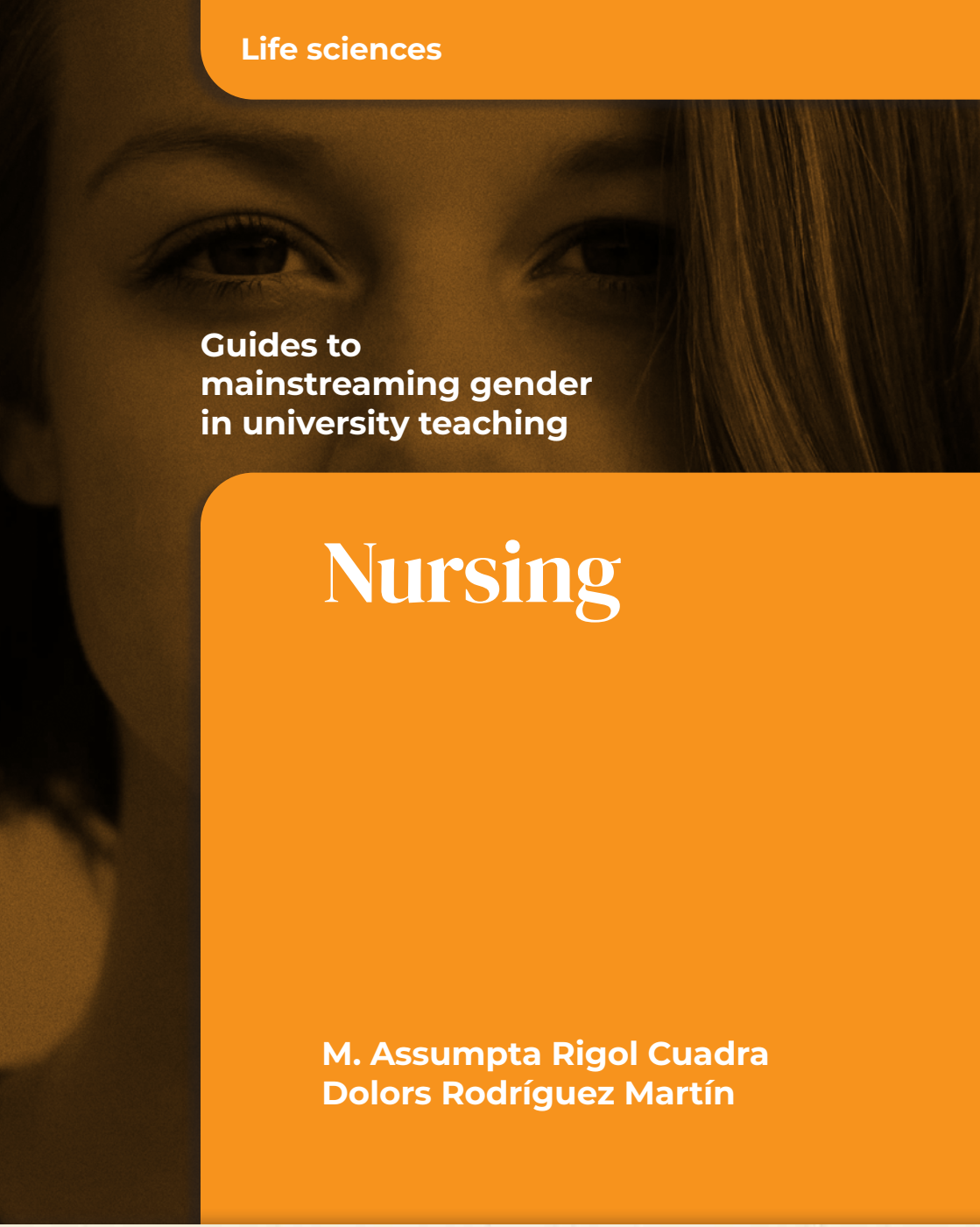
Life sciences



Guides to mainstreaming gender in university teaching

# Nursing

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Xarxa Vives d'universitats

# NURSING

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# SUMARY

## PRESENTATION

What is the gender perspective and what relevance does it have in teaching undergraduate and graduate programmes? When applied to a university setting, the gender perspective or gender mainstreaming is a comprehensive policy to promote gender equality and diversity in research, teaching and university management—all areas affected by different gender biases. As a cross-cutting strategy, it involves all policies taking into account the characteristics, needs and interests of both women and men, and distinguishing biological aspects (sex) from culturally and historically constructed social representations (norms, roles, stereotypes) of femininity and masculinity (gender) based on sexual difference.

*The Xarxa Vives d'Universitats* (XVU) (Vives Network of Universities) encourages a cohesive university community and reinforces the projection and the impact of academe in society by promoting the definition of common strategies, especially in the gender perspective scope of action. It should be highlighted that policies that do not take into account these different roles and diverse needs and are, therefore, gender-blind do not help to transform the unequal structure of gender relations. This also applies to university teaching, where we offer students a compendium of knowledge to understand the world and intervene in their future professional practice, providing sources of reference and academic authority and seeking to promote critical thinking.

Knowledge transfer in the classroom that is sensitive to sex and gender offers different benefits, both for teachers and for students. On the one hand, deepening the understanding of the needs and behaviours of the population as a whole avoids partial or biased interpretations—both theoretically and empirically—that occur when using man as a universal reference or when not taking into account the diversity of the female or male subject. In this way, incorporating gender perspective improves teaching quality and the social relevance of (re)produced knowledge, technologies and innovations.

On the other, providing students with new tools to identify stereotypes, social norms and gender roles helps to develop their critical thinking and skill acquisition that will enable them to avoid gender blindness in their future professional practice. Furthermore, the gender perspective allows teachers to pay attention to gender dynamics that occur in the learning environment and to adopt measures that ensure that the diversity of their students is addressed.

The document you are holding is the result of the work plan of the XVU Gender Equality Working Group, focused on gender perspective in university teaching and research. The report entitled *La perspectiva de gènere en docència i recerca a les universitats de la Xarxa Vives: Situació actual i reptes de futur (2017) [Gender Perspective in Teaching and Research at Universities in the Vives Network: Current Status and Future Challenges]*, coordinated by Tània Verge Mestre (Pompeu Fabra University) and Teresa Cabruja Ubach (University of Girona), found that the effective incorporation of gender perspective in university teaching remained a pending challenge, despite the regulatory framework in force at European, national and regional levels of the XVU.

One of the main challenges identified in this report in order to overcome the lack of gender sensitivity in curricula on undergraduate and postgraduate programmes was the need to train teachers in this skill. In this vein, it pointed out the need for educational resources that help teachers provide gender-sensitive learning.

Consequently, XVU Gender Equality Working Group agreed to develop these guidelines for university teaching with a gender perspective, under the coordination of Teresa Cabruja Ubach (University of Girona), M. José Rodríguez Jaume (University of Alicante) and Tània Verge Mestre (Pompeu Fabra University) in a first stage and M. José Rodríguez and Maria Olivella in a second one.

Altogether, 17 guides have been developed so far, eleven in the first phase and six in the second by expert lecturers and professors from different universities in applying a gender perspective in their disciplines:

### ARTS AND HUMANITIES:

Anthropology: Jordi Roca Girona (Universitat Rovira i Virgili)

History: Mónica Moreno Seco (Universitat d'Alacant)

History of Art: M. Lluïsa Faxedas Brujats (Universitat de Girona)

Philology and Linguistics: Montserrat Ribas Bisbal (Universitat Pompeu Fabra)

Philosophy: Sonia Reverter-Bañón (Universitat Jaume I)

### SOCIAL AND LEGAL SCIENCES:

Communication: Maria Forga Martel (Universitat de Vic – Universitat Central de Catalunya)

Law and Criminology: M. Concepción Torres Díaz (Universitat d'Alacant)

Sociology, Economics and Political Science: Rosa M. Ortiz Monera and Anna M. Morero Beltrán (Universitat de Barcelona)

Education and Pedagogy: Montserrat Rifà Valls (Universitat Autònoma de Barcelona)

SCIENCES:

Mathematics: Irene Epifanio López (Universitat Jaume I)

Physics: Encina Calvo Iglesias (Universidade de Santiago de Compostela)

LIFE SCIENCES:

Nursery: M. Assumpta Rigol Cuadra and Dolors Rodríguez Martín (Universitat de Barcelona)

Medicine: M. Teresa Ruiz Cantero (Universitat d'Alacant)

Psychology: Esperanza Bosch Fiol and Salud Mantero Heredia (Universitat de les Illes Balears)

ENGINEERING:

Architecture: María Elia Gutiérrez-Mozo, Ana Gilsanz-Díaz, Carlos Barberá-Pastor and José Parra-Martínez (Universitat d'Alacant)

Computer Science: Paloma Moreda Pozo (Universitat d'Alacant).

Industrial Engineering: Elisabet Mas de les Valls Ortiz and Marta Peña Carrera (Universitat Politècnica de Catalunya)

Learning to incorporate the gender perspective in subjects merely implies a reflection on the different elements that constitute the teaching-learning process based on sex and gender as key analytical variables. In order to review your subjects from this perspective, the guidelines for university teaching with a gender perspective provide recommendations and instructions that cover all the following elements: objectives; learning outcomes; content; examples and language used;

selected sources; teaching methods and evaluation, and management of the learning environment. After all, incorporating the principle of gender equality is not just a matter of social justice but also teaching quality.

M. José Rodríguez Jaume and Maria Olivella, coordinators

# 1. INTRODUCTION

This guide to incorporate the gender perspective in nursing studies at university, which has been prepared by University of Barcelona lecturers M. Assumpta Rigol and Dolors Rodríguez, reflects on the effects of the androcentric view in a discipline whose purpose is "care". By treating the body and sex of men as the standard of reference, the health sciences have put women's health in an unequal position by disregarding, among other things, the differential morbidity of women and men from health issues and, as a consequence, their dissimilar needs. The gender perspective in nursing helps to shed a critical, analytical light on our understanding of health and the processes of disease experienced by women and men.

The guide introduces the gender perspective into the teaching of *nursing* and suggests a number of general proposals: (1) to distinguish between the terms "sex" and "gender" in order to appreciate that the health risks and issues of women and men are also the result of gender roles and stereotypes; (2) to consider how the sociocultural construction of gender has an impact on the health of women and men; (3) to introduce intersectional analysis as a strategy to address multiple kinds of discrimination in the healthcare system; and (4) to include in teaching, research and professional practice recent theoretical contributions that challenge the universal, immutable nature of categories such as woman, man, heterosexual, homosexual, bisexual, etc.

From this starting point, the *Guide* lays out suggestions for the transversal inclusion of the gender perspective in nursing studies at university, ranging from the objectives, content and assessment of subjects to the organisational approaches and teaching methods and resources used in the classroom. By way of illustration, the *Guide* gives examples from subjects such as Principles of Nursing, Clinical Nursing, Reproductive Health Nursing, Child and Adolescent Nursing, and Practicum, as well as the disciplines of Anatomy, Physiopathology and Pharmacology. The *Guide* also invites readers to reflect on the inequalities (and discrimination) that women experience in the healthcare system, and provides a wealth of useful references and resources for anyone who wishes to delve more deeply into the area.

## 2. GENDER BLINDNESS AND ITS IMPLICATIONS

While legislation at the international, European and Spanish levels and more specifically in the region covered by the Vives University Network have sought to integrate the gender perspective in university teaching, research and administration, a number of obstacles stand in the way. For example, in the bachelor's degree in Nursing, one obstacle relates to the gender blindness that exists in relation to recognising the profession's authority. The core object of study is the provision of care. As a result, many of its dimensions are associated with activities inherently regarded as feminine, which are therefore not accorded the same value as the contributions of other professionals. This bias in the health field preserves and perpetuates situations of gender inequality that can be seen in decision-making on healthcare and in research, where care is not always regarded as a priority object of study. The bias also arises in the failure to include care as an object of analysis by assessment committees and in the lack of opportunities for publication, which skews the contributions made to improving the health of the population.

In order to overcome gender blindness, it is necessary to analyse the profession from the standpoint of feminism, because nursing is a key area for the analysis of gender stereotypes and because nursing is where the ideology of other-directedness appears most forcefully (Lagarde, 2011). The incorporation of the gender perspective in undergraduate and postgraduate studies should include an analysis of the historical construction of the nursing profession, the dimensions of care, and the ensuing ethical and social responsibilities, both for people being cared for and for society at large (Watson, 1988), if we are to change their identitarian imaginary and the very practice of nursing.

Such an analysis is also needed to integrate knowledge that eschews an androcentric view that organises the world by taking men as the measure of all things. This aspect is reflected in every walk of life, including science and scientific thought, and it prevents us from analysing differential morbidity from health issues, the different needs of women and men in relation to healthcare, the relationships that are established with people being cared for, and the relationships among different professionals. In addition, developing competences in the gender perspective can furnish tools to prevent, detect and intervene in the variety of situations that affect women, such as sexist violence – in all of its manifestations and forms – and to help transform the inequitable and discriminatory relationships that result from patriarchal society linked to power.

