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Original article

Gender and Work from the Perspective of Women Working in Intensive Care Nursing

Gênero e trabalho na perspectiva de mulheres que exercem a enfermagem em Terapia Intensiva

Género y trabajo desde la perspectiva de mujeres que ejercen la enfermería en Terapia Intensiva

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Abstract

Objective: To analyze the perceptions of women working in intensive care nursing regarding the interface between gender and work. **Method**: A qualitative study conducted with 11 women working in Intensive Care Units in three large hospitals in southern Brazil. Data were produced through semi-structured interviews and subjected to thematic content analysis. **Results**: The findings revealed women's overload, family demands, double work shifts, and the invisibility of women's labor. Gender inequalities were recognized in domestic relationships and expressed in workplace interactions. There was a denial of gender issues, accompanied, however, by reports indicating prejudice and preconceived ideas about men and women in nursing. **Conclusion**: Gender issues are present in the lives and work of women who practice nursing. Studies and discussions on gender within nursing education may serve as an important resource for combating inequalities.
Descriptors: Nursing; Gender Studies; Gender Equity; Intensive Care Units; Nursing, Team

Resumo

Objetivo: analisar a percepção de mulheres que exercem a enfermagem em terapia intensiva acerca da interface entre gênero e trabalho. **Método:** estudo qualitativo realizado com 11 mulheres que exerciam a enfermagem em Unidades de Terapia Intensiva em três hospitais de grande porte do Sul do Brasil. Os dados foram produzidos por meio de entrevistas semiestruturadas e submetidos à análise temática de conteúdo. **Resultados:** os achados revelaram sobrecarga de mulheres, cobranças familiares, duplas jornadas e invisibilidade do trabalho feminino. As desigualdades de gênero foram reconhecidas nas relações domésticas e expressas nas relações laborais. Houve a negação das questões de gênero, acompanhada, no

entanto, de relatos que sinalizaram preconceitos e ideias pré-estabelecidas sobre homens e mulheres na enfermagem. **Conclusão:** questões de gênero estão presentes na vida e no trabalho das mulheres que exercem a enfermagem. Estudos e discussões de gênero na formação em enfermagem podem representar um recurso de combate às desigualdades.
Descritores: Enfermagem; Estudos de Gênero; Equidade de Gênero; Unidades de Terapia Intensiva; Equipe de Enfermagem

Resumen

Objetivo: analizar la percepción de mujeres que ejercen la enfermería en terapia intensiva acerca de la interfaz entre género y trabajo. **Método**: estudio cualitativo realizado con 11 mujeres que trabajaban en Unidades de Terapia Intensiva de tres hospitales de gran porte del sur de Brasil. Los datos fueron producidos mediante entrevistas semiestructuradas y sometidos al análisis temático de contenido. **Resultados**: los hallazgos revelaron sobrecarga de las mujeres, exigencias familiares, dobles jornadas e invisibilidad del trabajo femenino. Las desigualdades de género fueron reconocidas en las relaciones domésticas y se expresaron en las relaciones laborales. Hubo negación de las cuestiones de género, acompañada, sin embargo, de relatos que señalaron prejuicios e ideas preconcebidas sobre hombres y mujeres en la enfermería. **Conclusión**: las cuestiones de género están presentes en la vida y en el trabajo de las mujeres que ejercen la enfermería. Los estudios y debates sobre género en la formación en enfermería pueden representar un recurso para combatir las desigualdades.
Descriptores: Enfermería; Estudios de Género; Equidad de Género; Unidades de Cuidados Intensivos; Grupo de Enfermería

Introduction

Gender, as a constitutive principle of social relations between men and women, is a social and historical construction, structured and sustained through symbols, norms, and institutions that establish which attitudes are considered acceptable or unacceptable for men and women. Gender determines the fields of action assigned to each sex, shapes the creation of laws and their forms of application, and influences the subjectivity of each individual. Gender is a social construction applied to a sexed body, and it represents an initial mode of defining power.[1]

