

Studying the Relationship between the Attitude towards Gender Roles of Parents and the Quality of Parent-Child Relationship in Nurses

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Abstract

Gender role attitudes show people's attitudes about appropriate role activities for women and men. Many family-related factors, including parents' beliefs and behavior, can affect how people view gender roles. Nurses as health care providers can play a role in helping to form health values and behaviors at different levels. The purpose of this study was to investigate the relationship between the attitude toward gender roles of parents and the quality of parent-child relationships in working female nurses. This study was correlational descriptive research that was conducted on 135 female nurses working in selected hospitals. Statistical analysis was done using SPSS version 23. The average age of the participants was 32.62 years, the average score of attitude towards gender roles in nurses was 170.47, and it was reported in the range of 139 to 185. The mean attitude score in the dimension of the femininity role was equal to 64.06, in the dimension of the masculinity role was equal to 54.78, and in the social desirability dimension was equal to 51.64. The average score of the parent-child relationship was 142.19. The results showed a direct and significant relationship between the score of attitude towards gender roles and parent-child relationships in female nurses ($P < 0.05$, $R = 0.187$). The results of this study can be used in various areas of education and awareness of parents and school parents to influence the quality of relationships, values, and attitudes of children and parents and to change the public opinion of society about the positive role of women and men in building society.

Keywords: Child, Parents, Parent-child relationship, Nurses

Introduction

Humans learn about their gender roles after birth. These are the roles that describe the duties of people in the family and society, and gender roles are no exception to this rule and give people a sense of masculinity and femininity [1-3]. Psychologists believe that children accept gender roles and other social norms by imitating their parents, and in this way, the child evaluates the attitudes, behavioral characteristics, and personality traits of different parents and tries to internalize them.

Adolescents aged 11 to 18 years understand their gender roles like adults. An unbiased attitude to gender roles increases the feeling of self-sufficiency in men and women [4, 5], more compatibility in married life [6], increases women's rights [7], increases the participation of spouses in raising children [8], sexual relations and health

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Mentality is higher [9], and intergenerational conflicts are reduced [10]. Other effective factors include teachers' peers and social context [11, 12].

Each parent shapes the child's gender behavior differently, and the child is greatly influenced by his parents when playing gender roles [13]. Therefore, parents' behavior can play an important and effective role in the development of children's personalities. Some inappropriate behavior patterns such as excessive violence, humiliation, punishment, negligence, physical pressure, affection, and support and advice help to form a negative personality [14, 15]. Misbehavior also includes different types of physical, sexual, and emotional abuse as well as neglect (physical and emotional) that can happen together or separately [16].

If the parents of the children have a positive relationship based on intimacy and affection, the children of that family will face the least psychosocial damage [17]. The more friendly and intimate the children's relationships with their parents are, the less psychological and behavioral problems they will have in the following years. If children feel good and pleasant towards their parents, they will have a sense of belonging and psychological security [18, 19]. In addition to childhood, parent-child relationships are also very important in adulthood [20]. Healthcare workers, including female nurses, can play a major role in preventing this disorder with the participation of parents and schoolteachers and by focusing on family and social risk factors. Among the roles of nursing, we can mention health education for teenagers in schools [21]. Because nurses understand the biological, psychological, and social changes of adolescence and its impact on health behaviors, they can create significant consequences in promoting health in adolescents and their families [21] and as health care providers help in the formation of health values and behaviors at different levels [22, 23]. In addition, by implementing comprehensive programs in schools based on introducing the importance of paying attention to gender roles and the quality of parent-child relationships, as well as identifying and adjusting the factors that affect them, they can educate family members on the appropriate quality of parent-child relationships and implement them. Help improve the health of children and families and their growth and development [22, 23].

Considering that the attitude towards the gender roles of the parents may affect the quality of the parent-child relationship, therefore, it is very important to examine the relationship between the gender roles of the parents and the quality of the parent-child relationship. Therefore, this study examines the relationship between parents' gender roles and the quality of the parent-child relationship in female nurses working in hospitals.

Materials and Methods

This study was descriptive-correlation research that was conducted on 135 working female nurses. In this research, sampling was done by census and all female nurses who met the conditions to enter the study participated in the study.

