Nursing-midwifery is often likened to women’s household work, which has been unpaid and undervalued by patriarchy for centuries. This results in the humiliation and suppression of our profession and professional skill—evident in limiting a nursing superintendent’s powers to rotating nurses; reducing joint directors of nursing to merely sorting out court cases; groups of “experts” at international policy meetings disrespectfully rejecting the ideas of nurse-midwives; and medical superintendents prioritising the medicine students’ need to assist births over the midwifery students in teaching hospitals. This conditioning begins early on in our lives, and is disrespectful and disheartening.

Docscription
A Malady of the Healthcare Profession

Patriarchal and societal conditioning has prioritised medicine over nursing and midwifery, creating an unjust, unequal, and exploitative relationship between doctors and nurse-midwives.

Kaveri Mayra

I am a midwife and nurse researcher, and doctors have often finished my sentences or given unsolicited advice about what’s best for me or my profession. Doctors have “complimented” me, saying, “You are good, you should have been a doctor.” As women, we get mansplained on a daily basis—where men speak over us about deeply feminine experiences or our areas of expertise—but if you are a midwife or nurse, it’s highly likely that you’ve been “docscribed” too!

“Docscription” is a phenomenon I have experienced all through my career, since training to be a nurse-midwife. This is a result of the blatant doctor-worshipping we indulge in—deep-rooted as it is in our history and patriarchal system—for services that are the collaborative effort of a team of healthcare providers. This results in the humiliation and suppression of our profession and professional skill—evident in limiting a nursing superintendent’s powers to rotating nurses; reducing joint directors of nursing to merely sorting out court cases; groups of “experts” at international policy meetings disrespectfully rejecting the ideas of nurse-midwives; and medical superintendents prioritising the medicine students’ need to assist births over the midwifery students in teaching hospitals. This conditioning begins early on in our lives, and is disrespectful and disheartening.

Most states of India have doctors as presidents of nursing (and midwifery) councils. States and countries make healthcare programmes and policies, key to our workforce governance and service provision, but exclude nurses and midwives on the board. When questioned and called out on their hypocrisy, they conveniently call it an “oversight.” When policymakers discuss interventions for the improvement of nursing and midwifery, a nurse-midwife is rarely given a seat at the table. They believe nurse-midwives lack leadership qualities, and have a variety of flimsy excuses for why decisions need to be made for us.

As a researcher focused on nursing and midwifery governance, policy, and practice for the past decade, I have interacted with many nurse-midwives working in the remotest parts of India, and ones holding key administrative positions in the ministries—but none with any real decision-making power. At the core of this bias are elitism and sexism. Nursing-midwifery is often likened to women’s household work, which has been unpaid and undervalued by patriarchy for centuries. The discrimination stemming from this affects midwives and nurses not just in their professional lives, but it also hampers their personal well-being and self-worth.

“You could be a doctor!” or “Why did you not study medicine?” are common “compliments” doctors shower us with, while actually profession-shaming us at the same time.

“We should appreciate good nurses who are doing a great job and setting an example to others in the profession. These nurses, with some more training and experience, could be promoted as rural doctors,” stated a young “docscription” at a national nursing conference. Here was a potent mixture of elitism, sexism and urban condescension, in full display!

In 2015, I was being interviewed to work with a nurse administrator at the health ministry. The team of three male policymakers (none from a nursing/midwifery background), who interviewed me in the nurse administrator’s absence, were impressed yet surprised at my qualifications in midwifery and nursing. “Your profile is impressive. It’s strange you are a nurse. But you are very smart!” Docscribed! And finally, the job, of making nursing and midwifery policy, went to a man
with a degree in agriculture! I am certain that several other nurse-midwives have faced similar situations, and much worse, too.

In extreme cases, docsplaining spills into bullying and sexual harassment. While I was working in an international development organisation, a colleague, who was a doctor, held an equivalent position. Being at the same professional level in the company hierarchy as me, a nurse-midwife and woman, made him uncomfortable and he did nothing to hide that. He made it evident by passing random mean comments, once stating, “You are a nurse; you should know your place!” As if it wasn’t humiliating enough that he took home three times my salary. Upon making my displeasure clear, he started challenging me regularly with clinical questions that had nothing to do with our work. And sometimes, he crossed personal boundaries too: “Have you lost your virginity yet? You don’t need to be shy, we are friends.” Or during outstation work visits, when we’d stay at hotels, he would say, “Keep your door open, Kaveri. Remember, if it gets scary, there’s always room in my blanket.” He and my supervisor (both male doctors) called this “fun office banter.”

People in healthcare research organisations do not usually hire nurse-midwives. Instead, doctors serve as midwifery advisors. At a recent midwife-led symposium, a doctor dismissed the nurse-midwives’ views with, “I speak with authority in this area as a paediatrician.” Docsplained, again!

Doctors often call themselves honorary midwives or nurses, as if accepting a lower status to honour and uplift midwives and nurses who are actually trained in the discipline. Have you come across a midwife or nurse who addresses themselves as an honorary doctor?

A culture of professional humiliation and dumbing down by doctors and policymakers cannot be compensated for by slipping in a clichéd line on the magnanimity or nobility of midwives and nurses. Midwives and nurses are discriminated against by doctors in many subtle and not-so-subtle ways, of which docsplanation is just one. No area of work where doctors, midwives, and nurses mingle is free of this malaise, be it care provision, teaching, administration, or research. Docsplanning comes in the way of the progress of midwives and nurses by subjugating them and establishing a culture of “doctor knows best” in a manner that is unethical and harmful in more ways than one. The first step towards addressing it is acknowledging it. With the World Health Organization declaring 2020 as the year of the midwife and the nurse, the time is just right to go beyond mere lip service and walk the talk—to treat midwives and nurses as equals, every step of the way.

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