In nursing, gender is a category whose influence has historical and cultural roots. Nursing is a feminized profession, and this feminization can lead to the attribution of stereotypes and roles traditionally assigned to women. For this reason, the work performed by nurses is often rendered invisible, as it is perceived as an extension of their personal vocation for caregiving.[2] Today, historical legacies continue to place the profession in a position of subordination, a factor associated with the fact that it is predominantly composed of women, who experience social oppression more intensely. Thus, the need to include gender in current scientific

literature is essential; addressing this topic is necessary for the empowerment and valorization of the profession as a whole.[3]

It is known that the contemporary neoliberal context is unfavorable to the working class, including nursing. However, it is also important to highlight that gender issues reinforce social and labor inequalities within the profession. The devaluation of the workforce and multiple forms of violence are examples of how gender shapes the construction of society, institutional policies, and professional relationships.[4] It can also be inferred that these aspects are even more pronounced in sectors traditionally marked by accelerated work rhythms, high demand, and intense pressure, such as Intensive Care Units (ICUs).

Intensive Care Units (ICUs) are sectors that demand agility in decision-making, clinical knowledge, and emotional control from workers. In addition to these factors, the presence of interpersonal conflicts and psychological stressors makes these units potentially critical for the mental health of teams. Due to their characteristics, work in ICUs is complex and challenging, which justifies the importance of analyzing it through research.[5]

Studies have identified that among the stressors affecting ICU nursing workers, gender-related issues stand out, particularly double work shifts.[6] Despite the relevance of these elements, the literature still lacks studies on gender, work, and health - especially those that place gender at the center of the analysis - reinforcing the need for greater visibility of this topic.[3,7]

It is understood that a woman working in nursing who is immersed in gender stereotypes may be limited in her ability to critically analyze the power of her own existence, as well as the complexity of the situations surrounding her. Therefore, it is reaffirmed that gender goes beyond the boundaries of biological sex and is more than a demographic, biological, or natural variable. Gender is a historical, social, and political construction, laden with symbols that influence the construction of nursing's image as a professional category. Analyzing these relationships is essential to provide the foundations needed to mitigate inequities and gender inequalities, to reframe supposedly immutable destinies, and to strengthen the profession.[3]

Studying the intersections between gender and work in nursing strengthens aspects related to the professional identity of women who practice this profession. It is essential to understand how historical, cultural, and social factors influence these identities in order to reinforce their affirmation as a predominantly female professional category.[3] Therefore, understanding how women - who represent the majority of the nursing workforce in Brazil and worldwide - perceive the intersections between gender, life, and work can provide important insights into the trajectory the profession has followed throughout history.

Based on this context, the study was guided by the following research question: How do women working in intensive care nursing perceive the interface between gender and work? Thus, the objective was to analyze the perceptions of women working in intensive care nursing regarding the interface between gender and work.

Method

This qualitative study was conducted in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ). The study settings were the ICUs of three large hospitals that serve as regional references in southern Brazil. Two of these hospitals were philanthropic, and one was a public, university-affiliated institution linked to a Higher Education Institution.

Participants were selected based on the following inclusion criteria: being a nursing worker (with technical or higher education training), being formally assigned to the ICU, and self-identifying as a woman. Workers who were on vacation or on any type of leave during the data collection period were excluded. Participants who had been reassigned to ICUs designated for patients with coronavirus disease 2019 (COVID-19) were also excluded.

A total of 332 professionals worked in the ICUs of the three hospitals. Of these, 205 met the inclusion criteria and were therefore eligible for the study. Participants were selected through simple random sampling, based on staff lists provided by the nursing management teams of the institutions.

The workers were approached and invited to participate either at their workplaces or via a messaging application. These contacts were mediated by the nursing management teams. Five refusals occurred due to excessive workload and the high number of research studies being conducted during the period. Additionally, four women did not respond to the researchers despite three contact attempts. In these cases, new random selections were performed.

The workers who agreed to participate in the study took part in individual semi-structured interviews conducted by undergraduate nursing students who had been properly trained within the research group and supervised by the researcher responsible for the project. First, sociodemographic and work-related information was collected to characterize the sample (sex, age, educational background, unit of assignment, and length of experience in the sector). Next, the in-depth interview was conducted based on a set of questions developed from a semi-structured guide addressing the following topics: perceptions of the relationship between family dynamics, work, health, and personal life; and perceptions of the relationship between work, health, and gender.

