

Perception of professors and nurses about sexism in nursing

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ABSTRACT

Objective: Know the perception of professors of a higher education institution who work in nursing care about sexism in their work environment. Therefore, the guiding question of this research was: What is the perception of professors and nurses about sexism in their work environment? **Methodology:** Descriptive and exploratory research, with a qualitative approach, carried out with nursing professionals and professors at a private college in the capital of Alagoas. Data were primarily collected through an electronic form developed by the researchers for qualitative analysis of the information, Bardin's content analysis was adopted. The research was approved by the Ethics Committee with opinion number: 4,719,368 **Results:** The study included 16 professors from the nursing course, who mostly reported having already suffered or witnessed sexist situations during care. **Conclusion:** From this research, it was observed that despite the predominance of women in nursing, there is still sexism present in care on the part of professionals and patients. Part of the professors participating in this study claimed to have suffered or witnessed situations of sexism and all agreed on the interference in the effectiveness of care. Awareness actions are needed for these professionals and the general public, including patients.

Keywords: Morals, Sexism, Feminism, Nursing.

INTRODUCTION

For historical reasons, women have always been synonymous with nursing. Figures like Florence Nightingale and Anna Nery, icons of the profession, have inspired the paths and nursing care provided by women, which can reinforce stereotypes about these professionals¹. It is known that the nursing profession is predominantly composed of women and represents the largest category among healthcare professions. It is acknowledged that nursing is a highly relevant profession; however, it faces prejudice and deeply ingrained regressive attitudes, such as sexism, which may manifest as behaviors or opinions that reject gender equality, favoring and elevating the male sex.

OBJECTIVE

Given that sexism still exists in various fields, including the field of Nursing, this research was guided by the following question: What is the

perception of faculty members, female and male nurses, about sexism in their work environment? The objective is to understand the perception of faculty members, female and male nurses, regarding sexism in their work environment.

Specific Objectives

Understand the perception of sexism in the clinical and academic nursing environment, considering the experiences and accounts of the research participants to contribute positively to the scientific community and reshape nurses' perspectives on the social stigmas associated with nursing.

METHODS

Study Design

This is a descriptive, exploratory research with a qualitative approach.

Study Location

The research was conducted at Estácio de Alagoas University, Jatiúca campus, located in Maceió, Alagoas.

Funding

This work was self-funded by the authors.

Study Participants

The participants in this study were female and male nurses who were faculty members at Estácio de Alagoas University. The sample size was determined based on theoretical data saturation.

Inclusion and Exclusion Criteria

Nurses who were part of the nursing faculty at the institution during the research period were included. Faculty members or preceptors who were on leave due to illness, pregnancy, or other reasons during the data collection process were excluded.

Data Collection

Data was collected through interviews using an electronic questionnaire with faculty members/nurses at the educational institution from May to June 2021. A semi-structured electronic questionnaire was used to collect sociodemographic and qualitative data, consisting of five open-ended questions. The responses were subjected to Bardin's content analysis. The content analysis method involves three phases: pre-analysis, material exploration, and result interpretation².

Ethical Considerations

After project approval by the Institutional Directorate and subsequently by the Research Ethics Committee (REC) of Estácio de Alagoas

University, the research was initiated. Throughout the study, the confidentiality and privacy of the participants were preserved, using letter and number codes to protect their identities.

RESULTS

This study included 16 faculty members/nurses, of whom 13 were women and three were men, with an average age of 38 years and an age range of 29 to 58 years. Regarding the participants' education, the majority had a master's degree. Among them, only three worked exclusively as educators, while the others worked as clinical nurses. The average length of education was 11 years and 7 months, with an average of 12 years of clinical experience and an average of 7 years of teaching experience.

Following qualitative exploration of the obtained content using Bardin's thematic analysis, six thematic categories emerged: 1. Professionals' perception of sexism; 2. The historical relationship between caregiving and the predominance of women in nursing; 3. The existence of sexist behavior among healthcare professionals and patients; 4. The negative influence of sexism on care; 5. Strategies to mitigate sexist behavior in the clinical setting; 6. The repercussions of sexist behavior on the professional lives of female nurses.