As a key element in the application of the gender perspective, it is necessary to train university teaching staff so that they can develop a transversal, intersectional view of health and disease at all stages of people's lives, since the training curriculum covers the entire human life cycle. Drawing on this perspective, students also need to be provided with tools to identify gender stereotypes and roles, which will have an impact on the process of health/illness/care, and they need skills to apply the approach in their future professional practice.

The gender perspective sheds light on how the construction and perpetuation of gender stereotypes and roles, which give rise to particular attributions, lead to differences in health, the way that women and men become ill, and their access to services, among other things, and it shows that such differences are not solely attributable to a person's sex. As a result, it is important to study and analyse the differences in light of feminist theories and gender studies in order to improve women's quality of life and devise competent gender-based interventions.

Nursing studies have specific characteristics. For example, the field has a high proportion of women because it is a profession that has traditionally been considered feminine (Zhang & Liu, 2016). This view, which is not only societal but we might also say academic, is still prevalent today even though, for instance, Spain as a country has a relatively high proportion of male nurses (Arreciado, Rodríguez-Martín & Galbany-Estragués, 2019), who accounted for 16.67% of all nurses in 2017 (INE, 2018). The image of the profession is not free of the prevailing gender roles and stereotypes of patriarchal society, which has historically associated care with women's work and has put up barriers to men joining the profession (Christiansen, 2014; MacWilliams *et al.*, 2013; Wan *et al.*, 2012). Some of these barriers stem from the view that male nurses do not fit into the roles traditionally assigned to men (Ross, 2017), with the result that, when they start their nursing studies, they may be labelled homosexual or effeminate and their masculinity may be questioned (Abushaikha *et al.*, 2014; Adeyemi-Adelanwa *et al.,* 2016; Evans, 2002; Forsman & Barth, 2017). Another difficulty that men can face in the profession is being regarded as unsuitable to provide care (Ross 2017) or to offer compassionate, sensitive attention (Ross 2017; Zhang & Liu 2016), since these qualities are, by "nature", innate to women; or they can be confronted by how the "nursing touch" is interpreted differently when applied by a female nurse or a male nurse. The nursing touch, which is a key therapeutic intervention in nursing, is normalised as an aspect of caring feminine behaviour, whereas it can be seen and interpreted as sexualised in the hands of a male nurse.

Society's stereotypical view of the profession is also apparent in the interactions between professionals and nursing students in their daily work in the healthcare field and practicums. Patients often treat a female nurse in a colloquial, paternalist manner, addressing her as "girl", while identifying a male nurse as "doctor". Such issues may seem trivial, but they nonetheless show how deeply embedded gender stereotypes are and they can become serious in situations of harassment, whether caused by patients and/or their relatives or by members of the interdisciplinary team itself. In this respect, it is necessary to train students to identify situations of this sort and make them aware of reporting and notification channels so that they can prevent impunity. Training in these issues can be given transversally when addressing topics of sexist violence against women in various subjects. However, it can also be pursued in other training activities, such as specific informational/training sessions for nursing students when they start their practicums – as is done in the bachelor's degree in Nursing at the University of Barcelona (UB) – and they receive information about the procedures to follow in the case of accidents during their practicums – such as an accidental needlestick injury. In this regard, the UB has a zero-tolerance policy toward harassment. In 2014, the UB adopted a protocol to address prevention, detection and action in situations of sexual or gender harassment or harassment on the grounds of sexual orientation. In 2019, the protocol was updated and a new version was adopted to cover sexual harassment, harassment on the grounds of gender identity or sexual orientation, and other sexist behaviour against women. The new protocol now covers the stated forms of conduct not only at the university, but also off-campus including the healthcare settings where students carry out their practicums. These settings are informed of their obligation to treat students in an egalitarian, non-degrading manner during their practicums. If they fail to meet this obligation, however, the UB will take any measures that it deems appropriate, such as terminating external practicum agreements or demanding the replacement of staff.

Returning to the issue of "care", the concept is an important element in any analysis of the inequalities that beset the profession, and of how the sex/gender system specifically influences the position held by nursing. The *care* of others has been studied extensively from the perspective of feminist theories. The starting point for reflecting on the ethics of *care* (C. Gilligan, 1982) was to give voice to the experiences of women and anyone else who, for reasons of sex, ethnicity, functional diversity or social status, had hitherto been excluded from theories and analyses of the development and capacity to render moral judgements. Accordingly, it has placed importance on interpersonal relationships and

responsibility as a core pillar of the way that women address moral situations based on the individual recognition of a responsibility toward others. In women, Gilligan calls this moral reasoning the ethics of caring, while in men she calls it the ethics of justice (Gilligan, 1982).

Various authors such as Noddings (2003) posit other characteristics of *care*, such as a moral responsibility to others. Accordingly, the ethics of care has taken on a humanitarian dimension in defence of the rights of people who are most in need. Noddings expands on the prescriptive and compulsory norms that transcend professional obligations and brings in the affective and emotional component as part of the foundation of professions dedicated to others.

The theory of *caring* (Watson, 1985) lays out a philosophy of care, a specific theoretical language and a relationship between theory and practice that revitalises aspects of nursing that have been invisible (Sarter, 2004), while also stressing the ethical aspect of care, its humanistic relational dimension, and the affective emotional dimension that legitimises nursing as a profession. Some of the characteristics of these dimensions coincide with stereotypes attributed to the female sex, which often results in a devaluation of the profession, disregarding the fact that care entails activities that are much more complex than merely emotional ones, but also include political, economic, legal and moral dimensions that are often less visible and receive less scientific and academic recognition.

Prominent in the nursing discipline are theorists who have been developing the discipline in order to guide the construction of the object of study. Even so, however, the strength of androcentric standards linked to medicine and a biological, curative hospital model shapes priorities in line with a hegemonic, patriarchal model, which is reproduced by female nurses themselves and often makes the importance of such contributions and the humanistic perspective secondary.

The concerns over gender bias in the profession rest on ample, current evidence, but they are not always widespread or transversal in the curriculum, nor are they shared by the scientific community or society at large. Technical, political and social contributions to the science of nursing often go unnoticed. This was the case with Margaret Sanger (1879-1966), a nurse who founded the *American Birth Control League* (1921) and opened the first birth control clinic in the United States in 1916 (in New York). Other examples include the contributions to statistics made by Florence Nightingale (1820-1910), who is recognised by the

British mathematician Karl Pearson as a forerunner of modern statistics and who reduced the rate of epidemics and mortality in British military hospitals; and the contributions of Letitia Geer (1852-1935), who in 1899 invented a pioneering syringe that would ultimately lead to modern syringes.

Androcentrism has given authority to male production, embodied in the figure of the physician, who has been attributed with scientific knowledge. Accordingly, it has an impact on the importance of the kinds of knowledge that are transmitted and on the lower value often placed on any knowledge related to the discipline of nursing, that is, to the provision of care and the activities that it entails, which are much more complex than emotional activities because they focus on responses to the health/disease process of the individuals being cared for, and include a range of components not limited to the biological, social, cultural and spiritual.

# 3. GENERAL PROPOSALS FOR INCORPORATING A GENDER PERSPECTIVE IN TEACHING

The androcentrism present in patriarchal societies and therefore in academia distorts the view of women. The resulting distortion means that academic disciplines articulate the world in a male idiom and equate the male view with the view of the entire society. The institution of the university is not immune to this fact. As a result, it we want a university that is socially committed and more inclusive, it is necessary for the university to adopt the gender perspective transversally not only in the structure and development of the institution itself, but also in the practice of teaching and research.

Introducing the gender perspective in universities has today become a key aspect in the university system, providing university students with tools to become agents of social change who have a critical perspective that not only takes into account the worldview of gender relations in their disciplines and in any phenomenon or situation that they analyse, but also considers the many kinds of discrimination – i.e. relating to social class, ethnic origin, culture, sexual orientation, functional diversity, etc. – that permeate our society as gender does.

In Europe, the gender perspective is very present on the agendas of universities as a key aspect of their excellence. In this respect, the Catalan University Quality Assurance Agency (AQU Catalunya) has recently announced that it will be compulsory to include the gender perspective transversally to obtain accreditation for bachelor's and master's degrees. This pioneering measure in the European Higher Education Area went into effect in the academic year 2020-2021, and the AQU Catalunya accreditation process now takes into account whether the gender perspective appears in teaching plans, the programmes of subjects and the curricula of disciplines.

In this vein, we believe that introducing the gender perspective in universities is entirely justified for three fundamental reasons that have been laid out by Donoso-Vázquez, Montaner & Pessoa (2014):

I. It is necessary to bear in mind that processes of knowledge production cannot be decoupled from a worldview built on the basis of gender.

II. The professionalisation of disciplines, if the gender perspective is not introduced, runs the risk of being biased toward one of the poles in the male-female dichotomy.

III. The introduction of the gender perspective in higher education creates the model for a committed, inclusive society.

In the field of the health sciences and more specifically in nursing, the gender perspective is a critical, analytical viewpoint for the interpretation of women's and men's health and their processes of becoming ill. Such an analysis shows that women's health is now in a disadvantaged position and that the health risks and issues of men and women are also the result of the gender roles and stereotypes to which they are exposed.

- As a preliminary step for the adequate application of the gender perspective, it is necessary to **distinguish between the terms "sex" and "gender"**, since gender is very often used as a euphemism to avoid the term sex, wrongly treating the two words as synonyms.

  The term "sex" refers to the sexual dimorphism of the human species (female sex – male sex). When we talk about "sex", we are talking about biological aspects such as chromosomes, reproductive organs, hormonal aspects, etc.

  When we refer to the term "gender", we are referring to the roles, responsibilities and opportunities assigned to the fact of being a women or man – that is, to sexual dimorphism – and to the sociocultural relations that are established between women and men. As a result, "gender" is a sociocultural construction that occurs on the basis of a person's biological sex. It is not fixed, but rather varies as a function of the historical, political and socioeconomic moment of a specific country or culture. Gender encompasses beliefs, values, ideas, prejudices, norms, duties and prohibitions about sexualities and relationships, and it permeates an entire society, including the society's institutions.

  Under the ideological umbrella of the patriarchy, therefore, society socially constructs gender on the basis of sexual dimorphism. This construction involves a whole series of stereotypes that have enormous importance in shaping the identify of people and the roles that they develop in society.

  Stereotypes bring simplicity and order where there is complexity and variability (Tajfel, 1984), creating generalisations that contain simplified, incomplete information (Aronson, 1995). The function and use of stereotypes are individual and social (Garaizabal & Fernández-Llebrez, 2010): individually, they help people preserve and defend their system of

values, while socially, they contribute to the creation and maintenance of group ideologies that serve to uphold and justify the perpetuation of certain social actions and also help in the creation and preservation of differences that are valued as positive in one group rather than in another group.

Gender stereotypes are stereotypes assigned to the sociocultural construct of biological fact, woman or man, as dichotomous features that aim to perpetuate the unequal order that structures the patriarchy. Thus, gender stereotypes naturalise differences across the range of characteristics, both strengths and weaknesses, and across the social roles that men and woman play. Such stereotypes can be negative, positive or neutral, but they mark the development of gender roles. For example, men are linked to qualities like courage, whereas women are linked to fragility, submissiveness, instability, dependence, frivolousness, passivity, lack of control, emotionalism, kindness, etc.

Roles refer to behaviours and attitudes – ways of being, feeling and acting – that a given society/culture assigns to a particular group. Paraphrasing Murguialday (2000), they refer to the way that people take on and express these assignments in daily life. Gender roles are a set of norms, rights and duties, expectations and activities that are considered "innate" and socially acceptable for individuals of a given sex, thereby naturalising, legitimising and perpetuating the social order imposed by the patriarchy. This implies that the images, characteristics and behaviours normally associated with women and men always have a cultural and historical specificity (Moore, 2003). An entire set of gender stereotypes associated with women and femininity depend on the concept of "mother" and its associated activities (Moore, 2003). These activities are concerned with a number of things such as care, raising children and giving emotional support, and the legitimate space for them is the home. All of these tasks have been regarded as "natural" to women based on their biological and reproductive function (Otner, 1974). As a result, they have a strong bearing on the role of "carer" that is considered innate in women.

Similarly, masculinity takes on characteristics that are imposed as ideal and normative by society and then attributed to men. These characteristics revolve around the hierarchical position of superiority in which a person of the male sex finds himself. Since his roles are basically as a producer, his

legitimate space becomes the public sphere, and he brings together a vast number of positive attributes.