Fieldwork took place between June 2019 and July 2021. The onset of COVID-19 led to a temporary interruption of data collection due to sanitary contingency measures and the reorganization of teams to structure COVID-19 ICUs. Because of this reorganization of work processes and the experience of a new reality, workers who were transferred to these units could not be included in the study.

Up until the emergence of the pandemic, nine interviews had been conducted in person at the participants' workplaces, scheduled according to days and times convenient for them. The meetings were held in rooms that ensured comfort, privacy, and safety. The interviews were preceded by the reading and signing of the Informed Consent Form. All conversations were audio-recorded using digital devices.

With the onset of COVID-19, researchers' access to the institutions was suspended. The last two interviews were conducted online using Google Meet (a G Suite® tool), a free digital platform that enables real-time audio and video communication. The Informed Consent Form was sent in advance via a messaging

application, and consent was provided verbally. In these cases, the recording was carried out using the platform's own recording feature.

The content of all 11 interviews was subjected to a preliminary analysis of theoretical saturation. This analysis involves counting recurring response patterns that, through repetition, indicate the point at which no new findings emerge from participants' accounts. By the end of the 11th interview, the findings were sufficiently consistent to be considered representative of the group, allowing for analytical inferences. Thus, the fieldwork phase was concluded with this number of participants.

The interviews lasted approximately 30 minutes. They were fully transcribed by the research assistants and subsequently submitted to thematic content analysis, which unfolds in three stages: pre-analysis, material exploration, and data treatment/interpretation.[8]

In the pre-analysis stage, a floating reading was carried out to allow the researchers to become familiar with the content. The material was organized and refined according to the study's objective. At the end of this stage, it was possible to select the most significant statements to address the research objectives.

The exploration of the material consists of breaking down and coding the content into registration units (RUs), which are words or groups of words that synthesize the core idea of a statement and provide an overview of its meaning.[8] This stage was conducted with the support of Microsoft Excel 2016®. A spreadsheet was created to facilitate the extraction of RUs from the text and the separation of excerpts corresponding to each RU. In total, 10 RUs were extracted and coded. These were subsequently grouped by similarity, and the groupings were organized according to the study objectives, taking into account the most relevant statements. This process resulted in two thematic categories, as shown in Table 1:

Table 1 – List of Coded Registration Units, Number of Corresponding Speech Excerpts, and Organization into Thematic Categories. Brazil, 2019-2021

Registration Units (RU)	Number of Corresponding Speech Excerpts	Thematic Categories
Work/Life/Health Relationship	11	Gender and Family: Domestic Overload, Double Work Shifts, and the Invisibility of Women's Labor
Impacts of Work on the Family	10	
Relationship Between Work and Daily Routine	2	
Double Work Shift	2	
Women's and Men's Work Within the Family	6	
Division of Household Tasks	7	
Gender Differences in the Workplace	14	Gender and Work: Behind the Denial of Disparities, the Prejudices in the Coexistence of Men and Women in Nursing
Prejudices in the Workplace	4	
Coexistence of Men and Women on the Team	7	
Women's and Men's Work in Nursing	10	

Finally, in the data treatment/interpretation stage, once consistent results and explanatory categories of the phenomena had been established, the researchers carried out inferences and interpretations,[8] which made it possible to develop explanatory models and conclusions that addressed the study's objective.

Participants were identified in the transcripts by the letter "T" (referring to the word trabalhadora, meaning "worker"), followed by a number corresponding to the order of the interview. This study complied with Resolutions No. 466/12 and No. 510/16 of the *Conselho Nacional de Saúde* (Brazilian National Health Council). It was approved by the local research ethics committee on May 24, 2019, under opinion number 3.346.134.

Results

The ages of the 11 participants ranged from 28 to 59 years, with a mean age of 38. Regarding family relationships, five had partners with whom they lived, and six had children. Seven participants worked in the Adult ICU, three in the Neonatal ICU, and two worked in more than one unit. In terms of training, six were nursing technicians and five were nurses with postgraduate specialization in Intensive Care.

Length of experience in the current unit ranged from nine months to 28 years, with a mean of 6.37 years. The two thematic categories that emerged from the qualitative analyses are presented below.

