

INSTITUTIONAL DISCRIMINATION IN PAEDIATRIC HOSPITALS

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Abstract: *Social discrimination stands for one of the phenomena that social policies attempt to counteract by legislation, with a view to impeding its effects. Nevertheless, at institutional level, the decisions perpetuate and encourage discrimination, being practically a norm in an abnormal situation. Abnormality is represented by a series of deficiencies falling within the scope of perverse effects. Having analyzed institutional policies in the field of child health, we have identified a series of issues that fall under social discrimination. The paper submits the reasons for institutional discrimination in paediatric hospitals. The purpose of the research is to identify the discriminated persons and to report the repercussions of institutional discrimination at social level.*

Key words: *domestic violence, emotional blackmail, physical abuse, sexual abuse, moral emotions.*

1. Introduction

Currently, in Romanian State paediatric hospitals, the child's hospitalization is not allowed together with his/her father. The female persons' hospitalization is only permitted (mother, grandmother, nanny, aunt), depending on the situation.

Mention: The study herein makes no reference to the special period when the infant is breastfed or when the mother is in parental leave, but to the period when both parents are in similar situations (for instance, the child is over 2 years old and the parents are employed).

The legislation aims at strengthening the principle of equal opportunities, which stands for the normality of a society that claims to be democratic and at offering equal development opportunities to the

individuals. Institutional discrimination in paediatric hospitals falls within the scope of gender discrimination.

Ordinance No. 77/ 2003 amending and supplementing Government Ordinance No. 137/2000 on preventing and sanctioning all forms of discrimination (published in the Official Monitor No. 619 on August 30, 2003), defines in par. (1) the discrimination as "any distinction, exclusion, restriction or preference, based on race, nationality, ethnicity, language, religion, social status, beliefs, gender, sexual orientation, age, disability, non-contagious chronic disease, HIV infection or affiliation to a disadvantaged category that has as purpose or effect to restrict or to remove recognition, use or exercise, on equal terms, of the human rights and fundamental freedoms or of the rights

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recognized by law, in the political, economic, social and cultural field or in any other area of public life". The same law mentions in par. (2) that "there are discriminatory, according to this ordinance, the apparently neutral provisions, criteria or practices that disadvantage certain persons, based on the criteria stipulated in par. (1), towards other persons, unless such provisions, criteria or practices are objectively justified by a legitimate aim and the methods used for achieving that aim are appropriate and necessary.

2. Repercussions of institutional policies on family members. Theoretical implications

Social reproduction theory reckons education as a process that transmits and maintains social inequalities [4]. Therefore the mother will undertake unpaid duties, the father focusing on paid productive tasks.

Social identity theory, developed by Henri Tajfel and John Turner, in 1979, in their studies of social psychology, analyzes the relations among social groups, highlighting three stages: categorization, identification and comparison within social context. This research analyzes the influence of institutional decisions within paediatric hospitals that obstruct the exercise of the tasks assigned to the role of father. The gender variable plays the dominant part in the development of the categorization, identification and comparison processes, influencing the father's identity and self-esteem, being not entitled to involve himself like the female persons.

According to the attribution theory (Fritz Heider [12], [13] the father will tend to compare his behaviour and capacity to take care of his child with the mother's. Given that parents hold the same role and are

capable of taking care of their child at home, the deprivation of fatherhood at institutional level may cause: low self-esteem (he is regarded as unable to exercise his role), social inequity.

Social learning theory claims that society influences the individuals' feelings, thinking and behaviours. We notice here discrimination between the partners with reference to the allotment of tasks in the household. The responsibility to raise and take care of the child/children becomes incumbent on female persons.

Rational choice theory is based on the assumption that individuals, depending on costs and benefits, are capable of choosing the best option in order to achieve their purpose. Therefore, if in a couple, the mother must stay at home as she breastfeeds the second child, and the father wants to be hospitalized with their other child, no one and nothing should deprive him of the right to exercise his role. The effects on the child, mother, father, viewed from the perspective of social equity theory [1], [5] bring about inequity, cognitive dissonance, frustration and aggressiveness. The theory frustration – aggressiveness is based on four basic concepts: frustration, aggressiveness, inhibition, the aggressiveness redirection from its source upon other things, persons, beings.