These gender stereotypes and gender roles have a very direct impact in the area of health and care. In the field of care, whether in the professional arena or in the social sphere, it is women who, to a large extent, provide care (Comas d'Argemir, 2014, 2016) to their daughters and sons, granddaughters and grandsons, ill relatives, partners, old people, etc.; women are the chief carers in households, commercial enterprises and public services (Comas d'Argemir, 2014). If we focus on the professional arena and more specifically on nursing, we can see that gender stereotypes and roles have a major influence, for example, in the beliefs that male nurses are not as prepared to provide attention and care (Ross, 2017) and that their chief traits are competitiveness and aggression (Kronsberg, Bouret & Brett, 2017). There are male and female writers who argue that these presumed traits can account for the high representation of men in highly technical services, such as intensive care, and in services for critical patients, such as hospital and pre-hospital emergency services (MacWilliams, Bonnie & Bleich, 2013; Wu, Oliffe, Bungay & Johnson, 2015).

Society uses certain mechanisms to convey and perpetuate gender stereotypes and roles. This is apparent in the crucial, basic role of the family as a primary agent of socialisation, together with school and the media, among others. Through images and discourses, all of these agents convey and perpetuate the values and ideals that are present in patriarchal society and shape gender inequality.

- In the health sciences, it is vital to take into account not only the differential aspects related to biological sex, but also **gender as a sociocultural process and its effect on the health of women and men**. As a result, it is necessary to focus on both sex and gender.

  In nursing studies, it is necessary to overcome gender blindness and preconceived, stereotypical ideas about women and men, because these ideas are one of the key causes of gender bias in the health sciences. The inability to perceive inequality and discriminatory practices is due to the fact that inequalities are naturalised through processes of socialisation. A person's sex can influence health; women and men can present different signs and symptoms in response to the same pathological process – for example, acute coronary syndrome – and they can respond differently

to pharmacological treatments as a consequence of their physiological characteristics, hormonal characteristics, etc. In addition, the behaviours of women and men that are driven by gender stereotypes and roles have an impact organically on the bodies of people. For example, the association of masculinity with strength and repressed emotions and feelings can cause men to seek help too late and show up too late for certain medical check-ups, for example, when they have mental health issues. By the same token, the consideration of women as inferior and/or the property of their partner has an impact on sexist violence against women within the affective realm of couples, where the consequence of such violence affects the integral health not only of women, but also of their daughters and sons.

Therefore, as M. del Pilar Sánchez (2013) notes, "taking gender into account helps us to understand how the cultural and social environment in which a person is immersed can have a major impact on the differential exposure of women and men to risks and accidents, their access to basic resources to achieve good health, and aspects such as the appearance, severity and frequency of illnesses, as well as the reactions that such illnesses trigger socially and culturally" (Sánchez, 2013: 22).

However, not every difference involves inequality. What really drives inequality is unequal access to the factors that determine people's health (Sánchez, 2013): income level, educational level, type of paid work, and social network.

- In addition to making the gender perspective a fundamental pillar of higher education, it is also important to **introduce intersectional analysis** in any of the topics or phenomena that are being addressed. While we can see that sex/gender have an impact on people's health/illness, it is also necessary to add other factors that are discriminatory, such as how a certain person becomes ill, receives an incorrect or late diagnosis and/or treatment, faces unequal access to healthcare systems, or suffers from other kinds of discrimination.

  The intersectional perspective (Crenshaw, 1995; Parella, 2003) can serve as a tool for the analysis of multiple forms of inequality, oppression and discrimination that interact and overlap on multiple dimensions. An example appears in a paper by Silvia de Zordo (2017) on two studies carried out in Italy and Catalonia on the subject of abortion. Using a mixed methodology, she explores the experiences and attitudes of obstetrician-

gynaecologists in relation to abortion between 2013 and 2015. In the discourses of the obstetrician-gynaecologists in the two countries, she finds similar medical/moral classifications of abortions and the women seeking them. It becomes clear how gender aspects operate in the male and female professionals' discourses and how they are also articulated in relation to other categories such as age, social class, ethnic origin, etc. These categories serve to construct and distinguish between the women's decisions, classifying them as "rational" or "irrational", while basing the categories themselves on the professionals' own ideas and preconceptions of maternity. In this respect, most of the professionals do not define elective abortion as a "crime", but conversely they are accustomed to calling women who have multiple abortions "repeat offenders" – a term in use typically to refer to criminal acts. Clearly, therefore, there are ethnic-based prejudices toward the sexual behaviours and contraception practices of some immigrant women that they classify as "irresponsible", thereby accentuating the stigma already present in elective abortion, especially in certain women who are regarded as having more abortions.

The term "intersectionality" (Crenshaw, 1995; Parella, 2003) was a product of academic feminism's reflections that the experience of oppression could not be explained solely by gender. Intersectionality proceeded to understand that "woman" is a social category that is constructed and experienced in constant articulation and interaction with other categories: origin, social class, phenotypic traits, sexual orientation, functional diversity, etc. Thus, from within feminism, intersectionality has been formulated as a response to western, white, exclusionary feminism, which did not consider women of other ethnicities and social classes. The intersectional viewpoint looks at the way that combined systems of oppression (capitalism, patriarchy and colonialism) produce conditions conducive to inequality. From the holistic perspective of the nursing discipline, intersectionality becomes a key agent for understanding the relationships within power structures and responding to the health needs of an increasingly complex population. For example, in terms of discrimination and health issues, these two people are not the same: a 65-year-old women from an immigrant background, phenotypically Black, who lives in a peripheral neighbourhood and suffers from mental illness; and a 65-year-old woman from a Catalan background, who lives in a well-to-do neighbourhood and does not suffer from mental illness. Comparisons of this sort can provide students in the classroom with many examples and levels of analysis.

- Another theoretical contribution that proves interesting for the incorporation of the gender perspective and an understanding of gender identity is **queer theory**, which was coined by Teresa Lauretis in 1990 and later extensively developed and adopted as a point of reference by Judith Butler. Butler (2007) undertakes a critical analysis of gender identity as an immutable category and locates its roots in nature, in the body or in compulsory normative heterosexuality.

  As a result, queer theory rejects the classification of people in universal, immutable categories: man, woman, heterosexual, homosexual, bisexual, transsexual, etc. It regards these categories as restrictive and imposed by the heteropatriarchal society that erects them as normative, and argues that they are, in fact, fictitious categories.

  In response to these two theoretical perspectives, Lucas Platero (2014:83) argues that they are complementary and that both must be used in analysis, given that "there is no single intersectional methodology, nor is there one queer, feminist, postcolonial or anti-racist methodology; rather, there is a set of actions or ways of conducting research that contribute to explaining how different forms of inequality are articulated in a given context and in a specific social problem. Such research activities help to show how relations of power are generated, and they challenge whether the categories that we use are natural or universal, highlighting how they are often naturalised or understood as natural".

In addition, we find postcolonial and decolonial feminisms drawing on the intersectional viewpoint. These two groups have in common that they are "anti-colonial" in the sense that they stress how colonial practices have shaped the modern world and that the forms of western Eurocentric knowledge production marginalise other forms of "knowing" and "being" in the world (Asher, 2019). According to Paola Contreras & Macarena Trujillo (2017), postcolonial feminist theorists pursue an approach that shows the many variables that shape the identities of women in the "third world", or what they call "colonised areas". By contrast, decolonial feminist theorists advocate dismantling the foundations of modernity as a colonial project (Contreras & Trujillo, 2017).

The gender viewpoint, therefore, can help to understand the differential aspects arising from patriarchal mandates that have an impact on illness in women and men, and provide tools to change them. Gender as a category of analysis is a useful frame of reference for the comparison of diverse kinds of inequality (Lombardo &

Bustelo, 2009), whether from a transversal or intersectional perspective (Beijing, 1995) or taking into consideration other discriminatory factors that are articulated with gender.

This perspective is not covered by Spain's Organic Law 3/2007, of 22 March, *on the effective equality of women and men*, but it has been adopted in the National Pact on Immigration implemented by the Government of Catalonia as a tool to make visible the kinds of inequality facing immigrant women as a way to enhance gender equality and facilitate the administration of care.

In addition, feminist pedagogies applied to teaching are needed to introduce the gender perspective in universities. Feminist pedagogies, which are predicated on the idea of gender equity, shed light on the structures of oppression that operate in patriarchal societies. Adopting these pedagogies entails: showing the enormous value of diversity by creating a classroom setting in which the voices of all students can be heard (Miller *et al.*, 2016); creating more democratic classrooms, given that the approach is to overcome the oppression that arises from gender relations in society (Ironside, 2001, cited in Welch 2011; McAllister & Ryan, 1995, cited in Welch, 2011; Weyenberg, 1998, cited in Welch, 2011) and from the oppression and marginalisation of other groups and communities (Weyenberg, 1998, cited in Welch, 2011), that is, democratic classrooms in the sense that teachers and students can share information and viewpoints in a conducive environment (Michela, 2014); empowering female students (Welch, 2011; Michela, 2014); and enabling active participation, collaboration, relational learning and critical thinking (Weyenberg, 1998, cited in Michela, 2014). On the basis of these pedagogies, it is possible to adopt different learning strategies – working with cases, flipped classrooms, learning journals, and more – to promote debate and reflection among students in order to work on gender inequalities in health from an intersectional perspective.

Equally important for the introduction of the gender perspective in teaching, however, it is necessary to overcome the barriers that could result from a lack of specific training in the gender perspective among a substantial portion of the teaching staff. It would therefore be advisable first to analyse the current situation among teachers. At present, there are questionnaires that help to identify their level of knowledge. For example, there is a generic, practical questionnaire on university teaching (Donoso-Vázquez *et al.*, 2015). Questionnaires of this sort could be used to identify teachers' current training needs.

Overall, it is important for teaching staff to ask a number of fundamental questions. These questions, which can help them to reflect on how to incorporate the gender perspective in different subjects, include:

- Does the subject's course plan include gender competences?
- Is gender included as a transversal aspect in the subject and in every topic?
- Are topics with gender content explicitly addressed in my subject?
- In the topics covered by the subject, do we use case examples that consider gender?
- Do I encourage debates on gender topics?
- Are students motivated to think without stereotyping? Are stereotypes analysed?
- In relation to the previous question, do we as teachers adopt a critical stance to gender topics? And is this critical stance encouraged in students?
- Is non-sexist, non-essentialist and inclusive language used?
- Do the teaching staff convey and produce gender stereotypes and roles? Are they aware of this behaviour?
- Do I observe the dynamics in the classroom? Do I encourage balanced participation from women and men in the classroom?

On the basis of these reflections, teaching staff can reconsider how knowledge is conveyed and avoid perpetuating the asymmetrical order that exists in society as a whole in relation to the construction of gender.

As a starting point, we set out a list of general recommendations that take the intersectional viewpoint into account when introducing the gender perspective transversally:

- Show how the processes of differential socialisation convey and perpetuate gender stereotypes and roles, affecting the entire life cycle of people living within patriarchal societies. These are processes in which people internalise and assimilate gender stereotypes and roles. If the phenomena are not made visible, they do not exist.
- Make clear how gender stereotypes and roles contribute to inequality and affect the health of people: contributing to health problems; acting as a protective shield against illness, risky behaviours, etc.; and also

generating situations of vulnerability. We can pose the example of how the construction of masculinity in the west and the attributions of strength, of not showing weakness, lead many men not to undertake the prevention of prostate cancer.

- Show personal qualities as human, not as characteristics of one sex or another. Be critical and analytical when using examples in class: for example, associating tenderness or strength with a woman or a man is a gender construct built around sex; also, the representation of women cannot be conditioned on their physical or emotional attributes, but rather on their personal value on equal terms with men.
- Make visible the diversity of gender identities and sexual orientations that do not correspond to the binary heteronormative standard imposed by the patriarchy. Also, show the hidden reality of intersex people. This can be done with examples in class, work on cases, classroom debates, etc.
- Show the different models of families, family reorganisation and forms of cohabitation, while also pointing to the prevailing diversity in our society. This can be done with examples in class, work on cases, classroom debates, etc.
- Challenge the mechanisms of social reproduction that sustain biased constructions of history and handed-down knowledge – including that of nursing – while also encouraging students to think critically about gender stereotypes and roles.
- Encourage students to identify the causes of gender inequality and the intersection with other kinds of inequality by taking an intersectional perspective.

# 4. SPECIFIC PROPOSALS FOR INCORPORATING THE GENDER PERSPECTIVE IN NURSING STUDIES

This section sets out specific examples of how to incorporate the gender perspective in subjects in the bachelor's degree in Nursing. It also proposes objectives, content, teaching methodologies, and approaches to learning assessment.

In relation to assessment, it is necessary to take into account a number of specific aspects of nursing students. The nursing profession is today regarded as traditionally feminine. As a result, there is still a higher proportion of women studying nursing. Given the current composition of nursing students, there are no specific data on gender biases that may arise, for example, in tests taken during their training, but a lack of studies does not mean that gender biases do not exist.

Starting from this particular feature of nursing as a field of study and a profession and also bearing in mind both the conscious and unconscious processes at work when considering and recognising the achievements of nursing students, we set out a whole series of aspects and examples to consider when introducing the gender perspective in a bachelor's degree in Nursing, and offer recommendations for the assessment of students' acquisition of knowledge.