Gender and Family: Domestic Overload, Double Work Shifts, and the Invisibility of Women's Labor

The first category refers to work situations that interfered with the personal and family lives of ICU nursing workers. The participants reported situations of stress, fatigue, and family demands, especially in the context of motherhood:

> *"[...] I get home tired, stressed, and having a small child is not easy. They take up time, they want attention, they want to play, to talk, and sometimes I don't have the same patience that I [would have] in the early morning [...]." (T1)*
> *"[...] sometimes the stress from work interferes [with my personal and family life] [...]. There are days when I leave here with my head about to explode. I, for example, have my family, my children. I get home and I have no energy for anything [...]." (T3)*

The participants perceived double work shifts, represented by the overlap between nursing responsibilities and domestic and family duties, and they were not always able to manage everything. This reality appears to be naturalized in their accounts:

> *"[...] I am a mother, an employee, a wife, a housekeeper, a maintenance worker, an electrician, an IT technician. A nurse is everything [...]. We have a triple, quadruple life. [...] A woman has to wash the dishes, has to clean the house, has to do everything." (T1)*
> *"You have to juggle it all somehow [work and family]. In the morning there's work; sometimes I manage, sometimes I don't. Here [at work] you can't leave things unfinished. At home, I do. There are clothes to fold, to iron. If I can't iron them, I leave it for tomorrow or the day after." (T3)*

It is important to highlight that reports also emerged regarding the division of domestic and family work with men. However, in the discourse of some women, the male role in domestic tasks was perceived as "help," that is, something done to assist the wife—tasks that were expected of her and characterized only by the activities the man preferred to perform:

> *"He [my partner] helps me. He washes clothes, cooks, feeds our [child]. [...] Of course, there are things he doesn't like to do, so I do them [...]." (T1)*
> *"At home we are partners and equal in everything. He has already gotten used to this routine, domestic work... most of the time he even does more than I do [...]." (T09)*
> *"[...] here at home everything is divided. Everything is very calm because my husband helps me a lot [...]." (T11)*

Some participants reported that their families felt uncomfortable with the work schedule and the demands of the profession, which at times limited time together and affected their relationships:

> *"[...] My husband asks: 'Isn't your shift supposed to end at 7 p.m.?' And I [answer]: 'Yes, when there are no complications, when no one is admitted, when there's no need to take someone for a CT scan, it ends at 7 p.m.' But the problem is that I have to hand over 10 patients; I leave here at seven-thirty, and by the time I get home it's fifteen minutes to eight. [...] I have this habit of yelling at him [my husband] when I'm upset, and he yells too. Sometimes I yell because I'm stressed from here [work] [...]." (T1)*
> *"My parents aren't from here, and I've been working here for 12 years. I spent one Christmas with them in those 12 years. [...] My mother says: 'No one told you to choose that profession.'" (T10)*

In the participants' accounts, comparisons were made between their own work, routines, and schedules and those of their partners. These comparisons seemed to be reproduced in the domestic sphere and were linked to speculations about the degree of difficulty between professions. There was a tendency to devalue the efforts involved in women's work in nursing, highlighting its limited visibility:

> *"He [my husband] says that I don't work, that I only work six hours, that it's very easy. [...]." (T1)*
> *"I think his job is really tiring, really heavy [...]. All day doing heavy work. In our case [in the ICU], there are moments when it's heavy, but it's mental. His is more physical. He says: 'you don't do anything, you work more with your head.' And then I answer: 'but I get much more tired than you.'" (T2)*

Finally, it is worth highlighting that the participants recognized that inequalities between men and women in the domestic sphere are recurrent and stem from gender inequities. Machismo within family relationships was acknowledged as something that cuts across generations and remains present in human interactions:

> *"[...] I think there is still that idea of the woman's role being that of a housewife. Outside of work, there is still this issue of men not stepping up. Since women have gained rights that once belonged only to men, I think men should also have to 'gain' the rights that belong to women. They do help—if there is something to be done, they do it—but it's not something they do every day. [...]. Men are still very sexist. There are exceptions, but most are sexist." (T11)*

The statements in this category suggest, therefore, that gender inequality is present in the family relationships of nursing workers. These disparities are exemplified by the limited visibility of their work in the domestic sphere, as well as by the overload placed on women, intensified by the double work shift, family demands, and the male

contribution being framed merely as “help.” Based on these findings, it is evident that the participants recognized the existence of gender inequalities within the domestic and family environment.