Based on the conducted research, it was observed that manifestations of sexism are scarce or nonexistent in the academic context, as none of the interviewees reported any incidents of this phenomenon.

Perception of Professionals Regarding Sexism

Regarding the perception of faculty members about sexism, it was found that the research participants consider sexism to be a deeply ingrained cultural behavior, as indicated by the following statements:

I understand sexism as a type of prejudice, represented by actions or

expressions of opinions that do not uphold gender equality. In this case, favoritism towards the male gender is identified compared to the female gender [...]. (P9)

Sexism is culturally rooted, in small everyday situations, such as the assumption that only women should handle household chores and childcare [...]. (P4)

Historical Relationship Between Caregiving and Female Dominance in Nursing

When asked about the predominance of women in nursing, it was noted that the faculty members perceive a historical relationship between women and caregiving, as reflected in the following statements:

Historically, caregiving was a role assigned to women, taking care of the household, domestic activities, and children. This persisted in nursing, also associated with the fact that it required limited scientific knowledge [...], while men were engaged in professions requiring greater knowledge, such as medicine, law, and engineering. (P16)
The 'nightingalean' system itself linked feminine traits to the professional identity of nursing. Later, even with men entering the profession, this was not enough to break the gender stereotype of a profession socially constructed as feminine. (P8)

Existence of Sexist Behavior Among Healthcare Professionals and Patients

In response to inquiries about sexist behavior within nursing, four female professionals reported having experienced sexist attitudes during patient care, while three participants, including one male, stated that they had witnessed sexist behaviors in the workplace.

I treat people with courtesy and kindness. A colleague misunderstood and thought that I treated him that way because I was interested in establishing an emotional connection with him. (P3)

During a prenatal care session, the partner of a pregnant woman questioned my care due to my gender and lack of children. According to him, only mothers should attend to pregnant women, as I could not provide guidance without experiencing pregnancy myself. He argued that this was different for men, especially for doctors who had more knowledge. (P16)

Negative Influence of Sexism on Care

Considering the impact of sexism on nursing care, all participants in this study agreed that this type of behavior negatively affects the quality of patient care, as shown below:

Many times, they feel entitled to disrupt our work, believing that we have inferior knowledge and skills compared to men. (P4)

[...] Sexism brings other problems experienced in our profession, such as harassment in the workplace. [...] It affects the nurse's autonomy in the work environment, leading us to expend more energy demonstrating and proving our knowledge, the value of our profession, and this is exhausting. (P16)

Strategies to Mitigate Sexist Behavior in the Clinical Setting

A significant portion of the interviewed faculty members suggested that implementing training during education, raising awareness among professionals, and instilling ethical education from childhood would be necessary to

reduce sexist behaviors. The following insights were provided:

[...] Above all, I believe that this issue should be addressed in the education process of nursing professionals from the beginning. [...] Regulatory institutions (COREN and COFEN) should adopt more effective measures for supervision and punishment in cases of harassment and sexism, and also work to protect the professionals [...].(P1)

Sexism in nursing can be fought, but it can only be achieved through one way: educating your children and showing them from a young age that men and women have the same rights and responsibilities. (P4)

Knowledge for the positioning of professionals. Since it is a culturally constructed issue, it will not disappear overnight [...]. Furthermore, sexism is not just perpetuated by men, but is also ingrained in women when they accept a submissive role, regarding sexism as normal.(P16)

Repercussions of Sexist Behavior on the Professional Lives of Female Nurses

Regarding the consequences of sexist behavior on the professional lives of female nurses, challenges in communication, acceptance, and career advancement were highlighted, often influenced by the possibility and/or experience of motherhood, as expressed below:

As a woman in a society primarily governed by men, ignorance is passed down from father and mother to children. Hindering dialogue and our development in the job market. (P3)

[...] Sexism is also present in the job market, where often we cannot integrate due to the 'power' of reproduction and the act of being a mother, which does not favor capitalism. (P4)

DISCUSSION

Sexism is commonly recognized as a "culture of male superiority, manifested through a man's way of thinking and acting to subordinate the female gender by considering them inferior"³. This aligns with the perception of the study participants, who identify sexist behavior as an act of asserting superiority over another person based on gender.