## 4.1 Subject/module objectives

As indicated by AQU Catalunya (2018), the gender perspective involves a process of reflection that affects the design of competences in course curricula and, by extension, the design of subjects, including their learning results, content, examples, language used, selected sources, assessment method, and management of the learning environment.

While it is not yet widespread, the course curricula of various universities do now incorporate content that takes into account the gender perspective in optional subjects and the occasional core subject. Nevertheless, course curricula should be revised to ensure that learning results for the gender competence are incorporated transversally throughout the curricula of subjects in the discipline.

At present, there is no specific competence on the gender perspective in the UB's bachelor's degree in Nursing. The Spanish Ministry of Science and Innovation, through Order CIN/2134/2008, of 3 July, *which establishes the requirements for the*

*verification of official university degrees that qualify for the practice of the nursing profession*, mentions the competences that students must attain in its "*Section 3 Objectives".* Within this section, point 4 identifies the following objective: *"Understanding the interactive behaviour of people according to gender, group or community, within their social, multicultural context".*

AQU Catalunya also mentions a transversal competence: "Developing the capacity to evaluate inequality on the grounds of sex and gender in order to devise solutions".

As a guideline, the Autonomous University of Barcelona (UAB) is also developing a transversal competence to include in its bachelor's degree in Nursing. The text of competence CG4.2 reads as follows: "Analysing inequality on the grounds of sex/gender and gender biases in the discipline's own field of knowledge".

Based on the broad competences above, we can develop more specific competences, objectives and learning results for many courses in the discipline of Nursing. They could then serve as a frame of reference for the accreditation of new course curricula with specific objectives, such as:

- Analysing the influence of the patriarchal system on the evolution of the nursing profession, the assigned roles, and its social image.
- Identifying gender biases in science related to the scientific output of the profession.
- Analysing the profession's place in the patriarchal power structure within institutions and in professional relationships.
- Describing differences by sex with respect to the causes of illness, differential morbidity, anatomy, physiology, and in diagnosis and pharmacology.
- Analysing the determinants of health from the gender perspective – social, economic and environment factors that determine the state of health in women and men.
- Applying the Nursing Attention Process (PAI, in Spanish), taking into account differences by sex, age group, social class, ethnic origin, etc. in the evaluation of different needs and modifying any nurses' diagnoses that present gender biases, including the gender perspective in interventions.

## 4.2 Subject/module content

Below are some examples and recommendations for a number of subjects, which may be taught under different names in different universities:

### 4.2.1 Principles of Nursing

**Learning objectives:**

- To analyse the influence of the patriarchal system in the evolution of the nursing profession, the assigned roles and its social image.
- To identify the hegemonic models of femininity and masculinity that are prevalent in society.
- To identify the influence of gender stereotypes and roles in the position occupied by the nursing profession.
- To identify the differences presented by women and men in the expression of their needs in response to health problems.
- To analyse the process of nursing attention, identifying the gender biases that underpin the taxonomies in use.

With respect to the nursing taxonomies addressed in the subject and the recommendations issued by AQU Catalunya (2018) on the diagnosis of health problems, it will be necessary to revise the nursing taxonomy in use (NANDA). This is because some of the nursing diagnoses in the classification convey a view that subordinates and stereotypes women's health conditions and can have an impact on the process of care (Martínez-Argüelles, Liébana-Presa & Iglesias-Castañón, 2014). In the case of home care, for instance, there tends to be an expectation that women will take on the role of carer. The androcentric, heteropatriarchal viewpoint of some diagnoses that are indicated often reflect a biased view, both in the generic masculine language that is used and in the omission of women's presumed role as carers, to name but a few examples.

This subject, which is taught in the first year of Nursing, offers a chance to analyse the concept of care, the central pillar of the profession, and its evolution over time from a gender perspective. Specifically, the history of nursing can be useful for analysing the gender roles and stereotypes that are imposed by patriarchal society and affect the profession and its social image.

**Teaching methodology:**

- Seminars to offer examples, discuss films and examine texts that help to analyse the nurse's professional role and the structures of patriarchal power that have generated and reproduced it over time.
- Case studies to identify the gender biases that can arise throughout the nursing process (evaluation, diagnosis, expected results, and interventions) and the stereotypes that underpin them.
- Practical activities to debate the reasons behind the social image of the nursing profession and the consequences of this image.
- Viewing of TV series and films to analyse how the media represent nursing and the gender stereotypes and roles that prevail in the social imaginary, for example, by showing how male nurses are portrayed.
- Seminars to analyse the influence of gender in the expression of health concerns, the request for care and the response from male and female professionals.
- Resolution of cases from an intersectional perspective to show that health needs go beyond sex to include other circumstances, such as people's backgrounds, whether they are immigrants, whether they are trans, whether they have functional diversity, their social class, etc. That is, to analyse how their reality is understood and the influence that this can have on nursing care.

### 4.2.2 Basic training courses

In foundational areas of scientific clinical knowledge in nursing, it is necessary to address a number of examples transversally, such as the supposed "neutrality" of medical science, which is not so "neutral". The prevailing androcentrism in science has led women to be regarded as subordinate to the male standard. This viewpoint has permeated every subject area, from anatomy to physiology to physiopathology, which have viewed the body and bodily functions through the male prism. It is clear, for example, that the clinical signs in men are very often regarded as "typical", while those in women are considered "atypical". A stark example is provided by acute coronary syndrome.

One of the objectives that should be pursued to include the gender competence in basic subjects, as recommended by AQU Catalunya, is to ensure the incorporation

of differences between women and men with the aim of fulfilling the principle of equality:

- To be able to identify anatomical and physiological differences.
- To identify illnesses more prevalent in women and/or men and the influence of gender.
- To analyse the differential response of women to drugs.

**Content**:

- In the subject of **anatomy**, the representation of the human body and its evolution must be undertaken with illustrations that include both women and men in a similar manner, without associating stereotypes of strength in the case of the male example or beauty in the female example.
- In **pathophysiology**, it is necessary to introduce the concept of differential morbidity, which covers the set of pathologies, reasons for consultation and risk factors that require specific attention in the case of women. This may be because they are illnesses that only women can present – these illnesses should also be covered in specific syllabus items covering women's health/illness in other subjects – or because they occur more frequently in the female sex and are the cause of premature death, disease or disability – such as the case of anaemia, autoimmune diseases, cardiovascular diseases and endocrinological diseases, among others (Valls, 2013, 2016).
- In **pharmacology**, the different responses of women and men to pharmacological treatments should be explained. Both pharmacokinetics and pharmacological effect are influenced by a number of factors related to a person's sex. This is due to distinctive hormonal, anatomical and metabolic features that can make women more sensitive to certain drugs. While this circumstance could seem neutral, it is not. And it once again points clearly to the androcentric viewpoint of the biomedical sciences. The same viewpoint is present in research, given that women's participation in many clinical trials has been regarded as dispensable on various grounds including their hormone system. As a consequence, there are now many drugs on the market that have not been tested on women, with the result that their safety and efficacy are not optimal.

**Teaching methodology**:

- Master classes in theory, using examples and texts that help to attain the gender competence.
- Flipped classrooms in which the teaching team brings preselected material for students to address the topic at hand using content on gender aspects.
- Seminars in small groups, to work on specific examples and situations that help to reflect on and analyse differences and gender biases that are not taken into account.

### 4.2.3 Clinical Nursing

As one of the objectives that could be pursued to include the gender competence recommended by AQU Catalunya, students could adopt an intersectional perspective to plan nursing care for individuals or groups who suffer or are at greater risk of suffering from a particular health condition. For example, their plan could take account of sex, age, social class, ethnic origin, sexual orientation, gender identity, functional diversity, etc.

Building on the objective above, we also suggest the following objectives:

- To understand and distinguish the processes of becoming ill in women and men in terms of aspects of biological differentiation.
- To understand and distinguish the process of becoming ill in women and men in terms of aspects that relate to differentiated socialisation based on gender stereotypes and roles.
- To understand and identify types of inequality from an intersectional perspective, as well as the factors that sustain and reproduce them within different institutions – family, school, economic system, etc. – and their impact on the health of women and men.

In subjects on clinical nursing for adults, it is essential to take account of gender biases that arise from an incorrect assumption of equality between women and men, both overall and in the field of health. In the area of clinical nursing, the influence of gender roles and stereotypes on the lives of people becomes particularly important because they have an impact on people's health. Even more so, they have an impact on the process of nursing attention, evaluation, diagnosis, the expected results from interventions, and the planning of interventions and nursing care. It is also necessary to take into account the

intersectional perspective, that is, any other discriminatory situations and factors that may also be involved in the social construction of gender, such as ethnic origin, social class, phenotypic traits, sexual orientation, gender identity, functional diversity, etc. Thus, when evaluating people with illnesses, we need to take note of all of these factors, but from an intersectional perspective. Such factors may include lifestyle – i.e. sedentarism – toxic habits, types of consumption, food and nutrition, etc. They can also include – but not be limited to – exposure to environmental and social risks; exposure to workplace risks; other situations that produce stress and anxiety unrelated to the workplace, such as sexist violence against women; socioeconomic status; and attention received from the health services and the resulting effect on people's health, as in the case of acute coronary syndrome.

As in basic subjects on clinical knowledge, clinical nursing must address and highlight differential morbidity and the influence of the construction of gender on the phenomenon. It is important to pose examples that show the differentiated presentation of signs and symptoms in certain pathologies, because in many cases the male model is taken as standard for an illness. This is the case with coronary pathologies and more specifically with acute coronary syndrome (ACS).

In the case of ACS, the description of pain is based on studies that were conducted only in men and did not evaluate whether women presented the associated pain differently. As a result, we now speak of "chest pain" and emergency services units with this sort of name have been set up throughout the territory. "Chest pain" is seen as the most "typical" type of pain in ACS. Yet the most common presentation in women includes a feeling of nausea and discomfort, retrosternal pain radiating to the jaw, and dyspnoea, which are all regarded as "atypical" symptoms. The failure to recognise that a woman's symptomatology for ACS can differ from that of a man can lead women not to identify their condition with a coronary problem and therefore not call more quickly upon emergency services. It can also mean that professionals do not identify the condition with the symptomatology of ACS, resulting in late diagnoses and incorrect treatments, or they may attribute the condition to anxiety. This serious gender bias has a direct impact on women's health, since heart attacks are one of the leading causes of death among women, contradicting the gender stereotype that heart attacks are a male illness and that women have a lower likelihood of premature death (Valls, 2013, 2016; Lasheras, Pires & Rodríguez, 2008; Ruiz-Cantero, 2019).

Another example of gender bias that, in this case, affects men relates to osteoporosis. A large proportion of hip fractures are found to involve osteoporosis. However, the pathology has been regarded as an illness of post-menopausal women. As a result, it is seldom evaluated and treated in men. In these cases, the diagnostic standards and models draw on standardised values from studies on bone mineral density in samples of young women, without taking into account the risk criteria in men (Ruiz-Cantero, 2012).

**Teaching methodology**:

- Master classes in theory, using examples and texts that help to attain the gender competence and show human diversity at the level of the family, community and larger groups.
- Flipped classrooms in which the teaching team brings preselected material for students to address the topic at hand using content on gender aspects.
- Seminars in small groups, to work on specific examples and situations – for example, case studies – that help to reflect on and analyse differences and gender biases that are not taken into account.

### 4.2.4 Sexual and reproductive health, childhood and adolescence

**Objectives**:

- To identify risk situations involving sexist violence against women during pregnancy and against their daughters and sons.
- To develop communication/interview skills for the detection of situations of sexist violence against women, taking into account sexual violence against both women and young children.
- To describe nursing interventions in situations of sexist violence against women, including sexual violence – such as the collection of samples for forensic evidence – indicators of suspicion, validated tools for detection, etc.
- To devise emotional and sexual health programmes that include non-heteronormative and non-binary sexuality.
- To identify the influence of gender in sexually transmitted diseases.

In any subjects that address these topics, whether they are treated as distinct subject areas or covered in other subjects such as maternal/child nursing, it is necessary to take into account a whole series of aspects:

- A person's sexual dimension, which is also addressed in other bachelor's degree subjects related to psychology. It is a good opportunity to analyse these topics from the gender perspective, the intersectional perspective and queer theory, paying special attention to factors like sex, social class, ethnic origin, gender identity, sexual orientation, functional diversity, etc. This viewpoint will lay the groundwork for the development of a curriculum without gender blindness or gender biases that create peripheral discrimination. Specifically, sexual health programmes – and the emotional and sexual education that they include – should address healthy emotional and sexual relationships and highlight non-heteronormative and non-binary sexuality.
- In the case of sexist violence against women in the emotional context of a couple, it is important to pay attention to pregnancy, because it is one of the risk factors for violent episodes. Similarly, it is important to detect cases based on indicators for young children in paediatric nursing consultations.
- To incorporate the topic of sexual violence, including both child abuse and abuse of adults, and to introduce issues like prevention, detection – e.g. indicators of suspicion – and therapeutic intervention, also showing how to collect samples for forensic evidence in the case of reporting.
- In the case of subjects on childhood and adolescent nursing, to introduce the topic of trans children and adolescents and family intervention.
- To problematise the medicalisation of women's life cycle, particularly in relation to their sexual and reproductive health and its medicalisation.
- To analyse the topic of sexually transmitted diseases and the gender stereotypes and roles that play a part.

