am a teacher by profession. When I diagnosed with breast cancer I was 32 years old and have 3 children one son and 2 daughters. I had been visited hospital for around 2.5 years and admitted almost 1 year. It was the worst time of my life in which I learned a lot. As when you are in difficult time came to know about your family .your blood kins etc that who is sincere with you and who is pretending (*“Mushkil waqt mein he asal insane ko insan k or apnon k pehchan hoti hai”*). My younger daughter was only 3 year olds and when I admitted in the hospital she used to live with my mother. But during this whole time when I was in hospital I was worried about my children and family. One person who is constantly with me other than my family member but playing a role of angle, best supporter, best motivation provider, best friend who listen to my every problem and available with me all the them is my Sister, my care provider, my nurse. Whenever I feel sad and worried about my family my children and my condition she provide comfort more mentally and physically as she know about my medical history . I think I get back to normal and recovered just because of her. Even when she is not on duty she all me from her home and said (*“ tension nhi leni m ajaun gn subha duty pe or tum bilkul thek ho jao ge bs apnay bachon k bare mein socho un k sir pe tmahar saya rahe hmesha (don’t take tension I will come back on duty in morning and you will*

get better and soon go back to your children .only think about your children as they need you)”.due to her support as she always concerned about me and talk to doctor about my condition and provide extra care .I must say where I am now just because of her. She cares about me like my own sister even if my own sister was there she could not treat e as my nurse support and comforts me.

Care is an important human need that is basic for the social reproduction and for the betterment of life. There are two main spheres one is domestic sphere that is discussed above and the other one is Professionalized care in health centers that clearly defines the nursing profession. (Estragues &Argemir, 2017).

As one of the elder patient shared her views that

“Mostly when people get sick they expect from their family to take care of themselves and mostly the primary care is being provided in domestic environment and mostly associated with female members of the family that are mother, daughter wife or a sister. As I have two daughters and both are married having their children as well as they are far away from me so when I get sick no one care about me as me and my husband lived with each other as we don’t have any other son and daughter . One day I was in severe pain as I am a heart patient my husband quickly admitted me to the hospital I spend a week in a hospital under observation. My one daughter was in Saudi Arabia and the other one was in Dubai at that time both were unable to come. in those week not even a single that I spend in hospital feel that my daughters were not with me .Either having my own 2 daughter I have been look after by my 5 daughter who were working as a Nurse in that hospital. They take care of me, feed me, treat me, provide care and attention, whenever I need them they were available and said “Maa g, ap ne pareshan nhi hona hm bhi ap k betiyan hi hein ap thek ho jaen gein or kheir se apnay ghar jaen gein (don’t take tension we are also your daughters you will get better soon and go back to your home).” And through their constant effort and the love, respect and care that they provided I become healthy and come back home in week. Now whenever I visited hospital they came to meet me and get prayers as they all were me in my difficult time”.

Nurses who provide care to the patient must have general knowledge about the patient that what his/her needs are his /her medical history. How to deal with his /her illness,

what her and other's power and limitations are and how to respond them and understand their problem (Martiningsih et al., 2021).

As one of my female Patient respondent shared her views that

“I think nurses are more close to the patients as they know more about us when we were under observation. When I diagnosed with stomach ulcers I had been admitted in hospital for 6 days. There were 3 female nurses in that ward. And in that ward 18 patients were admitted. Dealing separately with 18 patients and providing care, listen to them, whenever they call you without getting rude they understand patients feeling and pain as they were with us all the time. Doctors were visited only when they have to take a round of the ward and hardly give 4 to 5 minutes to one patient in which you cannot explain all his problems but when they went nurses give us information, give solace to us when we are feeling down which somehow relief us from pain. So I have a very good experience with nurses as they treat us as a sister, daughter and mother”.

Nurses provide adequate care and treatment to the patients and due to spending more time with patients they are considered more close to patients in a way that they have 24/7 duty with patients as shifts changed but they know each and every patients medical history who is present in wards.

7.3 Preferences of Female Nurses

The act of care giving highlights feminine connotation. Profession of nursing provides features that are attributed to women as caregivers that's why nursing is considered as a feminized profession (Estragues & Argemir, 2017).

As one of my female patient as a respondent told

“Being a female, I feel conformable with female staff. as same gender can feel each other once in conversation. I think nursing is more suitable for female as according to my experience I have been interacting with females as they understand our problems easily as “ Aurat hi Aurat ka dard samaj sakti hai(only women can feel the pain of other women”).