To collect the desired information in the present study, the researcher referred to the research environment and explained the objectives and method of the study to the managers and nursing officials of the hospital and department officials, and consent was obtained for sampling. At first, a call to participate in the study was announced in the research environment, and among those who agreed to participate in the study, nurses who met the conditions for entering the study (female nurse, having at least one child, no separation or divorce in the parents, and willingness to participate in the study) and informed and written consent was obtained from the nurse. Then, in three shifts (morning, evening, and night), the nurses were referred to the hospital and the questionnaire was provided. Participants were assured that the information would remain confidential. The tool for collecting information in this research was a questionnaire with three parts. The first part of the questionnaire was related to personal information, including age, number of children, education, place of residence, gender of children, and monthly income. The second part of the questionnaire - was the short form of the Bem Sex Role Inventory (BSRI) and the third part was the Parent-Child Rating Scale (PCRS) questionnaire of Fine *et al.*

Bem Sex Role Inventory is a 30-item scale that includes 10 femininity items, which are: emotional, caring, sensitive to the needs of others, understanding, sadistic, eager to form the wounded feelings of others, warm and intimate, kind-hearted and considerate, Interested in children and gentle. 10 factors of masculinity include: sticking to one's ideas and beliefs, being independent, and courageous, having a stable and strong personality, having a penetrating personality, having leadership capabilities, risk-taking, domineering, tendency to take a decisive position, and aggressive and 10 elements of social desirability include being conscientious and conscientious, capricious, reliable, jealous, secretive, adaptable, proud and self-righteous, people-oriented, and following tradition. The scoring of the questionnaire is based on the Likert scale and each question has seven options (completely false, false, almost false, do not know, almost true, true, and completely true) that are graded from one to seven. Based on this method of analysis, the scores obtained are collected and then judged based on the scores obtained. The points obtained from the above 30 statements are added together. The minimum possible score is 30 and the maximum is 210. A score between 30 and 90 is a low sense of coherence, a score between 90 and 120 is a medium sense of coherence, and a score above 120 is a high sense of coherence. To estimate the reliability of the short form of the sex role scale, the internal consistency of this questionnaire was checked. The

obtained internal consistency was 0.90. The obtained Cronbach's alpha coefficient is equal to 0.80, and the coefficients of its components are equal to 0.82 (femininity) and 0.78 for masculinity [24].

The parent-child relationship evaluation questionnaire consists of 24 self-report items. This scale has two forms, one for measuring the child's relationship with the mother and the other for measuring the child's relationship with the father. Factors related to the mother's version include positive affect, resentment/role confusion, identification, and communication. The scoring of the questionnaire is on a 7-point Likert scale. The minimum possible score was 24 and the maximum was 168. A score between 24 and 48 indicates a weak parent-child relationship, a score between 48 and 96 indicates an average parent-child relationship and a score above 96 indicates a strong parent-child relationship. The parent-child relationship scale for the mother-related subscales has an overall alpha of 0.96 and has internal consistency [25].

Statistical analysis was done using SPSS version 23 software. To analyze the data, descriptive statistics (percentage, frequency, mean, and standard deviation) and inferential statistics (including Fisher, chi-square, paired sample t, independent sample t, and ANCOVA statistical test) were used.

Results and Discussion

The frequency distribution of research units based on individual and demographic characteristics is presented in **Table 1**. In the present study, 135 female nurses in the age range of 22 to 63 years with an average age of 32.62 ± 7.19 years were examined (**Table 1**).

Table 1. Frequency distribution of research units based on individual and demographic characteristics (N = 135).

Variable	Category	N	%
Age	< 30 years	64	47.40
	30-40 years	51	37.80
	> 40 years	20	14.80
Education level	Bachelor	92	68.10
	MSc	43	31.90
Number of children	One child	59	43.70
	Two children	60	44.40
	Three or more children	16	11.90
Gender of children	Only girl	32	23.70
	Only boy	38	28.10
	Girl and boy	65	48.10
Place of residence	City	89	65.92
	Village	46	34.08

Descriptive indicators of nurses' scores from the gender roles questionnaire are presented in **Table 2**. The average score of attitude towards gender roles in the dimension of femininity role was 64.06 ± 5.14 , in the dimension of masculinity role, it was 54.78 ± 5.96 , and in the dimension of social desirability, it was 51.64 ± 3.53 . The score of attitude towards gender roles in female nurses was observed in the range of 139 to 185 with an average of 170.47 ± 12.25 (**Table 2**).

Table 2. Descriptive indicators of nurses' scores from gender roles questionnaire.

Variable	Number	Range of possible points	The lowest amount	The highest amount	Mean	Standard deviation
The role of femininity	135	10-70	54	70	64.06	5.14
The role of masculinity	135	10-70	37	62	54.78	5.96
Social desirability	135	10-70	41	58	51.64	3.53
Gender roles	135	30-210	139	185	170.47	12.25

Descriptive indices of the scores of female nurses' children from the parent-child relationship questionnaire (mother's version) are presented in **Table 3**. The average score of the parent-child relationship in the dimension of positive emotions is equal to 90.68 ± 6.49 , in the dimension of hatred-lostness, it is equal to 25.81 ± 4.54 , in the dimension of identity determination, it is equal to 20.37 ± 4.05 , and in the dimension of communication, it is

equal to 45.59 ± 3.21 . The scaled average was calculated by dividing the score of each section by the number of questions, and the highest average related to the dimension of communication was observed with a value of 6.51, and the lowest average related to the dimension of disgust-lost was observed with a value of 4.30. The score of the parent-child relationship in children of female nurses was observed in the range of 126 to 164 with an average of 142.19 ± 9.74 .

