

# Socio-cultural and religious stressors among nurses in public hospitals of Multan, Pakistan

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**Objective:** To explore the socio-cultural and religious stressors among nurses in public hospitals of Multan city, Pakistan.

**Methodology:** This exploratory study was carried out in gynecological wards of three public hospitals from 22<sup>nd</sup> May, 2020 to 14<sup>th</sup> September, 2020. We interviewed 63 registered nurses through sequential sampling technique. Thematic analysis was applied to the manually transcribed data.

**Results:** The major socio-cultural erroneous perceptions about nurses were disputed familial relationships, delayed marriage due to bad reputation of nurses, domination on household, financial support provision for natal family and overlooking parental responsibilities. Beyond this, misogynistic labels, non-professionalism, lack of competency and inappropriate anomalous profession for females were the major

socio-cultural stigmatizations. These stigmatizations were also aligned with religious stressors such as deviating from the religious concept of female piousness and negating the Islamic viewpoint about hiding the women sexual and reproductive matters with male physicians and male family members.

**Conclusion:** The major socio-cultural and religious stressors among nurses were erroneous perceptions about nurses, stigmatizations about nursing profession and misinterpreted religious viewpoints about nurses. Forming a strong normative network for portraying the positive image of nurses and provision of awareness about professional nursing duties can mitigate the stress level among targeted population.

**Keywords:** Socio-cultural, religious, stressors, nurses, public, hospitals.

## INTRODUCTION

Nursing profession is a pious profession but simultaneously it is also recognized as the most stressful profession.<sup>1</sup> Nursing stress impacts their personal and professional life.<sup>2</sup> In context of Pakistan, 1/5 nurses are under extreme stress that they want to quit their jobs.<sup>3</sup> The major reason for this extreme stress was low nurse to patient ratio i.e. 1:50 in public sector hospitals. Resultantly, they have to engage in overloaded work, long shifts and night duties, which questioned their socio-cultural positionality.<sup>4,5</sup> Other allied stressors were bad reputation of nursing profession, work-family conflict, financial domination on family, less education, lack of autonomy, conflict with colleagues, mood swings of patients, verbal abuse of patients' families and lesser progression in job.<sup>6,7</sup>

In Pakistan, the image of nursing profession is related with violating the Islamic teachings and societal norms. This profession also challenges the character and reputation of nurses due to wrong perceptions, multiple stigmatizations and interpretations of religious outlook about nurses.<sup>8</sup> These socio-cultural and religious challenges were related with touching the body parts of patients, discussing their sexual and reproductive matters with male colleagues and gender role

segregation among nurses.<sup>9,10</sup> The stress level deteriorates their ability to manage personal and professional life. In the present study, the rationale behind the phenomenon was to dig out the homegrown socio-cultural and religious stressors, which were contextualized to public hospitals of Multan city, Pakistan. To best of our knowledge, previous literature is silent about the socio-cultural and religious stressors among nurses in the said study vicinity.

## METHODOLOGY

The present exploratory study was carried out in three public hospitals namely Nishtar Hospital, Multan Institute of Cardiology and Fatima Jinnah Women Hospital Multan, Pakistan from 22<sup>nd</sup> May, 2020-14<sup>th</sup> September, 2020. For the purpose of subjectivity and contextualization, the researchers used qualitative method of data collection. In-Depth Interviews (IDI's) were conducted from 63 registered nurses through sequential exploratory sampling technique.

The nurses were sampled out from gynecological wards of hospitals. The inclusion criterion for the nurses was i) Those nurses whose professional experience was minimum 10 years ii) These nurses must be occasionally or frequently engaged in night duties and iii) The repute

of these nurses was aggravating and annoying towards physicians, patients and patients' families.

The nurses were approached after taking permission from head of the institution along with decision-making board of physicians. An IDI guide was used for data collection process. The research tool comprised of three sections i.e. i) Demographics of the nurses ii) Socio-cultural stressors and iii) Religious stressors.

After designing the data collection tool, the ethical approval was taken by the first author during the proposal defense in Bahauddin Zakariya University Multan, Pakistan. A group of experts in the field of Medical Sciences, Research Ethics, Medical Sociology and socio-cultural issues reviewed the tool and techniques of data collection and approved the topic with some minor changes.

**Statistical Analysis:** The data were analyzed by thematic analysis through subsequent analytical steps i.e. i) transcription of the data ii) translation of the data iii) codes formation iv) accumulation of similar codes v) segregating the codes into inductive and deductive codes vi) Forming a codebook and vii) themes formation through similar codes.<sup>11</sup>

## RESULTS

Out of 63 nurses, 31 (49.2%) were in 35 – 40 years age bracket and 18 (28.6%) were in < 35 years age. All the interviewed respondents were females; 51 were staff nurses while 12 were head nurses. The marital status divulged that 44 (69.8%) were married while 19 (30.2%) were unmarried. As per the family, 31 (49.2%) belonged to nuclear family system while 26 (41.3%) belonged to family size of 5 – 10 members.

We divided the socio-cultural and religious nursing stressors into three categories i) Erroneous perceptions about nurses ii) Stigmatization of nursing profession and iii) Misinterpreted religious viewpoints about nurses.