Females mostly prefer male paramedic staff as they feel comfortable with the same gender through which they can easily share their personal issues and problems that women faced.

Another respondent stated

“ In my whole time period when stay in hospital I had been spend a good and friendly time with female nurses .even I become a fan of them when they treated people with their polite behavior. Their caring attitude and worriedness about patients gives you more strength to fight against your disease and illness. Along with this nurses know each and everything as I call them doctor also .through this experience I wish that my daughter would become a nurse”.

Mostly patients give so much respect to the nurses only because of their (Akhlaq) good behavior with patients and they wished that their daughter should be a nurse who the sane as nurses treated and also serve the humanity with an intention of sawab.

7.3.1 Case Study

My name is Rukhsana Jabeen .I am 34 years old. I have 4 children 2 daughters and 2 sons. I searched and finally chose a good hospital with good repute. There was a female doctor who was dealing my last case when my son born. I wanted to get check-ups and delivery from the same doctor. As one doctor would be well aware of my case. My all children were delivered through C-Section. As I selected that doctor because I think Females are proven to be good in the domain of Gynecology I want to share my experiences with nurses as well as with doctors and then you should know that why I am giving more respect to nurses either to doctor. It was my last baby's delivery. I was confident this time. In first baby, one is not aware of many things. So, this time, I was at respite that I know much about Natal things and it will go smooth. At the day of delivery I was hoping a professional acumen will be showed by my doctor to get delivery done through her. But to my surprise, Doctor is busy in Ramazan dine out and she was not available on an important day. It was important for me but may not be for her. We kept insisting hospital staff calling her, as she was well aware of complete case. I was in labor pains, which itself was intense and thinking that doctor had left me without prior information. The nurses who stayed with me all the time were calling the doctor again and again and they all were getting worried about my critical condition at that time. They hold my hand and give solace so that I get some relief. At the nick of time, out of somewhere she appeared. She showed notions, soliloquy saying you were also to deliver on this day. It definitely shows lack of customer services. Rather I would call it as lack of Code of Ethics. She was in

hurry, as she seems to come from some important dinner invitation. She quickly finished stitches due to a torn or cut perineum and left the hospital, without post-natal checks/procedures. Whole procedure she was doing was in hurry but the other paramedic staff most importantly nurses they stayed with me .They show care and affection to me. When I was shifted to ward. Something went wrong during delivery. It was really painful. With fear, what the doctor has done to me. Staff Nurse of the hospital tried calling Doctor, who was at last other end of phone, instructing her staff. I was given number of pain killer injections by the nurses .Doctor shall have been ethically bound to attend patient but in my case this is done by nurses. Instead, she kept sending instructions on phone.

Doctor in hurry to her attend dinner invitations, took Patient as burden than duty, did not do post-natal process, which led to complications. It was near death. But The Ultimate Savior is there always. In all this Episode, in which I remained in tyranny. Someone kept my wits alive. They were constantly out there to support and help me. Yes, The Nursing staff. A well responsible attitude, treating not only in professional capacity but adding a humane factor. I think that instead of doctors nurses treated patients in a best possible way. That's why I would always respect nurses more than doctors .they treat us as their first priority rather than doing other works that is somehow considered as a secondary task during critical condition of patient as well as during duty timings.

Literature suggest that the concept of care and affection is associated with female figure especially if we see in the case of Children Health as female paramedic staff especially Nurses are more involved themselves emotionally and they have innate characteristics of sweetness and have therapeutic relation with their patients .Maternal role is being naturally acquired by them (French et al., 1994).

As one of my female patients shared her experience as

"I think nursing should be performed well by females as when my child born he is in nursery for 3 days a male nurse cannot bathe a child, cannot attached that much as female can do ., show affection towards child and take care of the child like her mother do. As a mother I was very worried because of my baby as he was in nursery but every evening my nurse who came to visit me give every minor detail about my

baby even she took his pictures for me so that I saw him every day as I was unable to go downstairs”.

Responses shows that role of nurses are being better performed by female nurses as they are more worried about her patients health and they take everything personally due to which they are emotionally attached with their patients. Female patients are more attached with their nurses as they get attached with them. As according to the responses female nurses are more energetic and perform their well and ready to perform every task.

As one of my respondents said

“I think female nurses deal you with much attention as a woman and keeping in view our religious values, it is important to have female nurses, who can attend female patients. Female Nurses are generally tender in nature and they attend the patients with great care. But sometimes I think male and female both should be present in the hospital as there are different kind of patients that should be deal differently regarding their problems and illness”.

