Gender, Health and Retired Healthcare Professional Women

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ABSTRACT

This article focusses on issues that may impact the health and well-being of women who have retired from the healthcare professions. Gender ideologies that interconnect with social situations, economic conditions and family responsibilities are highlighted as these may influence the health status of these women. Women in health professions contribute significantly to the health status of our population at large. They may be able to contribute significantly to healthcare even in their retirement years if their needs are known and addressed. It is intended that persons reading this article will become sensitive to the needs of these women and take steps to address them.

Keywords: Economic conditions, family responsibilities, gender, health, retired healthcare professional women, social situations

Género, Salud y Mujeres Profesionales de la Salud Retiradas

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RESUMEN

Este artículo se centra en problemas que pueden afectar la salud y el bienestar de las mujeres que se han retirado de profesiones de atención a la salud. Se destacan las ideologías de género que se interconectan con las situaciones sociales, las condiciones económicas y las responsabilidades familiares, ya que pueden influir en el estado de salud de estas mujeres. Las mujeres en profesiones de atención a la salud contribuyen significativamente al estado de salud de nuestra población en general. Ellas pueden contribuir significativamente a la atención a la salud incluso en sus años de jubilación, si sus necesidades son conocidas y atendidas. Se pretende que las personas que lean este artículo se sensibilicen con las necesidades de estas mujeres y tomen medidas en tal sentido.

Palabras clave: Condiciones económicas, responsabilidades familiares, género, salud, jubiladas, profesionales de la salud, situaciones sociales

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INTRODUCTION

Women who have retired from the healthcare professions face several challenges. These women are sometimes single, widowed or live with spouses who are older than they are. Socially, these women are restricted in terms of their interactions with others as they are mostly involved in church and other voluntary activities while their male counterparts are involved in strong men's groups and organizations which offer more support for males socially. In addition, some of their peers have died which contract their social circle which may also affect their psychological well-being.

In the health professions, men who have retired have found jobs through their social networks or through their own businesses. Women on the other hand, find it more difficult to find employment. As a result, women are faced with financial difficulties as the money they earn from their pension scheme is not enough to cover their expenses due to rising costs and structural adjustment programmes.

On an average women live longer than men Foster (1). Generally, men and women who have retired from the public sector in Jamaica are offered health insurance. As people get older, they are more at risk of acquiring non-communicable diseases such as diabetes and hypertension. Women are the more disadvantaged group as they are expected to live longer and are likely to contend with healthcare costs for a longer period of time. Also, the fact that women, on an average live longer than men, does not necessarily mean that they are healthier. In addition to communicable diseases, there are other issues that may impact these women's health after retirement. Some of these include: social situations, economic conditions and family responsibilities. These issues are highlighted in this article.

Social situations

Collins in her book 'Black Feminist Thought' emphasized that women should continuously reflect on their lives and create their own self definitions (2). Gender roles in social situations are dynamic and therefore, women should regularly examine situations in their life and work, reflect on them and develop their own identities as a source of their empowerment. This may be helpful for women in the health professions as they make the transition towards retirement and during retirement; as it is likely that they will interact more frequently with persons outside of the work environment than those in the hospital setting which they had grown accustomed to.

Retirement involves significant changes in roles which may affect an ageing person's self-identity. In the case of retired healthcare professionals, they have specific roles and responsibilities as they focus on caring for the sick in hospitals. In the public hospitals, health personnel are expected to work for long hours as the patients in the hospital need to be cared for on a continuous basis. Upon retirement, workers are relieved of these responsibilities and some of them may have difficulties adjusting to the change of not reporting to work regularly and being assigned specific tasks. In Jamaica, women in healthcare are promoted to senior positions based on their years of service and level of academic achievement. These women, therefore, identify themselves by their roles at work and their job titles. The transition to retirement and their retirement years become difficult as they reflect on the change of their identity at crucial times throughout their lives.

Retirement allows time for leisure but may also result in feelings of boredom and isolation (3). Leisure and freedom are desired after retirement as it results in relaxation and the overall well-being of the retiree and also their loved ones. Establishing and maintaining social connections will help eliminate/ minimize the risks of boredom and isolation among retirees. In the case of women in healthcare, they spent so much of their lives at work that they sometimes do not establish social connections outside of the hospital setting.

Social factors such as family ties, friendship and integration impact ageing. Social support and social networks have been strong influences on a high quality of life for older adults. The connections older adults make are likely to increase their life span, have emotional, instrumental and informational support in their later years of life (4). The relationships among people change with time and peoples' experiences. People will be attached to different social networks at different phases of their lives. Older adults may lose connections with persons due to migration; change in social class and even due to death. Losing persons within their social network can be traumatic for older adults as it is difficult to establish new and lasting friendships.

It is particularly difficult for women, as due to gender ideologies, they no longer considered as attractive as they age; and therefore, they tend to stay within the confines of their homes rather than trying to establish social connections outside their homes. This may result in loneliness and depression that negatively impacts the lives of older women.