**Teaching methodology**:

- Viewing of films related to the studied topics, followed by debates in groups and in writing.
- Seminars involving group preparation of an affective sexual intervention for young people from a non-heteronormative perspective.

- Case study on pregnancy and the risk of sexist violence against women. Students will describe interview guidelines, highlighting indicators of suspicion and interventions.
- Reading and commentary on a test addressing sexually transmitted disease from an intersectional perspective. Students will identify gender aspects that affect not only the experience and process of the illness but also its resolution.

With respect to the assessment of learning results in all of the above examples of theoretical subjects:

- Tests need to include content in line with the proposed objectives. Written work also needs to help students to reflect on the differences between women and men.

### 4.2.5 Practicum subjects

Practicum subjects are taught throughout the bachelor's degree. Their frequency and complexity varies by programme year and they are carried out in a variety of areas of primary and specialised care.

**Competences**:

- For example, the Practicum in Nursing that occurs in the fourth year of the degree at the UB covers all of the competences in the curriculum. Learning objectives that include the gender perspective could be developed based on Competence 2 "Provision and management of care", which includes 2.1 "Provision of care", 2.1.1 "Assessment", 2.1.1.1 "Using an evidence-based evaluation framework to gather data on physical and mental health, and sociocultural aspects of the person and the group", and 2.1.1.2 "Analysing, interpreting and documenting data".
- Among the learning objectives related to skills and ability, we could include, for example, detecting situations of sexist violence against women.

**Teaching methodology**:

- Practicums in centres and clinics, supported by an academic tutor and supervised by an institutional tutor, in order to facilitate the development of competences and objectives for professional practice.
- Seminars, in which small groups engage in work on cases in order to debate – for example, using the flipped classroom, collective group projects, etc. –

and to share information and knowledge with the aim of delving more deeply into the cases through group debate and analysis. One example would be to conduct specific seminars to address case studies on sexist violence against women.

- Tutoring in groups, to monitor the learning process of students and resolve any specific questions or situations that may arise during clinical training and scheduled activities. Tutoring provides an opportunity to analyse the practices and attitudes of male and female professionals in response to situations that can reproduce discrimination owing to gender attributions or to conduct between professionals.
- In addition to the detection of situations of sexist or other types of violence, tutoring in the NP (Nursing process) should analyse the evaluation of different needs between women and men and the response to diagnosis, treatment, planning and execution of care, taking into account differential criteria and equity.
- In these subjects, the learning journal tool is a very helpful strategy for learners to use during clinical training. The tool is also useful to understand the thinking of students and facilitate their reflection on action, including gender aspects.

**Assessment:**

- All competences come into play when assessing practicums, since they require demonstration of the development of professional competences.
- Seminars should assess whether students have grasped differential morbidity and taken into account the influence of gender stereotypes in processes of becoming ill.
- The tutoring process should evaluate whether students have taken into account the gender perspective in the performance of their practicums and in their handling and provision of care to male and female patients.
- Assessment in the NP should provide for the inclusion of the gender perspective at all stages of the process.
- Learning journals need to contain any situations that have given rise to inequality in relation to treatments and relationships with patients and other professionals, and it should be a requirement that appears in the assessment rubrics.

In addition to the above recommendations and examples of how to incorporate the gender perspective transversally in the subjects of Nursing, we also want to mention the need for transversal training on sexist violence against women, including sexual violence. Female and male nurses, as key agents in prevention, detection, intervention and work in interdisciplinary networks, need to have the capabilities to offer optimal, efficient, quality attention. For this reason, bachelor's degrees are responsible for furnishing students with adequate training to prepare them for professional practice. This is not a question of "sensitisation" – which must be left to society in general – but rather of being trained professionally. Clearly, sexist violence against women is a serious public-health issue (WHO, 2013) and it is the duty of states to take steps to prevent it and repair the harm that it causes. Nowadays, there is no doubt whatsoever about the serious impact on women and on many young girls and boys, but also on men who do not adhere to a model of patriarchal heteronormative masculinity. Sexist violence affects health. As a result, it is necessary – transversally and in all subjects – to address aspects of sexist violence, such as impacts on health, indicators of suspicion, screening tools, how to perform a therapeutic procedure that does not revictimise the patient, how to make adequate notes in shared nursing clinical records, how to work in an interdisciplinary team, how to ensure prevention at all levels from primary to tertiary, etc. As a specific example, mental health nursing should address emotional affect and the mental health of women and children who suffer it, as is the case with post-traumatic stress.

## 4.3 Assessment of subjects

There have been studies (Salvador & Salvador, 1994; Hartocollis, 2016) that show the existence of gender bias in assessment – not only in the assessment system itself but also in the content of assessments – and in the recognition of achievement in women. At the same level of productivity and achievement, women are regarded as less competent (11 de Febrero, 2019). This fact becomes particularly pertinent when the access of women to certain resources hinges on assessment, for example to obtain grants and fellowships in teaching and research.

Various studies (Salvador & Salvador, 1994; Bengoechea, 2014) find that there are tests that prejudice the outcomes of women, primarily as a result of differentiated processes of socialisation in women and men. This socialisation predisposes women to take on more passive roles, avoid confrontation, hold back their participation in class if they are not entirely sure whether their contribution is

right, and not ask a question if they think it may not be relevant. On the other hand, men are predisposed to have legitimacy in the discourse, take the floor, interrupt without fear that their contribution may not be appropriate or pertinent, etc. It is therefore important to bear these aspects in mind when planning assessment strategies.

For example, women are negatively affected in tests (Salvador & Salvador, 1994), especially tests in which wrong answers are penalised. Women hold themselves back from giving answers if they are not entirely sure of being right, whereas men have a greater tolerance for "risk" and answer more questions. Men tend to improve their results in competitive settings, while women's results merely hold steady (Gneezy, Niederle & Rustichini, 2003; Gneezy & Rustichini, 2004). That is, there are gender differences in risk aversion and competitiveness, with women having a greater aversion to risk (Bertrand, 2011; Croson & Gneezy, 2009).

Below are some examples of assessment strategies and content that could be adopted:

- Continuous assessment using a variety of tests that consider the needs and characteristics of students is preferable in order to avoid gender biases. Owing to processes of socialisation, women sometimes need more time to build confidence and demonstrate small advances through assessments.
- Regardless of the type of written test – whether multiple-choice or open-ended questions – it is recommended to include a percentage of questions that address the topic of gender.
- With multiple-choice tests, consider whether it is desirable to penalise wrong answers.
- In oral tests such as presentations, defences of bachelor's degree theses, etc. do not penalise communication aspects that are more prevalent in women and relate to differentiated socialisation, such as the tone of voice used, a less assertive stage presence, more inhibited hand movements, eye contact with the examination committee, etc.
- Publish explicit details of the assessment process in advance, showing the marking scale and/or rubrics for oral and written tests, whether for individuals or for groups.

- The language used in assessment tests, which may involve multiple-choice questions, case studies, open-ended questions, etc., must be inclusive, non-sexist and non-essentialist.
- In written tests, avoid introducing gender biases or stereotypes in the formulation of the questions when making general positive (or negative) statements. This also applies when formulating options in multiple-choice tests.
- Include questions with a gender perspective and not solely on differences by sex.
- In the content of test questions, provide for examples of diversity at the level of individuals, families and communities.
- When marking project work and assessment activities, use language that is non-sexist, non-essentialist and inclusive.
- Pay special attention to how gender is a transversal aspect in society and how it can affect people's health, not only in project work submitted by students, but also in specific questions on written tests, whether they involve multiple-choice or open-ended questions.
- Design assessment exercises that incentivise debate on health-related topics and whether they include the gender perspective. For example, analyse health programmes.
- Evaluate practicums, incorporating an analysis of the institutions where they are carried out, in order to encourage reflection. For example, analyse whether women and men receive the same treatment, what the interprofessional relations are like, etc.
- Plan in advance what will be the best assessment strategy and use a variety of testing types in order to be more sensitive to gender and avoid biases.
- Conduct peer-assessment tests, which foster the development of critical judgement and analytical capability in students.

## 4.4 Ways to organise classroom dynamics

In order to create classroom spaces that are more democratic and more horizontal, it is vital to adopt feminist pedagogies. To this end, we offer a number of recommendations that cover master classes in theory, seminars, workshops, classes on clinical skills, external practicums and tutorials.

The ideal scenario for implementing feminist pedagogies in the classroom is to have small groups to interact with (Michela, 2014), although this is not the reality in most universities in our environment. In order to press forward in our application of the gender perspective, however, we can still adopt a variety of suitable teaching methodologies, including seminars, independent projects and flipped classrooms.

Below are a number of recommendations on different ways to organise classroom dynamics:

- Incentivise teaching teams to include the gender perspective transversally in its subjects, regardless of whether they involve basic training, compulsory subjects or optional subjects.
- Manage equal participation in the classroom. Authors such as Targan (1996) maintain that there are differences in how women and men communicate in the classroom. Men tend to speak more confidently, more quickly and more aggressively. Their contributions are freer and more spontaneous. By contrast, women typically hold off responding, listen and think about the answer or contribution that they would like make. Targan also notes that female students tend to be interrupted more frequently, which can inhibit their future contributions. Teaching strategies include providing more response time, observing which students typically contribute more in the classroom, and seeking to generate debate while also moderating turn-taking in order to make students' turns more equal, etc.
- Actively promote values such as equality, respect for diversity, and solidarity in the classroom.
- Show zero tolerance for sexist, discriminatory or abusive behaviours anywhere in the university – from teaching spaces to practicums, services and leisure activities. To this end, the teaching team must remember that the university has reporting mechanisms, channels and procedures for any behaviour of this sort, i.e. harassment protocols.
- Show that diversity is enriching and part of human diversity, not inferior or threatening.
- Establish spaces for communication and learning interactions that provide for the different needs of any so-called "masculine" and "feminine" communication styles that may exist among students as a result of their socialisation in gender stereotypes and roles. To this end, it is necessary to

take an active role in observing the participation of students, moderating contributions and ensuring turn-taking in order to avoid monopolisation of the discourse and let women, above all, take their turn. As noted at the beginning of the section, it is necessary to take into account that a high proportion of students in nursing are women.

- Create spaces that help and encourage the empowerment of female students. These spaces can be created anywhere, but especially in small groups in seminars and in tutorials.
- Promote dialogue and communication from an egalitarian perspective as a means of conflict revolution when conducting participatory activities.
- Stimulate students to be active agents of equality among their peers, while also censoring sexist, discriminatory and/or abusive conduct.

## 4.5 Teaching methods

Feminist pedagogies offer a variety of educational strategies to empower students in general and female students in particular, and to encourage students to become active agents of social change.

In order to implement such pedagogies, there are a number of teaching methodologies that can help to train future female and male nurses in the gender perspective, so that they are able to transform patient care and institutions:

- Working in small groups within seminars or group tutorials in order to foster discussion and participation among all students, since discussion and participation may not be equal for everyone in large groups. This method aims to promote students' communicative capacity and respect for other group members. Sessions also build confidence and self-esteem among some female students who have internalised gender stereotypes in the dynamics of their classroom interactions.
- Working on cases provides students with opportunities for active participation in their learning process, because it promotes cognitive and communication skills and fosters critical thinking. Cases are also ideal for the inclusion of examples of diversity and the social determinants of health, so that processes of health, illness and care can be addressed from an intersectional perspective.

- Learning journals offer an ideal method for work in many subjects, but they prove especially pertinent and suitable in practicums. Using a learning journal to write about experiences in the clinical setting is essential for addressing student observations, voices and aspects of subjectivity. Learning journals can be used to explore many dimensions of the profession and how to become a nurse. They also provide a way to foster critical thinking and problem-solving skills through reflection.
- Cooperative and collaborative work in groups offers a method to eliminate the hierarchies that may arise in groups, promoting points of convergence in the group and horizontal learning through teamwork. Working without hierarchies, independently but also interdependently, sharing responsibilities and facilitating debate, gives students insight into their future as nurses.
- Teachers can do a great deal to inspire students to change and engage in social activism, because they can serve as role models who motivate and empower them to do so. In order to bring about such change, service-learning projects offer an ideal teaching approach, given that they integrate service in the community and academic learning within a single project, and raise students' awareness of the need for social activism.

To conclude this section, we would like to pose an example of best practices in the bachelor's degree in Nursing at the University of Barcelona.