Table 3. Descriptive indices of the scores of female nurses' children from the parent-child relationship questionnaire (mother's version).

Variable	Number	Range of possible points	The lowest amount	The highest amount	Mean	Standard deviation	Scaled average
Positive emotions	135	14-98	80	98	90.68	6.49	6.48
Hate-lost	135	6-42	21	42	25.81	4.54	4.30
Identity	135	4-28	11	28	20.37	4.05	5.09
Communication	135	7-49	39	49	45.59	3.21	6.51
Parent-child relationship (Total score)	135	24-168	126	164	142.19	9.74	5.92

The relationship between nurses' gender role attitudes and individual and demographic characteristics is presented in **Table 4**. The significance test of Pearson's correlation coefficient did not show a significant relationship between the score of attitude towards gender roles and the age of female nurses ($P = 0.608$). According to the result of the independent t-test, there was no significant difference in the average score of attitude towards gender roles in female nurses with bachelor's and master's education ($P = 0.270$). Based on the results, there was no significant difference in the score of attitude towards gender roles in female nurses with one, two, and three children ($P = 0.924$). According to the result of a one-way analysis of variance, there was no significant difference in the mean score of attitudes towards gender roles in nurses based on the gender of their children ($P = 0.901$).

Table 4. Investigating the relationship between nurses' gender role attitudes and individual and demographic characteristics.

Variable	Category	N	Mean	Standard deviation	Statistic	P-value
Age	< 30 years	64	170.59	12.78	0.45	0.608
	30-40 years	51	170.39	11.24		
	> 40 years	20	170.30	13.56		
Education level	Bachelor	92	171.27	10.81	1.108	0.270
	MSc	43	168.77	14.88		
Number of children	One child	59	170.24	11.88	0.157	0.924
	Two children	60	170.37	13.10		
	Three or more children	16	171.75	10.85		
Gender of children	Only girl	32	171.22	10.34	0.104	0.901
	Only boy	38	169.87	13.28		
	Girl and boy	65	170.46	12.64		

The relationship between parent and child in female nurses with individual and demographic characteristics is presented in **Table 5**. The significance test of Pearson's correlation coefficient did not show a significant relationship between the parent-child relationship and the age of female nurses ($P = 0.468$). Based on the independent t-test, there was no significant difference in the average score of the parent-child relationship in nurses with bachelor's and master's education ($P = 0.777$). There was no significant difference in the score of parent-child relationship in female nurses with one, two, or three children ($P = 0.772$). According to the result of a one-way analysis of variance, there was no significant difference in the mean score of the parent-child relationship in female nurses based on the gender of their children ($P = 0.559$).

Table 5. Investigating the relationship between parenting and childbearing in female nurses with individual and demographic characteristics.

Variable	Category	N	Mean	Standard deviation	Statistic	P-value
Age	< 30 years	64	142.06	11.06	0.63	0.468

	30-40 years	51	143.58	9.12		
	> 40 years	20	141.43	9.46		
Education level	Bachelor	92	142.02	9.73	0.284	0.777
	MSc	43	142.53	9.85		
Number of children	One child	59	142.53	10.23	0.517	0.772
	Two children	60	142.57	9.34		
	Three or more children	16	139.50	9.49		
Gender of children	Only girl	32	142.06	11.06	0.583	0.559
	Only boy	38	143.58	9.12		
	Girl and boy	65	141.43	9.46		

The relationship between the attitude towards gender roles and the quality of the parent-child relationship in female nurses is presented in **Table 6**. The significance test of Pearson's correlation coefficient showed a direct and significant relationship between the score of attitude towards gender roles and parent-child relationships in female nurses ($P = 0.030$, $r = 0.187$). With the increase in the sense of coherence in gender roles, the parent-child relationship has been stronger among nurses. In addition, a direct and significant correlation was observed between the score of the parent-child relationship in female nurses with the attitude towards the role of femininity ($p = 0.369$, $r < 0.001$), and social desirability ($p < 0.001$, $r = 0.298$). There was no significant relationship with the attitude towards the role of masculinity ($r = -0.111$, $p = 0.200$).

Table 6. Relationship between attitude towards gender roles and quality of parent-child relationship in female nurses.