Male respondent who willingly shared his views as

“It is beyond gender, as competency is related to the sense of responsibility. Whoever works responsibly is competent. Emergency wards are well tackled by Male Nurse and similarly, Gynecology is domain of female Nurse. In our society we see a lot of people who even don’t want to bring females to hospitals but when they know that they will be attended by female nurses they somehow get convinced. I personally think it is prestigious professions where you get to serve the humanity. However male nurses are also important as female nurses because sometimes male nurses have to perform physical labor like in orthopedic surgery”.

While conducting interviews with female patients her husband willingly gave an interview as according to him male and female both are important in order to deal with male and female patients as in Pakistan female and their family members mostly prefer female paramedic staff to deal them just like this male patients are also being deal by male paramedic staff as female nurses cannot deal with them due to gender barrier.

7.4 Behavior of Patients towards Female Nurses

As one of my respondents shared her experience that

“I think it is not nurse’s fault when they rudely behave with patients sometimes patients are so irritating that they cannot take nurses as a human. Every nurse have been dealing patients who came from different background some were educated some were not some were also came from rural areas as when I was admitted in hospital in my ward there was a lady who treat nurses very bad when she used to visit her .Her attendant also insults nurses although they were educated but sometime you know “Parhe likhe log bhi jahail hote hein (educated people sometimes act as uneducated or illiterate)” . Patients and their attendant are usually aggressive and if they have complains about hospital management they blame nurses .Nurses have different experiences with patients some of them are so nice to them and give them so much prayers and on the other hand some are really difficult to handle so there is a difference between kinds of patients also”.

Some patients have good behavior with nurses as they treat them and cure their illness and in return get a lot of prayers from them on the other hand some patient badly treat nurses and only give importance to doctors as they think that nurses don’t have knowledge and belong to low class status and their main work is to do cleanance of the patients and maintain hygiene in the wards otherwise they have no medical information regarding any illness as patient is unaware that they are well qualified and get training regarding their profession.

7.5 Behavior of nurses towards patients

Another respondent shared her experience that

“I have experienced that when nurses tenderly treat a patient he/she will recover quickly. Patient coming to the hospital are already tense therefore if nurses should treat them humbly and with care in response they also behave in a good manner. As “Adhi bemari mareez ki to nurse or doctors k achay rawayie se h khtm ho jati hai (half of the illness is being cured through a good and caring behavior of paramedic staff)” .and if one of them is not cooperated either patient or a nurse things often get bad. I think it depends on dealing of nurses and also the behavior of patients with them. If patients treat nurses with respect they will always get respect from them”.

Some nurses have good behavior with patient and some are rudely behave with patients .Nurses who shows rude behavior towards patient are doing this because patients were not treated them in a humane and secondly nurses have lot of work load due to which they cannot give much time to the patients.

7.6 Perception of Local Community

As one of male respondent stated

“Basically I don’t have personal contact with nurses but the image that is being made by the society regarding nursing is ranked nurses as a low status profession and also women who joined this profession are having poor rapport in the society as how society perceived and attached different things with the profession people who belongs to society also take them in the same way. Personally I never have contact with nurses nor do I want that from my family anyone would join nursing as a profession due to its stereotypical image”.

Responses stated that due to negative portrayal of nursing people considered nurses as characterless and people have perception that they never allow their daughter or any other family member to choose such a low class profession.

Another respondent shared his view that

“In Pakistan profession of nursing is degraded by the society as whenever nurse introduced her in social gathering they are being stereotyped that oooh you are a nurse why should you choose such a profession? If you have any financial problem because people never accept that this profession is also chosen by choice also I think nurses should be given that respect and honor from the society which they deserved. And if any of my children either son or a daughter wants to become a nurse I would always supports them because we are the part of this system and we have to change the rules of it”.

Although society take it as unacceptable profession but some responses were supporting their children to join this profession and also pursue it as a career. Because now doctors and nurses were on the same page as they both are serving the humanity.

Conclusion

Good behavior and providing care and attention along with medical treatment make a good therapeutic relationship between patients and paramedic staff. Patients have good perception regarding nursing after interaction as before that they perceived nursing as unacceptable profession but once they get an experience with them they recommended and give more respect to nurses rather than doctor and also allowed their daughters to choose it as a profession but somehow if we talked about perception of local community who have no personal contact with nurses have mixed perceptions .Some give respect and considered it a honorable profession whereas other considered it as disrespectful and low status profession and give more respect to doctors rather than nurses.