In compliance with the cognitive dissonance theory, elaborated by Leon Festinger [9] when the individual shares other beliefs, engages in actions contrary to his/her desires, beliefs or actions, (s)he will experience a state of psychic discomfort and will be in a position to change the cognitive elements, seen as a strategy to restore balance. Thus, the individual's productivity, efficiency, effectiveness in labour and in his/ her social relations will be strongly affected [6]. Although the priority perceived by the parent is to be alongside of his/ her child,

the institutional barriers determine him/her to reorganize his/her actions. This reorganisation comes into conflict with the role task.

Social representation theory claims that social representations are “a form of specific knowledge, a “science” of common sense, whose content manifests itself through operations, socially determined generative and functional processes. In a broader sense, “the concept of social representations designates a form of social thinking” [7, p. 64].

The series of perverse effects from the dissatisfaction caused by institutional discrimination may include: to preferably employ in leadership positions male persons, which leads to the woman’s discrimination on the labour market, to distort the child’s perception on the father’s role, to install a general undesirable state in the child, to raise the accident possibility because of the human-resource absence in the hospital (lack of the child’s permanent supervision), to deprive the child of the parent whose situation enabled his/her presence.

3. Identification of the reasons for institutional discrimination

The reasons of institutional discrimination were identified by directly interviewing the managers of the Paediatric Hospital in Braşov. The grounds of discrimination, extracted from the interviews, are: the impossibility to provide separate spaces for the hospitalization of mothers with children and of fathers with children; the lack of sanitary facilities with separate destination according to the gender criterion; the impossibility to ensure the intimate space that individuals need; jealousy feelings from fathers whose wives might be hospitalized with their child, if male persons were hospitalized with their own

children in the same ward; avoidance of the hospitalized patients’ insecurity; mother’s higher familiarity with respect to the child’s raising and nursing, as compared to the father’s. After having identified the factors involved in the discriminating decision to hospitalize only female persons with their child, the civil society members’ opinion was measured.

4. Assessment of the factors determining institutional discrimination by the members of civil society

The factors determining institutional discrimination were assessed by a survey structured on 136 subjects divided in 4 different groups.

- a). Group number one: female persons with a child/children in their care
- b). Group number two: male persons with a child/children in their care
- c). Group number three: female persons with no child/children in their care
- d). Group number four: male persons with no child/children in their care

The conclusions drawn from assessing the correctness of the decision to hospitalize only female persons were:

Do you deem the decision to be correct?

Table 1

Group number	Yes	No
1. Female gender with child/children	10%	90%
2. Male gender with child/children	6%	94%
3. Female gender without child/ children	12%	88%
4. Male gender without child/ children	9%	91%

If the correctness of the decision to hospitalize female persons with their child/children in paediatric hospitals was estimated to be 100% wrong, the legal decision whereby the mother or father (depending on the partners’ decision) should benefit from postnatal leave was

estimated to be 100% correct.

Both parents' equal involvement was 100% confirmed by the respondents. Hence there is difference of opinion neither between the respondents with children in their household and the ones with children neither in their household nor in the case of the respondents of different gender.

The question: "Who do you think to be the victims of institutional discrimination"? yielded the following results:

Table 2

Mother	3%
Father	6%
Child	5%
All of them	86%

The obtained results show that all family members are quite equally discriminated. As follows, the results will be presented for every variable in part, which reflects the aforementioned:

1. The possibility should exist only for the mother to be hospitalized with her child, lest different-gender carrying parents should be in the wards (4%) or The possibility should exist to hospitalize either the mother or the father even if (s)he should stay with different-gender parents accompanying their child (96%).

2. I would mind toilets and showers be for different-gender parents and I prefer only female persons be hospitalized (5%) or I would not mind toilets and showers be for different-gender persons and I prefer whichever parent wants be hospitalized (95%).

3. I would worry if my wife/husband were hospitalized with our child and different-gender persons were there for their children, too (8%) or I would not worry if my wife/husband were hospitalized with our child and different-gender persons were there for their child,

too (92%).