McIntosh 473

Retired nurses when used as mentors provide support for younger nurses and (5). The mentoring experience was rewarding for the retirees as the experience enabled them to reconnect with nursing related activities and brought new challenges to their lives. The experience was beneficial to the mentees as it assisted in their professional development.

This study demonstrates the mutually beneficial relationship among health professionals of all ages. There should, therefore, be opportunities for retired health professionals to interact with other members in healthcare throughout their retirement years so that they can share their experience with new persons in their professions and also keep their minds active.

Economic conditions

Women face a higher-risk than men of a drastic drop in living standards when they retire, and economic pressure is contributing to an increase in the number of elderly women returning to the workplace (6). In Jamaica, women are more affected than men by structural adjustment programmes as they contribute to household expenses. As the local currency loses its value in relation to the United States dollar, prices for basic items such as food continues to rise. As a result women such as retired women in health professions endure economic challenges.

Retirement security may be elusive for women, as they face many barriers to retirement. Women lack knowledge about retirement, particularly older women. Women also invest differently from their male counterparts, which can result in inadequate funds upon retirement (7). In some instances, women in Jamaica are single mothers and head of their households. They sometimes have to take bank loans and pay bills which affect the amount of money that they can save towards their retirement. Women in Jamaica are also known to be quite good at effectively using the money available to meet the needs of their families. On the other hand, men are considered to be good at making investments. In keeping with Caribbean feminism, both women and men need to work together through meeting, workshops, seminars and other media to share knowledge about economic issues so that both genders will benefit during their retirement years.

Women have several socio-economic realities and some of these are quite complex. Women's work patterns are also different from those of men, with women taking more time out of the paid labour force to raise children and provide caregiving duties (8). In the case of women in healthcare, they often do additional duties to supplement their salaries. Even though they are granted maternity leave, while on maternity leave, or take time off to do caregiving duties, it affects the number of sessional duties that they do and hence, their retirement savings.

Price in her study on professional and non-professional retired women in the United States of America found that issues of significance for retired women involve more than financial security (9). The retired women in the study stressed the importance of setting goals, establishing social relationships and taking responsibility for themselves. The professional women in the study emphasized experiencing loss of professional identity. Between the professional and non-professional women, there were differences in work attachment, community involvement and family obligations.

Family responsibilities

Throughout life, Jamaican women are faced with the burden of working both within and outside the home. As they grow older, some of them look forward to reduce their responsibilities, but many still find themselves trapped in supporting grandchildren, ageing relatives, as well as self-employment or other paid jobs (10).

The social and economic lives of older women are affected if they are involved in care of the elderly as they are sometimes forced to relinquish jobs and take on others more conducive to caring lifestyle. Assuming caregiving roles result in feelings of isolation on the part of the elderly women which has a negative impact on their health (10).

Caring for patients is generally seen as a job that is suited for women as it is an extension of their domestic roles. Women are therefore, seen as nurturers and caregivers throughout their lives. Women who retire from health professions also accept these images of themselves which are based on patriarchal ideologies. As a result, they are expected to assume domestic roles around the homes. They are also willing to make sacrifices for their families and loved ones as part of their role as a woman. Retired women from the health professions, however, need to think about themselves and taking care of their own lives before attempting to help others including their family members.

Rawlins (10) studied the family life, work and health of older Jamaican women and reported that older women are portrayed negatively in society as they are no longer likely to have children. Even with this negative image of their sexuality, older women are still seen as caregivers. Older Jamaican women are influenced by relationships with their families and their communities. These women's lives are also affected by changes in the social and economic conditions in Jamaica (10).

Other issues

Ageing affects the entire body and it is therefore, necessary for the elderly to take steps to be both mentally and physically healthy. Elderly persons sometimes face physical and psychological challenges and may also experience loneliness and depression (11). Mentally, it is important to have a strong support system for the elderly due to the different transitions each adult experience between retirement and late adulthood.

Ageing and poverty are issues for Caribbean women as they are more likely than men to retire without a pension since some of them are not employed in positions that provide pension and health benefits. In addition, women's life expectancy is an average of five years more than their male counterparts and this presents challenges for the policy-makers in the health and social services sector (10). The needs of women are different from those of men and therefore, policies relating to retirement for each gender should be handled differently. In addition, women from different social backgrounds and different professions face diverse challenges and their needs should be handled separately.

CONCLUSION

Retired women suffer from loss of identity and social interactions which influence their well-being. Retired women in healthcare may be influenced by these realities. Financial security may be elusive to some of these

women. Due to the caregiving nature of their jobs; women who are health professionals are expected to perform caregiving functions in their homes after they retire. This is based on patriarchal ideologies which these women accept.

Even though women have been in the workforce for a few decades, I do not believe that the experiences of retired health professionals in Jamaica and the Caribbean are widely studied. It is important that the voices of these women be heard so that policies may be implemented to address their needs.

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