8. Conclusion and Recommendation

The current research has tried to understand the perception of nurses about the challenges they face due to gender discrimination, gender stereotyping negative portrayal by the society regarding nursing profession. These challenges and issues that had been faced by nurses throughout their career, when they started nursing as a career to their time when they become staff nurses and working as professional in medical line. As nurses as a part of medical professional would not get that respect and attention from the society that they deserved and why in developing countries e.g. In Pakistan nursing profession is degraded and considered as low status profession. Therefore, the first objective of the study was to find out more about the work place challenges faced by nurses while persuading nursing as a career. The second objective of the study was to dig out the family and societal pressure faced by nurses when they choose nursing as a profession and the last objective of the study was to explore the different perception of patients and local community about nursing and nurses.

The second chapter of the thesis focused on literature review regarding the topic of the research. This chapter reviewed the relevant literature related to Nurses and their stigmatized image in the society along with the challenges faced by them most specifically in twin cities of Pakistan. The chapter begins with reviewing literature on overview of historical background of Nursing and then moves towards history of Nurses specifically in Pakistan. Key scholars work on socio-cultural challenges faced by the health workers especially the nurses has been examined along with their lived experiences. Furthermore, the chapter included literature on gender roles that are being differentiated by the society and the perceived image of nurses by the society along with the condition of nurses within Pakistan context. The reviewed literature is an effort to understand the concept that nursing as a gendered profession and being a part of patriarchal society woman specially who belongs to nursing profession unable to take decision regarding their career choice.

The third part of the thesis focused on the research setting and the methodology applied. The present research study is primarily qualitative in nature. Field work was conducted in multiple hospitals of twin cities. Twin cities include the cities of Rawalpindi and Islamabad. Mainly government hospitals while some of the private hospitals were taken as the locale for the study. However, the present study due to its

limitations confined its selection of sample to some of the hospitals of Twin cities. The sample size of the present study was 25 ascertained through purposive as well as convenient sampling techniques. The researcher conducted semi-structured interviews of 25 female nurses among those 17 were from government sector while 8 were from private sector. Apart from 25 detailed semi structured interviews, the researcher conducted 04 FGDs for the purpose of data collection. Besides, informal discussions and observation were also vital source of data collection. Note taking and audio recordings of the respondents proved helpful in documenting information from the field. Online interviews during the pandemic also proved very helpful for conducting the research as it was difficult to visit hospitals and meet nurses due to their busy routines and fear of virus.

The fourth chapter of the research seeks to focus on the locale and area profile which I being selected by the researcher in order to conduct interviews and collecting data. Different hospital of Islamabad and Rawalpindi were used for data collection. Some hospitals were in government and other comes in private sector.

The fifth chapter addresses the first objective of the study and explores the different forms of issues and problems nurses have been facing at their workplaces i.e. in the hospitals of Twin cities of Pakistan. Findings suggest that profession of nursing should be considered as a dignified profession but unfortunately it is not true as Nurses faced a lot of challenges while persuading nursing as a career in Pakistani society as due to lack of hospital management and support they were not treated as another paramedic staff and rated low in hospital as well as also treated low in our society.

Most of the respondents highlighted that along with all these challenges that are being discussed above nurses tried their best to provide the adequate facilities and care to their patients and were sincere to their jobs .As along with low respect they are not highly paid as compared to the amount of responsibility they have.

As findings of the research shows that workload shall not be distributed with rational. Nursing staff are over-burden in every hospital, which makes them in-humane. Time duration as well as amount of work load, both shall not be considered by the hospital management and it is nurses" responsibility if there is some miss happening in their ward as they have lower occupational status. Furthermore, Nurses were not able to

take decisions in their workplace as they are considered as sub ordinate and work under the supervision of authoritative figures.

Additionally this research focus on the challenges faced by nurses due to patriarchal setup as males have authority to supervised women and take decision that what should they do. Women are also answerable for even of their single action. Head of the family decide that either they get educated or not or where they go what to wear and for whom they met. The current study looked at the challenges that have been faced by due to their family and societal pressure due to which they are unable to proceed into their area of interest as they have responsibilities of their families and their elder members imposed some restriction regarding choosing their career .Nurses faced a lot of issues in domestic sphere as they have to look after their families and due to dominant role of male members and due to negative portrayal of nursing they won't allow them to pursue it as a profession.

Society makes a contribution in shaping negative image of nursing as according to them it is a low status profession which has no future and nurses who belong to this profession are characterless because they have interaction with males and they also have affairs with doctors, patients and male staff members. For that reason, nurses are being stigmatized which interdict them from joining the nursing profession.