4. Mother's/woman's rights are infringed if the spouses decide for the father to be hospitalized and the institutional policies do not allow him to (38%) or Mother's/woman's rights are not infringed if the spouses decide for the father to be hospitalized and the institutional policies do not allow him to (62%)

5. Father's/ Man's rights are infringed if under certain conditions the spouses decide for the father to be hospitalized and the institutional policies do not allow him to (80%) or Father's/Man's rights are not infringed if under certain conditions the spouses decide for the father to be hospitalized and the institutional policies do not allow him to (20%)

6. Child's rights are infringed as, under the circumstance his/her mother cannot be hospitalized, another female person is allowed access and his/her father is set aside (97%) or Child's rights are not infringed as, under the circumstance his/her mother cannot be hospitalized, another female person is allowed access even if his/her father is set aside (3%).

7. I dare say suspicions, jealousy feelings might arise between spouses if different-gender persons would be hospitalized with their children (98%) or I dare say suspicions, jealousy feelings will not arise between spouses if different-gender persons would be hospitalized with their children (2%).

8. If both mothers and fathers were hospitalized with their child/children in the wards, I dare say they would all focus their attention on the child, as this is the reason for their coming (98%) or If both mothers and fathers were hospitalized with their child/children in the wards, I dare say not all of them would focus their attention on the child they accompany (2%)

9. I dare say my child would be safe in the hospital even if he were hospitalized alone and other fathers were there,

hospitalized with their child/children (97%) or I dare say my child would not be safe in the hospital if he were hospitalized alone and other fathers were there, hospitalized with their child/children (3%).

10. If I had a child and the father's hospitalization with the child/children in the hospital were permitted, I would trust that my child were safe only if (s)he were accompanied by one of the parents (96%) or If I had a child and the father's hospitalization with the child/children in the hospital were permitted I would not trust that my child were safe only if (s)he were accompanied by one of the parents (4%).

11. I think hospital regulations are rigid in order to be easier for the institution (97%) or I think hospital regulations are rigid in order to protect the child's/patient's rights (3%).

12. I think hospital regulations are rigid in order to be easier for the institution (93%) or I think hospital regulations are rigid in order to protect the interests of the family and afterwards the child's (7%).

13. I dare say these rules are made to encourage the bribery system or the one called – pay-off or palm-greasing (24%) or I dare say these rules are made to avoid the unpleasant incidents that might disturb or harm the child/patient (76%).

14. I dare say these rules are made with a view to encouraging the development of the private health system (52%) or I do not think these rules are made with a view to encouraging the development of the private health system (48%).

The grounds of discrimination, extracted from interviewing the managers, in the respondents' opinion, do not constitute arguments authorizing the decision.

The respondents' opinion clearly reflects the rigidity of the system, which lies in avoiding any unpleasant incidents. In terms of social equity and justice, according to the research results, the mother, father and

child are discriminated. Unfortunately, the possibility is invoked of perverse effects, which overturn the significant percentage of the incorrect decision at the citizens' expense.

The moral emotions of embarrassment, shame do not constitute arguments for the lack of intimate space, as compared to the parents' necessity to focus their own attention on their hospitalized child/children.

5. Conclusions

Institutional discrimination has repercussions not only on the father, whose right to exercise his role is restricted, but also on the child and mother. The substantiation of the reasons underlying the decisions made by the persons entitled to make decisions at institutional level does not fall in the sphere of social equity.

The respondents framed the decision in the sphere of discrimination, and there are no significant differences in terms of the last graduated education level or of the gender. From the perspective of the status-role theory, the role obligations are clearly defined and cannot be influenced by other factors. In a democratic society, the harmonization of work and family life stands for an intervention pillar from the State for the family. According to the survey "Family Life" (Soros, 2008), the respondents said in a percentage of over 60% that "State services and benefits are not sufficient to enable the woman to develop her career" [14].

Romania's adhesion to EU determines similarity in terms of institutional policies. Thus, civil society, fully entitled as EU member, will wait, if not for attaining a State of welfare, at least for having social policies that should be convergent with the family and child protection in any field. When the role of social, institutional policies is not desirable, one can resort to

other power sources that can regulate the situation: civil society, mass-media. These two sources can be convergent as purpose, having “unconstrained collective actions aiming at shared interests, objectives and values” [16]

We can practically talk of the social attribution of guilt in the framework of the oppressive processes of human-right confinement. “An actor (individual, organization, society) can be found guilty only in relation to the suffering caused to some moral agents (it usually comes to people... or other moral entities)” [15].

Social change and development can be undertaken in the conditions wherein the effects of some decisions are highlighted and the compulsorily changeable causal mechanisms are known. A generating cause always exists behind the effects.

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