### 4.5.1 Workshop on detection and intervention in cases of sexist violence against women in the field of health

**Subject**: Practicum
**Year**: fourth year of Nursing
**Students involved**: all students in the bachelor's degree
**Year of implementation**: 2018-2019
**Duration**: 4 hours

The purpose of developing a workshop/seminar within a fourth-year subject, specifically the Practicum, is to enable all students to take part, especially bearing in mind how soon they will be entering the work environment as female and male nurses. The activity aims to focus on chunks of knowledge that have been introduced throughout some of the subjects in the bachelor's degree, but have not reached everyone. It also aims to be eminently practical with a focus on professional practice.

The subject has the following objectives:

- To acquire guidelines for action in the prevention, detection, attention and recovery of women who have suffered or are suffering from sexist violence and of women at risk of doing so.
- To identify the mechanisms and pathways for a correct response to cases of sexist violence against women.
- To provide tools for detection and attention in the field of health.

**Workshop content:**

1. Theoretical framework: causes of sexist violence against women, its impact on women, data on the scale of the problem.
2. Strategies for detection and therapeutic intervention: detection (screening), indicators of suspicion, etc.
3. Intervention in the area of emergency services in cases of sexist violence against women.
4. Detection of sexist violence and specialised intervention:
    a. Intervention in the area of sexual and reproductive health in cases of sexist violence.
    b. Intervention in gerontology in cases of sexist violence.
    c. Intervention in paediatrics in cases of sexist violence.
    d. Intervention in mental health in cases of sexist violence.

# 5. SPECIFIC TEACHING RESOURCES FOR THE INCORPORATION OF THE GENDER PERSPECTIVE

The aim of this section is to provide teaching staff with specific resources to help us in the work of reflection entailed in including the gender perspective in teaching, and enable us to overcome the "hidden curriculum" that we convey to students in relation to gender bias. In this respect, teaching staff can contribute to perpetuating the gender gap not only through the material that we use and prepare for work inside and outside of the classroom, but also through the images that we use, recommended reading and other support materials. The "hidden curriculum" promotes gender inequality and we as teachers need to be aware of this fact.

As a result, we offer a whole series of recommendations followed by an extensive list of teaching resources:

- Use language or communication that is inclusive and non-sexist, free of stereotypical images in which women and men are represented in accordance with archetypical social roles. For example, use phrases that do not have sexist or essentialist content. Apply the same approach when marking project work and offering suggestions or comments on classroom contributions.
- Use language that is non-sexist, inclusive and egalitarian in prepared materials, such as printed notes, presentations in PowerPoint or Prezi, etc., and also when marking students' project work. To this end, it is recommended to use specific materials such as the handbook prepared by the Vives University Network under the title *Criteris multilingües per a la redacció de textos igualitaris* (2018), which offers useful alternatives in Catalan and Spanish.
- Use images in the classroom and in teaching materials that do not portray gender stereotypes. For example, images referring to the household and care, professions, the cultural or sporting arena, etc. It is important to show examples that can serve as points of reference, break with stereotypical images and stand as role models for both women and men.
- Do use stereotypical images – from advertising, books, magazines, films, television series, etc. – to spark critical debates in the classroom. The aim is to encourage students to see, analyse and reflect on socially assigned gender stereotypes and roles. The influence that images have and the way

they are used by the media help to perpetuate an unequal and polarised society.

- Give visibility to the scientific production of women:
  - Include their full names in bibliographic citations. For example, change "Luís, M.T. (dir.) (2013), *Los Diagnósticos enfermeros: revisión crítica y guia pràctica.* Barcelona, Masson" to "Luís, María Teresa (dir.) (2013), *Los Diagnósticos enfermeros: revisión crítica y guia pràctica.* Barcelona, Masson".
  - Expand the number of bibliographic references through the addition of women authors.
  - Ensure that there are women authors on compulsory reading lists.
- Another key aspect for the inclusion of the gender perspective in teaching is the use of non-sexist language in the naming of subjects, their content, their materials and assessment tests. For example, there are currently subjects that use the masculine generic form in their names, showing the androcentrism that prevails in academia. These names should be changed when the course curricula are updated for verification. (One example in Catalan is "Infermeria Clínica de l'adult", which could be renamed "Infermeria Clínica de les persones adultes".)

## 5.1 Written materials

Coll-Vinent, Blanca; Echeverría, Teresa; Rodríguez-Martín, Dolors & Santiña, Manel (2007). «Violencia intrafamiliar y de género vista por los profesionales de salud». In *Medicina Clínica*, 128:317. To address and debate the perception that healthcare professionals have of sexist violence in families and against women, specifically that they do not regard it as a health issue.

Coll-Vinent, Blanca; Echeverría, Teresa; Farràs, Úrsula; Rodríguez-Martín, Dolors; Millà, Josep & Santiñà, Manel (2007). «El personal sanitario no percibe la violencia doméstica como un problema de salud». In *Gaceta Sanitaria*, 22(1): 7-10. To address and debate the perception that healthcare professionals have of domestic violence, specifically that they do not regard it as a health issue.

Ehrenreich, Barbara & English, Deirdre (1981). *Brujas, Comadronas, Enfermeras*. Madrid, Horas y Horas. To reflect on the historical processes by which medicine became a hegemonic institution, relegating and persecuting women healers through the church's witch hunts. Also to reflect on the birth of the medical

profession in the United States with the exclusion of women, reducing them to a caring function, while also constructing women as weak, ill and potentially dangerous to the health of men.

Freixas, Ana (2013). *Tan frescas. Las nuevas mujeres mayores del siglo XXI.* Paidos Ibérica. To address stereotypes about older women and analyse the rejection of their ground-breaking feminist contributions.

Generalitat de Catalunya, Departament de Salut (2009). *Protocol per a l'abordatge de la violència masclista en l'àmbit de la salut a Catalunya.* Barcelona: Departament de Salut. Document to address detection, intervention and networking efforts in cases of sexist violence in the healthcare field.

Rigol-Cuadra, Assumpta (2003). «Saberes de mujeres. Legitimización del conocimiento masculino». In *Cultura de los Cuidados. Revista de enfermería y humanidades,* 14: 21-26. To address the assignment of devalued categories to the caring professions, such as female nurses and midwives, and the invisibility of their contributions.

Rigol-Cuadra, Assumpta (2006). «El otro cuerpo de la identidad: análisis de modelos culturales de los transtornos del cuerpo femenino». In *Cultura de los cuidados,* 19: 47-54. To analyse the conflict produced in women, whether or not diagnosed with anorexia nervosa, by the influence of models put forward by society with respect to the ideal image of women and the construction of body identity.

Rigol-Cuadra, Assumpta; Galbany-Estragué, Paola; Fuentes-Pumarola, Concepció; Burjales-Martí, M Dolors; Rodríguez-Martín, Dolors & Ballester-Ferrando, David (2015). «Perception of nursing students about couples violence: knowledge, beliefs and professional role». In *Revista Latino-Americana de Enfermagem*. 23(3): 527-34. Document to address and debate gender stereotypes and the perceptions of nursing students with respect to types of sexist violence against women.

Rodríguez-Martín, Dolors; Echeverría, Teresa; Menjón, Aurora; Rodríguez, Sagrario; Colas, Neus & Echarte, Margarita (2016). «La práctica enfermera frente a las agresiones sexuales». In *ROL. Revista Española de Enfermería*, 39(9): 16-25. Document to address nursing practice in cases of sexual assault.

Sánchez, M. Pilar (coord.) (2013). *La salud de las mujeres.* Madrid: Síntesis. Document to address aspects of health using the gender perspective, highly useful in basic subjects and others, such as Clinical Nursing, affective sexual

health, etc. This book can help with the preparation of lecture classes and seminars and with cases to work on in the classroom.

## 5.2 Filmography

- *Las mujeres de verdad tienen curvas* (2002), directed by Patricia Cardoso. To address and reflect on the concept of femininity and the model of feminine beauty.
- *La vida empieza hoy* (2010), directed by Laura Maña. To address stereotypes related to the age of women and their sexuality.
- *Mi vida en rosa* (1997), directed by Alain Berliner. To address the topic of trans children.
- *Te doy mis ojos* (2003), directed by Icíar Bollaín. To address sexist violence against women in the affective realm of couples, indicators, the cycle of violence, etc.

## 5.3 TV series

- *Big Little Lies* (2017), created by David E. Kelley. To address sexist violence against women, indicators of suspicion and the therapeutic process.
- *Unbelievable* (2019), created by Susannah Grant, Michael Chabon & Ayelet Waldmand. To address types of sexual violence.

## 5.4 Documentaries and short films

- *El machismo que no se ve* (2015), documentary created by Documentos TV. To address and debate the many kinds of discrimination experienced by women under the patriarchy. <http://www.rtve.es/alacarta/videos/documentos-tv/documentos-tv-machismo-no-se-ve/3191698/>
- *Female Pleasure* (2018), documentary directed by Barbara Miller. To address the topic of female desire and sexuality.
- *Mamá, duérmete que yo vigilo* (2012), documentary created by Documentos TV. To address the consequences of sexist violence against women on young girls and boys. <http://www.rtve.es/alacarta/videos/documentos-tv/documentos-tv-mama-duermete-yo-vigilo/1445842/>
- *Nit de Festa* (2018), short film from the Interuniversity Research Group on Gender, Diversity and Health (GIRGEDIS), directed by Gemma Blasco.

Product of a GIRGEDIS research project on young people, sexual assault and the consumption of alcohol and other recreational drugs at Catalan universities. To address aspects of sexual violence in the context of recreation and leisure. <https://www.youtube.com/watch?v=BQ7LOl4v-J6M&t=24s>

- *Temps d'ecoute* (2016), documentary from the NGO Farmamundi directed by Pol Penas. To address aspects of gender and health, sexual violence and its impact on health, holistic care and nursing. <https://www.youtube.com/ watch?v=2XSJAVqmZp8>

## 6. TEACHING HOW TO CONDUCT GENDER-SENSITIVE RESEARCH

The incorporation of the gender perspective in research, which is known as gender-sensitive research, aims to combat the biological determinism that is present in science. From this viewpoint, the goal is to highlight the social dimensions of differences and inequalities that are produced by sociocultural constructions based on sex. Gender-sensitive research involves ensuring that the gender perspective is present at all stages of research.

Applying gender-sensitive research in the field of health is helpful in analysing how the combined socialisation in traditional and contemporary models of gender can have major consequences on the health of women and men (Rohlfs *et al.*, 1997). As a result, it is crucial for the promotion of equity in health (Ariño *et al.*, 2011).

The most common limitations affecting research studies in general involve gender blindness or gender biases that arise as a consequence of starting from the supposed neutrality of science in the production and valorisation of knowledge. Science, like another any field of human activity, is not free of cultural and social conditions, that is, of gender roles and stereotypes that result in lower social value or status being assigned to women (Sánchez de Madariaga, 2014). Gender biases in research arise when gender stereotypes are accepted as scientific assumptions grounded in the presumed equality of women and men, while nonetheless adopting the male model as a universal standard and exaggerating the biological differences of women or naturalising them when they have in fact been socially constructed. As a result, gender bias can be regarded as a systematic form of error in medicine and nursing based on evidence.

Gender biases stemming from androcentrism, whereby the male is adopted as standard (Ortiz, 2006), produces gender "gynopia", which appears in the underrepresentation or exclusion of women in subject areas, spaces or issues traditionally regarded as male (for example, in relation to lung cancer or coronary disease). It can appear in the selection of study variables (e.g. head of household or social class, namely that of the husband), or it can result in the consideration of women as a homogeneous group, which can aggravate other forms of inequality that operate simultaneously with those arising from the role that society attributes to women (Esteban, 2001).

In the field of health, these biases reflect a misguided approach toward equality and the differences between women and men, their natures, their behaviour and/or their thinking, which can result in unequal conduct from the health services (including research) and be discriminatory of one sex in relation to another (Ruiz-Cantero, 2004).

Another limitation in research concerns the incorrect use of the terms "sex" and "gender", which are treated as equivalent or "gender" is used euphemistically to avoid the term "sex", but without raising or seeking explanations of any differences and inequalities (Maquieira, 2001). Moreover, information broken down by sex does not tell us whether there are any sex differences on some other specific dimension of health. By contrast, gender-sensitive information is constructed to help make visible the reasons and consequences of health inequities that stem from the sociocultural constructions of gender stereotypes and roles.

The incorporation of gender as a transversal category in research and specifically in bachelor's degree and master's degree theses in Nursing can help to break down gender biases; recognise the diversity of situations and experiences in the health of women and men; understand their states of health and any related determinants within their social, economic, cultural and historical context; and understand the relationships of women and men with the healthcare system based on an analysis of the interactions between gender and other health factors, such as age, socioeconomic status, educational level, ethnic origin, sexual orientation and/or geographical location. Thus, gender as a category of analysis opens up new, more complex analytical frameworks based on the intersectionality of different axes of social stratification (Guzmán, 2009).