This study identifies various perceptions of patient regarding nursing and nurses that how they are being deal by them. Patients have good perception regarding nursing after interaction as before that they perceived nursing as unacceptable profession but once they get an experience with them they recommended and give more respect to nurses rather than doctor and also allowed their daughters to choose it as a profession but somehow perception of local community who have no personal contact with nurses have mixed perceptions .Findings suggest that some gave respect and considered nursing as a honorable profession whereas other considered it as low status profession and give more respect to doctors rather than nurses. Findings revealed that during this pandemic nursing are getting respect equal to other medical health professionals as they play equally role and take their lives and their family lives at risk and provide adequate patient and performing their duties with full devotion.

Way forward/ Recommendations

Following are some of the recommendations given by the researcher for further research studies

- This research study was conducted in the hospitals of Twin cities. For further researches, it is recommended that it could be expanded to other cities. If the research time is broad, it could be expanded to all the hospitals of Pakistan who have efficient nursing staff.
- Research projects should also involve the representative samples of health care workers or the front-liners i.e. Doctors, OT technician, ward boys, house officers etc. which were not the focus of this study.
- Research studies can also include all the hospitals of the Twin cities as some of them were not covered due to the time limitations.
- Another aspect which could be focused in further studies is the Psychological problems related to nurses that they faced at work place and analyze which of the gender either male or female is facing more challenges than other.

There are some other recommendations for the policy makers and government which needs to be followed for the welfare of the health care workers. They are as following

- Frontline health workers should be provided with good hospital environment so that they should not have to face such issues regarding workplace. Proper medical facilities and equipments so that they protect themselves while serving humanity.
- Infrastructure of the hospitals should be improved in order to facilitate the patients and paramedic staff especially those who are low ranked e.g. Nurses, ward boy, Aaya etc. Medical facilities in the hospitals especially in government hospitals should be improved both for patients and nurses so that they protect themselves while serving humanity.
- The duty hours of nurses should be revised and they should get time to take rest in order to perform duty with more zeal and enthusiasm.

- There should be providing authentic information about Nurses and Nursing profession so that society will give them respect and appreciate their struggle and hard work.

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Appendix

Interview Guide

Demographic Profile

Name

Age

Gender

Qualification

Patients

1. What do you think is more competent male or female nurses
2. With whom are you most comfortable
3. What do you think about nursing as a profession
4. Do you feel more comfortable discussing your problems/medical history with nurses or with doctors
5. What do you think nursing is a suitable profession for male or females
6. Do you feel comfortable with a specific nurse or you okay with nurses being changed frequently
7. What do you think present system of nurses rotation/duties is preferred or there should be a single nurse attending a specific number of the patient rotation

Nurses

Demographic Profile

Name

Age

Gender

Qualification

1. Can you please tell me about your schooling and from where you had done your nursing degree/courses?
2. For how long you are in this profession?
3. Is this your first hospital that you are serving in or you had work experience of other hospital as well?
4. What do you think about nursing as a profession?
5. Have you adopted nursing as a passion or due to some other reasons?
6. In your opinion nursing is a prefer profession for male or females?
7. What do you think is more competent in nursing? Male nurses or female nurses?
8. Can you please share your experience with the doctors? Any good or bad.
9. Can you please share your experience with the patients? Any good or bad.
10. In your opinion, do female nurses receive their due respect from the society, doctors and patients?
11. What is the general public reaction towards female nurses?
12. In your opinion, is there is any difference in behaviors of patients towards doctors and nurses?
13. In your perspective which profession is more prestigious/ respectful, nursing or being a doctor?
14. Had you ever experienced any bullying/ molestation in a work place by colleague/doctor or patient?
15. Have you ever experienced different treatment from hospital staff as compare to male nurses?
16. What kind of stereotype types exists in nursing?
17. In your opinion, which is the most common stereotype attach to this profession?
18. What does your family think about you as a nurse?
19. Would you be okay working in a faraway place/in another city or a province?
20. Do you feel comfortable working under a female doctor or a male doctor?
21. Does nursing as a profession present opportunities to excel in this field?

Local Community

Demographic Profile

Name

Age

Gender

Qualification

1. What do you think nursing as a profession
2. What do you think about male nurse
3. Will you allow any one from your family to become a nurse
4. Do you think nurses are under/less respected
5. Have you ever had any experience with nurses
6. What do you think about nurses in comparison to doctors