Variable	Indicator	The role of femininity	The role of masculinity	Social desirability	Gender roles
Positive emotions	Correlation coefficient	0.516	0.146	0.346	0.392
	P-value	< 0.001	0.092	< 0.001	< 0.001
Hate-lost	Correlation coefficient	-0.115	-0.528	0.032	-0.296
	P-value	0.183	< 0.001	0.709	< 0.001
Identity	Correlation coefficient	0.517	-0.111	0.310	0.252
	P-value	< 0.001	0.199	< 0.001	0.003
Communication	Correlation coefficient	0.343	0.181	0.268	0.309
	P-value	< 0.001	0.036	0.002	< 0.001
Parent-child relationship (Total score)	Correlation coefficient	0.369	-0.111	0.298	0.187
	P-value	< 0.001	0.200	< 0.001	0.030

The present study was conducted to investigate the relationship between the attitude towards the gender roles of parents and the quality of the parent-child relationship in working nurses. In the present study, all nurses had a high level of sense of coherence towards gender roles. In general, the results showed that the average score of the dimension of attitude towards the role of femininity was higher than the dimensions of attitude towards the role of masculinity and social desirability. This could be because this study was conducted only on women and the attitude towards the role of femininity is more in them. In the present study, the parent-child relationship was at a high level in all the participants. Regarding the family atmosphere and its effects, it has been shown that the formation of teenagers' identities is expanded in family relationships, and different parenting styles in families can lead to the development of different identities in children. In families where parents use open behaviors, compared to families that use closed behaviors such as judgment, the evolution of teenagers' identity is facilitated more. In the correct relationship with parents, it can be explained that children who have a good and healthy relationship with their parents have the opportunity to express themselves with the family and deal with others with self-confidence and pleasant behavior in the environment outside the home. Parents who have a healthy and positive relationship with their children, their children consider them as their friends and helpers, and they transfer this positive attitude and friendly relationship to others, which strengthens their morale and gives them hope for life and the future. However, if this relationship is not correct, children will suffer from many problems [26]. Rose and Rudolph [27] believe that by emphasizing the recognition and impact of gender differences in behavioral styles and cognitive-social styles of parents and the way teenagers face an identity crisis, it is possible to provide

optimal conditions for the adolescent to benefit as much as possible from emotional and behavioral adaptation by creating a suitable parent-child relationship [27].

Based on the results, there was no significant difference in the average score of attitudes towards gender roles in nurses based on age, education level, and the number and gender of children. However, the results of Hines *et al.*'s research [28] showed that the mother's education, the presence of older sisters and brothers in the family, parental guidance in accepting traditional sexual roles, and the mother's use of alcohol and tobacco are effective in the occurrence of sexual behaviors related to each gender [28]. The reason for this difference can be related to the statistical population.

In the present study, in determining the relationship between the attitude towards gender roles and the quality of the parent-child relationship in nurses, a direct and significant relationship was observed between the score of attitude towards gender roles and the parent-child relationship in nurses. Thus, with the increase in the sense of coherence in gender roles, the parent-child relationship has been stronger among nurses. In addition, a direct and significant relationship was observed between the parent-child relationship score in nurses with the attitude toward the role of femininity and social desirability, but there was no significant relationship with the attitude towards the role of masculinity. In one study, families with male pairs placed a high value on "masculinity" and encouraged more stereotypically masculine behaviors in the relationship, such as dominance, competition, and aggression. In addition, traditional parental gender role attitudes may be associated with more authoritarian parenting styles, which have implications for conflict between boys and girls. Although the mothers of the families were more traditional than the fathers, this relative inconsistency between the attitudes of parents may fuel the conflict between parents and children [10]. The attitude toward the gender roles of femininity and masculinity can be effective in organizing a set of beliefs in a logical and illogical way [29].

Stereotyped notions of femininity and masculinity affect psychological characteristics, beliefs, behaviors, and roles of being a girl and a boy. In some cultures, where the dominant and dominant lifestyle is male and women play a submissive role, especially in societies with a collectivist culture, this situation is more than in individualistic societies. Families' emphasis on social power and parental pressure for a son's success may lead to girls choosing goals that are more perfectionistic to prove themselves and compensate [30]. Gender role attitudes show people's attitudes about appropriate role activities for women and men and include their understanding of gender roles and gender-related tasks in the family. Many family-related factors, including parents' beliefs and behavior, can affect how people view their roles and are very important in the development of gender attitudes [31, 32]. This study has limitations and was only conducted in the female population, and different results may be presented in males. In addition, the conditions of the sampling environment might be effective on the participants' answers.

Conclusion

The results of the present study showed that in all the participants, the parent-child relationship was at a strong level, and in all the nurses, the attitude towards gender roles was at a high sense of coherence. In determining the relationship between the attitude toward gender roles and the quality of the parent-child relationship in nurses, a direct and significant relationship was observed between the score of attitude toward gender roles and the parent-child relationship in nurses. The results of this research can be used in various fields, including educating and informing parents and guardians to influence the values and attitudes of children and change the public opinion of society about gender roles in the development of society.

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