Introducing the gender perspective transversally in research involves ensuring that the gender perspective remains visible in every part of a project, from its title to its conclusions. It also requires taking into account the gender balance in research teams, decision-making and assessment committees.

With respect to the participation of women in science, a number of guides (García-Calvente, 2010; Lasheras, Pires & Rodríguez, 2008; PAHO/WHO, 2010; Ruíz-Cantero, 2019) have shed light on the inequalities that exist in research careers, research teams, assessments and authorship. Making these inequalities visible is necessary because of the androcentric prejudices at work in the production of knowledge by women, which are often regarded as less scientific than the production of men.

Even though nursing has been a part of higher education for decades (Spitzer & Perrenoud, 2006a, 2006b), nursing research has difficulty finding a voice within the academic world (Meerabeau, 2005, 2006; Heggen, Karseth & Kyvik, 2010). As a young, emerging discipline, it has a relatively low level of importance and lower symbolic and social capital than other more established disciplines like medicine (Grindle & Dallat, 2000; Meerabeau, 2005; Meerabeau, 2006). As noted by Nelson & Gordon (2006), the overall narrative of "nursing science" is about care. It privileges the lived experiences of patients and nurses, health, illness and the provision of care, focusing on subjectivities and interpersonal relations between individual nurses and patients.

According to a number of female and male authors, this narrative of the field of nursing is akin to the narrative on gender research that stresses the "personal" – subjectivity – in the experiences of marginalised groups, such as women and ethnic and sexual minorities, as well as relations between individuals (Stacey & Thorne, 1985).

In the case of the nursing discipline, the need to approach gender as an analytical perspective is justified because care is the point at which nursing is related to gender studies in a number of ways: observing a need – *to care about* – and then providing care – *care giving* – or receiving it – *care receiving*. That is, care is the predominant phenomenon of analysis of nursing with a gender perspective (Paterman, 2011).

As healthcare professionals, nurses work with other healthcare professionals to address people's health issues, but they do so in a specific way, given the holistic, humanistic perspective of nursing. As a result, their attention is focused on people's responses to health issues and their needs for care within an idiographic and historical context. Nursing research seeks to produce knowledge and construct evidence on which to base nursing care, enhance the quality of interventions and, consequently, improve the healthcare system.

In the initial framework of a research project, it is necessary to incorporate an explanatory and interpretative framework of gender relations and health, whether the research approaches are deductive or inductive in nature. It is also necessary to take into account the distribution of health and its determinants: origins and causes; health disparities; mechanisms that sustain them; and strategies to reduce or eliminate them (PAHO/WHO, 2010) (Garcia-Calvente, 2010). Examples of factors to analyse from the gender perspective because they can play a role in women and men becoming ill include: excessive burdens of care;

unpaid reproductive labour; situations of subordination, dependency, abuse and sexist violence against women; the model of social and personal success being focused on an ideal body image and eternal youth, which can explain the higher prevalence of some pathologies in women and the fact that women feel their health is worse and their expectations of a healthy life are lower; and, in the case of men, the demonstration of strength, the maintenance of relations of power, and the ideal of success and competitiveness, which are explanatory of their lifestyles and how they become ill (Ministerio de Sanidad y Consumo, 2006).

The selection of a research problem in research projects should break sexist dynamics, such as the invisibility of women's different healthcare needs. For example, the issue of addiction is often ignored in studies on treatment, because the evaluation tools do not incorporate the gender perspective (Castaños, Meneses, Palop, Rodríguez & Tubert, 2007). In the case of addiction, however, this has led to a number of issues: a failure to identify women's specific needs and the circumstances of their consumption, that is, whether they have suffered or are suffering from sexist violence, which would have important implications for treatment (Dodge & Potocky-Tripodi, 2001); the fact that the social value of women is more negative than it is for men (Forth-Finegan, 1991); the fact that women face greater stigma (Rosenbaum, 1981; Forth-Finegan, 1991; Taylor, 1993); the fact that women feel guiltier and have lower self-esteem (Rosenbaum, 1981; Forth-Finegan, 1991; Taylor, 1998; Curtis-Boles & Jenkins-Monroe, 2000); and the fact that women have lower adherence to treatments and greater difficulties dealing with the problem.

Nursing research projects, in their scientific, ethical and social commitment, should rethink the effectiveness of their own interventions and reformulate research problems that have been studied from viewpoints other than gender, such as differences between women and men in the ageing process and their need for care, or the study of women's sexual and reproductive health. For example, we can see how the attention given to women's sexual and reproductive health is relatively too great, whereas the attention given to gynaecological or prevention issues is too little, even though they are more prevalent. As a result, older women are left out of studies and the trans community is not even considered, since research is based primarily on genitality and reproduction.

The definition of the research problem, therefore, must not contribute to pathologising or victimising women (Laurila & Young, 2001), and it must avoid stereotypical beliefs. In the case of sexist violence against women, for example, it is necessary to avoid studies that would contribute to victimising women who

have suffered assault by identifying them as passive subjects. Moreover, this sort of secondary victimisation – or, as it is also called, revictimisation – pathologises the interpretation of the climacteric and loss of femininity, ignoring the fact that many illnesses could be the result of a process of gender socialisation and not of biological changes.

Following a more general introduction, we set out a number of aspects that must be taken into account in the different sections of a research project according to several guides on the topic (Ariño *et al.*, 2011; Tomas, Yago, Eguiluz, Smitier, Oliveros & Palacios, 2015; García-Calvente, 2010; Ruiz-Cantero, 2019).

## 6.1 Introduction

Foremost among the points to bear in mind are:

- Mention whether scientific knowledge with a gender perspective has been found on the phenomenon/problem to be investigated and whether the studies analyse how the category of "gender" affects the health issue that is the research subject.

- Mention the scale of the phenomenon/problem in women and men.

As for the bibliographic search, it is important to plan and develop multidisciplinary strategies when searching for information on the research problem/topic and the methodologies used in its study. Also bear in mind the contributions of both women and men to scientific knowledge on the research topic.

The keywords or descriptors should include terms that help to identify gender studies, such as the following medical subject headings (MeSH): "*prejudice*", "*feminism*", "*gender and identity*", "*interpersonal relations*", "*women's health*", "*sexual and gender disorders*", "*sex differentiation disorders*", "*sex factors*", "*sex characteristics*" and "*sex distribution*". Also include other terms such as "roles", "stereotypes", "discrimination" and "differential morbidity".

## 6.2 Objectives, hypotheses and research questions

A research project needs to posit gender-sensitive hypotheses and objectives – sex, gender, relationship between gender and health – in order to analyse how the sex/gender axis interacts with biological or cultural variables, and avoid gender biases and stereotypes in their formulation.

The objectives need to be set within specific social and historical contexts. The hypotheses should not refer to one sex if the aim to generalise. However, if the hypotheses do refer to only one sex, the decision should be indicated and justified. It is also necessary to include hypotheses that envisage a variety of situations and experiences of women and men, taking into account the influence of cultural, social and economic factors.

Research questions need to challenge gender biases that can affect the explanatory approaches used in previous studies, given that any analysis of health that does not integrate the gender perspective can give rise to biased outcomes with negative consequences for women's health. Based on the formulated objectives/hypotheses, research questions also need to look for an association between the health topic/issue and any of the determinants of gender.

Examples of research questions include:

- Are there any indicators of differences by sex in the quality of healthcare?
- Is it possible to identify specific needs for women and men?
- Are there factors that affect women more? That affect men more? Are they due to biological differences? Do gender roles and models have any effect?
- How do the biological and physiological differences between women and men affect their respective health issues?
- How do gender-determined norms and values affect the health issues of women and men (girls and boys)?

## 6.3 Methodology

Below are recommendations for methodology in a quantitative study:

- Sample:
  - It is crucial for the sample to be stratified by sex and age group.
  - It is also important to take into account groups in a situation of vulnerability and other significant socioeconomic characteristics.
  - Avoid gender biases in inclusion and exclusion criteria.
- Variables:

- The variables that are used must highlight the existence of the relationship between the health topic/issue being studied and gender factors.
- To include gender as a category of analysis, it is necessary to consider social determinants that help in evaluating gender inequalities. It is also necessary to include variables that reflect the diversity between women and men as groups and therefore any gender factors. For example:
  - Sociodemographic variables referring to the work sphere: paid and unpaid productive work; the workplace; type of contract; weekly hours spent on work, etc. (Rohlfs *et al.*, 2000).
  - Sociodemographic variables referring to fields or sectors that are viewed as non-productive: domestic labour; caring for dependents; division of care responsibilities; availability of help; hours spent, etc.
  - Sociodemographic variables referring to family life: marital status; sex of partner; household composition; family structure; type of cohabitation – sex, age, kinship.
  - Variables related to aspects of health and quality of life: morbidity; perceived health; quality of life; mental health; more prevalent pathologies; attention to differences by sex; most common social and affective support, etc.
  - Also include variables on gender identity, sexual orientation, ethnic origin, functional diversity, etc.
- The above variables need to be relevant to the experiences of both women and men in order to analyse the complexity of the gender dimension and its relationship to health.

Below are recommendations for methodology in a qualitative study:

- Include profiles of people representative of different situations and experiences in relation to the research phenomenon/problem.

## 6.4 Information gathering tools

Deciding which tools to use will require preliminary analysis to identify any gender biases that might affect the data gathering tools; assess whether they combine information on women and men; analyse the context where and when they have been used and whether they are validated for both sexes; evaluate the

potential for measuring gender issues – are they specific, sensitive and reliable? – and determine whether they are useful for the research objectives, evaluating how suitable they are and whether it is necessary to create others.

According to the "Guide to incorporate the gender perspective in research", the indicators to bear in mind include (García-Calvente, 2010):

- Questionnaires in quantitative research:
  - Disaggregate the data by sex and other axes of stratification.
  - Include variables that help to identify gender inequalities in health (e.g. the ratio between paid and unpaid work).
  - Include items to measure the specific health situations of women and men.
  - Ensure that any items in questionnaires are understandable and relevant for women and men.
- Qualitative research:
  - Semi-structured or in-depth interviews:
    - Ask questions common to women and men in order to compare data.
    - Collect data on questions specific to women and men and give interpretations and perceptions of the data.
    - Include questions to measure the specific health situations of women and men, and the health situations common to both sexes.
  - Group interviews:
    - Select groups made up of women and men to find out about their specific discourses.
  - Observational methods:
    - Pay attention to gender roles and stereotypes and any differences between women and men.

## 6.5 Results and discussion

In quantitative research:

- It is important to disaggregate the data by sex.

- To reflect social heterogeneity, it is also important to be able to disaggregate the data by age groups, social stratification and other factors.
- In the results and discussion, show the situations and experiences of women and men in relation to the research phenomenon/problem.
- Include data that reflect the interaction with other relevant variables. Do not focus only on certain inequalities in isolation, because they can mask other inequalities, such as age, ethnic origin and social class.

As for the research purpose, the study needs to contribute to the following:

- Shedding light on the differences and/or inequalities between women and men in the health phenomenon/problem under investigation.
- Expanding knowledge of the health of women and men and the diversity of its expression. To this end, it is also important to adopt an intersectional perspective.
- Showing types of inequality and proposing pertinent modifications or changes so that they are not perpetuated.

## 6.6 General aspects

To conclude the recommendations for research projects, it is necessary to mention a number of aspects that need to be applied throughout a project:

- Give consideration to biases in order to avoid errors in the selection of the sample, the analysis of results and the formulation of conclusions.
- With respect to the language used:
  - Be careful to avoid using androcentric and/or sexist language. Do not use masculine forms as a generic universal. Specifically name women where appropriate.
  - Avoid essentialist terms, such as “disability”, “cardiopathic”, “obese”, etc. Try to use phrases like: a person living with disability or functional diversity; a person living with heart disease; a person living with obesity, etc.
  - Do not use the term “gender” as a synonym for “sex”, since “sex” is a variable and “gender” is a category of analysis.

Below are two initiatives undertaken at the University of Barcelona, specifically in bachelor's degree theses and research subjects with a gender perspective. They provide examples of best practices in the area of research.

## 6.7 Final degree project

In the academic year 2017-2018, the Faculty of Medicine and Health Sciences at the University of Barcelona – which includes the University School of Nursing – created a prize for the best final project with a gender perspective produced by a bachelor's degree student in the Faculty.

The prize, which grew out of an initiative undertaken by the Faculty's equality committee, seeks to give visibility to thesis projects that incorporate the gender perspective, helping to raise student awareness of gender equality and non-discrimination and fostering student interest in research that contributes to making progress toward gender equality.

The prize, which includes a first prize and an honourable mention, also incentivises teaching staff to incorporate the gender viewpoint transversally in teaching throughout the disciplines taught at the faculty and make up for any shortcomings that still exist today in the health sciences.