It is acknowledged that the nursing profession is predominantly composed of women, whether in teaching or clinical roles. According to Santos⁴, "women make up about 70% of health-care professional teams and nearly 85% of the nursing workforce." This is consistent with the findings of this study, where 13 out of the 16 participants are women.

This association of women with nursing care originated with Florence Nightingale, a pioneer in caregiving who provided assistance to wounded soldiers during the 19th century, coupled with Anna Nery, a pioneering nurse during the Paraguayan War in Brazil. Despite these facts, leadership and representation in the healthcare sector are still predominantly male, which, according to Sales¹, has a historical link to the fact that during 19th-century wars, men only took on nursing roles when they were unfit for battlefield duty as a form of "punishment."

In this context, individuals' identities, whether male or female, are socially constructed, encompassing social, cultural, political, and other factors. However, it is often heard that certain behaviors are "natural" for females, such as caregiving, whether in a domestic or professional context. Such thinking naturalizes a combination of historical factors, disregarding the social construction of gender roles⁵. The influence of these factors can be observed in the statements from this study, which suggest that these behaviors are passed down from parents to children, perpetuating prejudiced thoughts and attitudes from an early age.

The International Labour Organization (ILO) has found in recent studies that women worldwide earn about 77% of men's salaries. Following this trend, gender pay parity would only be achieved in 2086, 71 years from now⁶.

As mentioned by one of the participants, motherhood does not favor capitalism, making it difficult for women to establish themselves in the job market¹.

Another significant issue to consider is the sexualization of the nursing profession, which is directly linked to power and subservience dynamics. Studies have been conducted on this theme, including one by the Federal University of Pará conducted by Poiares and Ribeiro⁵. Using image searches on online platforms, they found that when searching for "nurse," sexualized images of the profession were displayed. In contrast, searches for "male nurse" yielded more professional and sober images. This sexualized stigma is reflected in the workplace, paving the way for inappropriate behaviors such as verbal or moral harassment originating from colleagues and even patients. A study in a pre-hospital care unit⁷ revealed that around 16% of professionals surveyed had experienced sexual harassment, with female professionals primarily harassed by men. Consequently, some professionals are subjected to inappropriate behavior, as demonstrated in the statement of one participant, where simple and courteous treatment is misinterpreted.

Based on the study results, it is evident that some male professionals feel intimidated when led by a female leader, reflecting the idea that leadership is exclusively associated with masculinity. Conducts and decisions made by male leaders are viewed differently, tied to the stereotype that females are driven solely by emotions, while males prioritize rational decisions⁹.

Given that nursing involves scientific knowledge, this perspective is inaccurate. Knowledge empowers these nurses, providing assurance that their actions are correct and appropriate. This notion is also reinforced by the participants of this study, who emphasized that understanding and addressing sexist behavior is a viable alternative to eradicating it from society.

CONCLUSION

Based on the information generated in this study, it is evident that faculty members, female and male nurses, perceive sexism as a deeply

ingrained behavior rooted in culture, stemming from a historical context of female submission and limited roles in the past. The participants' responses highlight that sexism has socio-historical roots, focused on the dominance of the male gender, leaving women with the image of sole caregivers (for the home and family). The historical context of female dominance in nursing was mentioned, with the notion that nursing has always been associated with women, cementing their role as caregivers. Thus, the practice of sexism is shown to persist even today.

Concerning gender relationships, the sexualization of the profession is evident, promoting notions of "sexual subordination." Furthermore, resistance to female authority and leadership in nursing is apparent. Additionally, the influence of sexist behavior on patient care was unanimously negative, casting doubt on the intellectual, technical, and scientific abilities of female nurses.

This study focused on understanding sexism within the nursing profession, providing insights into critical aspects of this important issue. The participants' statements highlighted key factors that are essential for reducing or even eradicating sexist behavior, such as ethical and conscious upbringing from parents during childhood, integrating training throughout healthcare professionals' education, and establishing effective oversight through regulatory bodies. Regarding sexism in the academic context, it was found to be rare or nonexistent, as none of the participants reported any incidents of this phenomenon.

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