**Socio-cultural nursing stressors: Erroneous perceptions about nurses:** Major socio-cultural erroneous perceptions about nurses revolved around their financial support for families, which makes them dominant in the household sphere. Despite these fallacious perceptions, these nurses were supposed to be non-consistent in their marriage settlement as they were always in a conflicting relationship with their husband and natal family. During IDI-54, a head nurse who got married at the age of 37 years reported, *"I am constantly facing the comments from society that the major reason of my delayed marriage was financial support provision for parents."* A married staff nurse during IDI-17 also elaborated this viewpoint and pointed out *"I am always criticized from family, social circle and workplace*

*colleagues that I am dominant on my husband which will be problematic for my married life."* During IDI-23, a staff nurse endorsed this viewpoint and argued, *"I am not considered to be a pious woman due to my profession. Even a normal misconduct of my child is related with my nasty profession."*

**Stigmatizations of nursing profession:** Data from IDI's indicated that the major socio-cultural stigmatizations related with nursing profession was considered to be anti-normative as it involved interaction of nurses with male physicians and male family members. This feminism-based profession challenged the gender based interactional limitations of nurses with male colleagues. During IDI-40, a head nurse reported, *"My social network criticized me that I belong to anti-normative profession which is totally based on interactions and conversations with male colleagues."* The participants reported culturally underlying reasons for this stigmatization such as i) Nurses sidelined the patients ii) Nurses behavior is overriding with patients and iii) Usage of expertise for patient care depend upon the temperament and mood swings of nurses. During IDI-09, a head nurse identified that *"Despite our intense working duties, we are still stigmatized to be engaged in bad reputed, anti-feminism and sexuality based profession"* (Table 1).

**Religious nursing stressors:** The most imperative stressor experienced by nurses was related with interpretation of religious perspectives in the society. The study participants disclosed that they dealt with nudism of female patients in gynecological wards that challenged the concept of "Pardah between females" and "Islamic Shariah about uncovering of female body." A head nurse during IDI-60 reported, *"This is our professional duty to provide bandage to the females after their C-section. But religious Mullahs put forth Islamic interpretations that nursing profession deals with nudism of female patients."*

In antagonism, the nurses explained that they had to discuss the sexual and reproductive pathologies of female patients with male family members so that they can get aware about the accurate physiological conditions of their admitted patient. In conducting these acts, these nurses were considered to be following the "Taboos" and negating the Islamic norms of "gender distancing between males and females" (Table 2).

## DISCUSSION

The present study divulged that the socio-cultural perceptions and stigmatizations about nurses were centered on their nasty characters and bad reputed professional identity. Several studies from Pakistan

**Table 1: Socio-cultural stressors (N = 63).**

Socio-cultural Nursing Stressors	Codes Formation	Consensual Agreement of Nurses	Type of Code	Theoretical Constructs
Erroneous perceptions about nurses	Cannot settle their married life	41	Inductive	Disputed relationships with congauninal and intimate household members
	Always in conflicting relationship with husband	59	Inductive	
	Disputed relationship with their natal family	44	Inductive	
	Possessing bad character	36	Deductive	Noxious professional and personal reput as a cause of delayed marriages
	Mostly they do not get married due to their dirty profession	39	Deductive	
	Financially supporting their families	51	Inductive	Matriarchal dominancy due to financial support provision
	Dominant in the household	61	Inductive	
	Ignoring their children	52	Inductive	Overlooking parental responsibilities in household
	Inappropriate socialization of their children	57	Inductive	
Stigmatizations of nursing profession	Anti-societal normative profession	51	Inductive	Misogynistic labels for nursing profession
	Feminism based patriarchal profession	56	Inductive	
	Culturally inappropriate profession	60	Inductive	
	Anti-patients profession	39	Inductive	Non-professionalism and lack of competency for nursing profession
	Anti-expertise profession	45	Inductive	
	Non-cooperative profession	40	Deductive	
	Bad reputed profession	62	Deductive	Inappropriate and anomalous profession nursing profession
	Mismatched profession for females	55	Inductive	

reported that the identity of nursing profession is bad reputed due to inability of general public to understand the professional duties of nurses.<sup>12,13</sup> Moreover, previous studies from Bangladesh and Iran also endorsed that the bad image of nurses along with their marriage disputes and delayed marriages was due to their night duties, long working hours and media portrayal as sexuality based profession.<sup>14,15</sup>

Our study found that nursing profession is considered as feminism based male interactional profession. These stigmatizations become the major cause of familial disintegrations and disputed marriages of nurses. In agreement with these findings, previous studies from Pakistan validated these facts.<sup>16,17</sup> Likewise, the study indicated that the most imperative religious outlook about nurses was around the nudism of

**Table 2: Religious stressors (N = 63).**

Socio-cultural Nursing Stressors	Codes Formation	Consensual Agreement of Nurses	Type of Code	Theoretical Constructs
Misinterpreted religious viewpoints about nurses	Dealing with nudism	61	Deductive	Deviating from the religious concept of female piousness
	Negating the concept of Pardah	59	Inductive	
	Discussing the sexuality based reproductive matters of female patients with male physicians and male family members of patients	54	Inductive	Negating the Islamic viewpoint about preserving the women sexual and reproductive matters from males in the societal networks
	Discussing the gynaecological pathologies of female patients with male physicians and male family members of patients	58	Inductive	

female patients. As anticipated, previous studies also endorsed that nurses were considered immoral and non-pious as they are challenging the social fabric and Islamic normative system.<sup>18</sup>

## CONCLUSION

Nurses had to face socio-cultural and religious stressors such as erroneous perceptions about nurses, stigmatizations about nursing profession and misinterpreted religious viewpoints about nurses. Forming a strong normative network for portraying the positive image of nurses and launching multiple awareness campaigns about professional nursing duties can mitigate the stress level among nurses.

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