## 6.8 Subject "Gender and Inequality in Research"

**Degree**: University master's degree in Applied Research Methodology in Nursing Care.
**Optional subject**: 3 credits.
**Link to course curriculum**: <http://grad.ub.edu/grad3/plae/AccesInforme-PDInfes?curs=2019&assig=572487&ens=M2D03&recurs=pladocent&n2=1&idioma=CAT>

Instigated in the academic year 2015/2016, this is an optional subject in one of the university master's degrees offered by the UB's University School of Nursing. The subject seeks to introduce students not only to gender-sensitive research, but also to the area of gender studies in the field of health.

The subject develops the following competences:

- Capacity to undertake research projects from a gender perspective.
- Capacity to analyse data in gender-sensitive research.
- Capacity to identify gender biases in different phases of research.

- Capacity to apply knowledge acquired about gender to a critical analysis of publications.
- Capacity to attain knowledge that can lay the groundwork for further development in a research context.
- Capacity to undertake a critical analysis of health information from a gender perspective.
- Capacity to search bibliographic databases effectively and identify studies conducted from the gender perspective in the health field and in the nursing discipline.
- Capacity to identify issues and needs in the health field and in relation to the roles of women.
- Capacity to identify potential lines of research as a function of identified issues and propose research designs from a gender perspective.

The learning objectives related to skills and knowledge include:

- Identifying relevant research problems and designing objectives consistent with the epistemological standpoints of the gender perspective.
- Critically analysing the methodological choices made in research in relation to the gender perspective.
- Analysing the priorities for health research from the gender perspective.
- Identifying the biopsychosocial determinants of health and gender biases.
- Raising awareness of sexism and androcentrism in care and research within the health sciences.
- Analysing aspects that reflect situations of inequality in health and their effects on different types of discrimination and prejudice.
- Making contributions from the gender perspective in relation to concepts such as *vulnerability* and *psychopathology*.
- Identifying the role of relations of power and the influence of androcentrism in the diagnostic processes of illnesses and in their research.
- Creating spaces for reflection and exchange in order to acquire skills for the analysis of health issues from the gender perspective.

The subject addresses the following theoretical content:

1. Introduction
   1.1 Gender as a determinant of health
   1.2 Intersectional approach
   1.3 Sociopolitical and economic contexts; consequences on health
2. Gender inequalities in health
   2.1 Differential morbidity
   2.2 Gender biases in access, diagnosis and treatment of illnesses
   2.3 Functional diversity and gender
3 Design and implementation of gender-sensitive research projects
   3.1 Issues that can affect research; evaluation and dissemination
   3.2 Ethical aspects
4. Types of violence against women
   4.1 Violence against women; scale and impact on health
   4.2 Typologies of sexist violence against women
   4.3 Myths and stereotypes about sexist violence against women
   4.4 Legislation on sexist violence against women in Spain and Catalonia
5. The cultural construction of the body; impact on women's health
   5.1 Cultural practices that affect women
   5.2 Psychopathology of the body
   5.3 Identity, sexuality and ageing
   5.4 Anthropological view of maternity in women after assisted reproductive techniques

# 7. TEACHING RESOURCES

## 7.1 Examples of teaching plans in nursing studies

- "Healthcare and Gender", optional subject (Jaume I University): <https://e-ujier.uji.es/pls/www/gri_www.euji22883_html?p_curso_aca=2019&p_asignatura_id=IN1135&p_idioma=ca&p_titulacion=230>
- "Gender and inequalities in research", subject in the master's degree in Applied Research Methodology in Nursing Care (University of Barcelona): <http://grad.ub.edu/grad3/plae/AccesInformePDInfes?curs=2019&assig=572487&ens=M2D03&recurs=pladocent&n2=1&idioma=CAT>
- "Health, Gender and Social Inequalities", optional subject (Rovira i Virgili University): <https://moodle.urv.cat/docnet/guia_docent/index.php?centre=18&ensenyament=1820&assignatura=18204220&any_academic=2019_20>
- "Health and Gender", optional subject (Autonomous University of Madrid): <https://secretaria-virtual.uam.es/doa/consultaPublica/look[conpub]MostrarPubGuiaDocAs>
- "Sociology, gender and health", basic subject ("La Fe" Nursing School): <http://www.ee.lafe.san.gva.es/images/guias_grado/sociologia.pdf>
- "Sociology, gender and health", basic subject (University of Valencia): <https://webges.uv.es/uvGuiaDocenteWeb/guia?APP=uvGuiaDocenteWeb&ACTION=MOSTRARGUIA.M&MODULO=34368&CURSOACAD=2020&IDIOMA=V>

## 7.2 Websites

- American Medical Women's Association (AMWA): <http://www.amwa-doc.org/>
- Andalusian Institute for Women: <http://www.juntadeandalucia.es/institutodelamujer>
- Atlantic Centre of Excellence for Women's Health, Dalhousie University: <http://www.acewh.dal. ca/>

- BRIDGE, Institute of Development Studies, University of Sussex: <http://www.bridge.ids.ac.uk/>
- Canadian Women's Health Network: <http://www.cwhn.ca>
- Centre for Health and Gender Equity: <http://www.genderhealth.org>
- Coalition for Research in Women's Health (CRWH), University of Toronto: <http://www.crwh.org>
- CSIC Women and Science: <http://www.csic.es/web/guest/mujeres-y-ciencia>
- Documentation Centre, Basque Institute for Women, EMAKUNDE:
- <http://www.emakunde.euskadi.net>
- Documentation Centre "Joaquima Alemany i Roca", Catalan Women's Institute: <http://dones.gencat.cat/ca/ambits/centre_documentacio/>
- European Association for Women in Science, Technology, Engineering and Mathematics (STEM): <http://www.witec-eu.net/>
- Gender and Health Group, Liverpool School of Tropical Medicine: <http://www.liv.ac.uk/lstm/groups/gender_health.htm>
- Gender Inn, the Women's and Gender Studies Database: <http://www. uni-koeln.de/phil-fak/englisch/datenbank/e_index.htm>
- GenSalud, PAHO: <http://www1.paho.org/spanish/DPM/GPP/GH/GenSalud.htm>
- Institute for Research on Women and Gender, University of Michigan: <http://www.umich.edu/~irwg/>
- Institute of Gender and Health (IGH), Canadian Institutes of Health Research (Canada): <http://www.cihr-irsc.gc.ca/e/48641.html>
- International Centre for Research on Women: <http://www.icrw.org>
- National Women's Health Network: <http://www.nwhn.org/>
- Observatory on Gender Equity, Chile: <http://oge.cl/observatorio-equidad-de-gro-en-salud/>
- Observatory on Gender Violence, Catalan Women's Institute:
- <http://dones.gencat.cat/ca/ambits/Observatori/>

- Observatory on Violence: <observatorioviolencia.org>
- Office of Research on Women's Health (NIH), US: <http://orwh.od.nih.gov/>
- Our Bodies, Ourselves (originally the Boston Women's Health Book Collective): <https://www.ourbodiesourselves.org/>
- Prairie Women's Health Centre of Excellence: <http://www.pwhce.ca/>
- Reina Sofia Centre for Adolescence and Youth: <http://www.adolescenciayjuventud.org>
- Resources for Feminist Research, University of Toronto: <http://www.oise.utoronto.ca/rfr/index. html>
- South African Medical Research Council, Gender and Health Group: <http://www.mrc.ac.za/gender/gender.htm>
- Spanish Institute for Women and Equal Opportunities: <https://www.inmujeres.gob.es/en/elInstituto/conocenos/home.htm >
- UN Women: <https://www.unwomen.org/es>
- UN Women Watch: <https://womenwatch.unwomen.org>
- WHO Gender and Health: <https://www.who.int/gender/es/>

## 7.3 Research groups

- Antigone Research Group, Rights and Society with a Gender Perspective, Autonomous University of Barcelona: <http://antigona.uab.cat/index.php/>
- Centre for Gender Studies (CEdG), Pompeu Fabra University: <https://www.upf.edu/web/genere>
- Centre for Women's Studies, University of Salamanca: <http:// mujeres.usal.es/>
- Interuniversity Research Group on Gender, Diversity and Health (GIRGEDIS) recognised by the University of Barcelona: <http://girgedis.com>
- Research Group on Adoptions, Families and Childhood (AFIN), Autonomous University of Barcelona: <http://grupsderecerca.uab.cat/afin/>
- Research Group on Gender, Identity and Diversity (GENI), University of Barcelona: <http://geni.ub.edu>

- Research Group on Gender Issues (IG), University of Alacant: <https://web.ua.es/es/grupo-investigacion-genero/grupo-de-investigacion-en-genero-ig.html>
- Research Group on Health Inequalities, Environment - Employment Conditions Network (GREDS-EMCONET), Pompeu Fabra University: <https://www.upf.edu/web/greds-emconet/>
- Research Group on Psychological Styles, Gender and Health, Complutense University of Madrid: <https://www.ucm.es/epsy/>
- Research Group on Women's Studies, University of Granada:
- <http://wpd.ugr.es/~esmujer/>
- Women's Research Centre (DUODA), University of Barcelona: <http:// www.ub.edu/duoda/?lang=ca>

## 7.4 Associations

- Association of History and Anthropology of Nursing Care, University of Alacant: <https://web.ua.es/es/cultura-cuidados/asociacion-de-historia-y-antropologia-de-los-cuidados-de-enfermeria.html>
- Association for Sexual and Reproductive Rights (ADS): <http://lassociacio.org>
- Association of Women for Health (AMS): <http://www.mujeresparalasalud.org>
- Association of Women in Research and Technology (AMIT): <https://www.amit-es.org>
- Catalan Association of Midwives: <http://www.llevadores.cat/>
- Centre for the Analysis of Health Programmes (CAPS) and, within CAPS, the Women, Health and Quality of Life Programme: <http://www.caps.cat/dones-i-salut.html>
- Latin American and Caribbean Women's Health Network (RSMLAC):
- <https://www.reddesalud.org/>
- Men's Association for Equality (AHIGE): <https://ahige.org>
- Positive Creation: <http://creacionpositiva.net/ >

- University Association for Women's Studies (AUDEM): <http://www. audem. es/quienes-somos/junta-directiva/>
- Women's Health Network: <http://xarxadedonesperlasalut.org>

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## 8.3 Filmography

*Cloud 9* (2008), directed by Andreas Dresen. To address and deconstruct the sexuality and emotions of women and men in old age.

*The Danish Girl* (2015), directed by Tom Hooper. To address gender identities.

*Flores de otro mundo* (1999), directed by Icíar Bollaín. To address the migratory process in women, situations of vulnerability, and violence.

*Fried Green Tomatoes* (1991), directed by Jon Avnet. To address gender roles and stereotypes, sexual diversity, types of sexist violence against women, and sisterhood.

*The Hours* (2002), directed by Stephen Daldry. To address the experiences of women in different historical periods with respect to their lives, sexualities, professions, creativity and discontents in the context of western patriarchal societies.

*Piedras* (2002), directed by Ramón Salazar. To address the loneliness and social pressure on women in search of heteronormative happiness under the patriarchy.

*Salt of the Earth* (1954), directed by Herbert J. Biberman. To address aspects of the workers' struggle and the emancipation of women.

*The Secret Life of Words* (2005), directed by Isabel Coixet. To address the subject of trauma from sexual violence and war and the repercussions of violence on women's health.

*Séraphine* (2008), directed by Martin Provost. The film portrays the life of a French painter forgotten by history, Séraphine de Senlis, who suffered from mental illness and worked under precarious conditions. To address intersectionality through the analysis of an artist's life.

*Solas* (1999), directed by Benito Zambrano. To address the generational theme in women, looking in this case at a mother and daughter and their relationship; gender roles; precariousness and poverty; and sexist violence against women – all from an intersectional perspective.

*Thelma and Louise* (1991), directed by Ridley Scott. To address the subject of sisterhood, types of sexist violence against women, patriarchal society, gender roles and stereotypes, and gender equality.

*Tomboy* (2011), directed by Céline Sciamma. To address the subject of trans children.

*Vera Drake* (2004), directed by Mike Leigh. To address the subject of precariousness, situations of vulnerability, and abortion practices in contexts of prohibition.

## 8.4 TV series

*Call the Midwife* (2012), directed by Philippa Lowthorpe and Jaime Payne. To address the subject of the profession's image and the sexual and reproductive health of women from an intersectional perspective.

*13 Reasons Why* (2017), created by Brian Yorkey. To address forms of sexual violence, gender mandates and patriarchal society.

*When We Rise* (2017), directed by Dustin Lance Black (creator and director), Dee Rees, Thomas Schlamme, Gus Van Sant. A miniseries that portrays the history of LGBTQ+ rights advocacy beginning with the Stonewall riots in 1969. The series can be used to address the struggle for social rights, such as analysing stigmas, especially with the emergence of HIV infections and AIDS in the LGBTQ+ community.

**Health Sciences are based on the body and sex of men, which means that women's health is in an unequal situation.**

**The *Guide of Nursing to mainstreaming gender in university teaching* offers proposals, examples of good practices, teaching resources and consultation tools that act as a guide to deal with health risks and problems resulting from gender roles and stereotypes.**

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