Gender and Work: Behind the Denial of Disparities, the Prejudices in the Coexistence of Men and Women in Nursing

The second category expresses gender-related issues tied to the ICU nursing work environment. It is noteworthy that, in the discourse of some participants, there is initially a denial of the existence of gender prejudice at work. However, shortly thereafter, they describe situations in which they admit needing to reaffirm their place within the professional setting:

> *“[...] regarding work, I have not suffered any prejudice for being a woman so far [...] when someone speaks to me in a different tone, I assert myself [...] I have seen men—physicians and even colleagues—saying: ‘that nurse, it had to be a woman.’ It makes us sad. We have to assert ourselves, demonstrate our knowledge, and show that we are the responsible professional [...].” (T11)*

The denial of the existence of gender issues at work is also accompanied by a set of preconceived ideas about masculinity and femininity, including assumptions about professional attitudes, which are perceived as superior when associated with men:

> *“I have always worked with men. Men are less ‘touchy.’ There is a difference, but not because of gender [...]. I think the difference between men and women is just that you need to have a bit more respect [...]. Men don’t gossip. I think women do that more.” (T5)*

“At other times, there are remarks suggesting that men are not suited for the nursing profession, being considered lazy, inappropriate for caring for female patients, and even unnecessary in the field:

> *“[...] men are always lazy. They are not as detail-oriented as most women. They are actually very practical [...]. I see the male presence here, as technicians, as lazy. Based on the experiences I’ve had in other units and other places as well, they are more ‘laid-back’; I think that’s just the way they are.” (T6)*
> *“[...] For us, it doesn’t make a difference whether there is a man or not. I think that if the patient were a woman, and a man had to perform her hygiene care, she would feel very uncomfortable [...].” (T4)*

Gender-related tensions expressed by women toward men extend beyond professional interactions when they make speculations or ironic comments about men's sexuality, based on the assumption that nursing is a profession inherently associated with women:

> *"In the past [there was prejudice], but lately not so much. Everyone is 'gay' now. So it's a waste." (T1)*
> *"I think there is [prejudice against men in nursing], because usually when a man starts working, people already comment: 'He must be gay.' Because there's that idea — it's all women, women, women. (T10)*

It is noteworthy that, when asked what they thought about the coexistence of men and women in ICU nursing work, some participants limited themselves to considering the presence of men as important mainly because of their physical strength:

> *"It would help in terms of physical strength, right? If we had about three men here in the ICU, it would help a lot. Sometimes the lift is in use, and sometimes there are awake patients who want to get into bed [...]." (T2)*

It is important to highlight that these findings were not unanimous. Some workers defended the suitability of men for nursing, as well as their ability to perform their duties competently:

> *"[...] Everything we do, he does. Everything he does, we do. There's no difference. Even helping a mother breastfeed, he does everything. [...] If there's a mother starting breastfeeding, he has to go there and teach, explain, guide. It's not because he's a man that he won't do it." (T3)*

This category indicates, therefore, that the interviewees do not always clearly perceive gender inequalities in their work. The denial of these inequalities, however, coexists with accounts of a set of situations such as prejudice and preconceived ideas about gender (which involve assumptions about personal and professional competencies, as well as sexuality). The presence of men in nursing was a central point of discussion, and at times considered inappropriate or unnecessary in ICUs.

Discussion

The first analytical category highlighted aspects related to the domestic and family interface in the lives of women working in ICUs. First, stress and fatigue stood out, intensified by family demands, particularly motherhood.

The overload caused by domestic work and family responsibilities reflects the relationship between the sexual division of labor, gender inequalities, and women's mental illness[9]. Their entry into the labor market was not enough to profoundly change the centrality of their role in domestic and family dynamics.

Feminist theory understands that social arrangements requiring fathers to work outside the home and mothers to take responsibility for child-rearing structure family organization. It is known that patriarchy is the structure that reinforces this organization by appropriating women's labor power[1]. Patriarchal power structures have kept women as a reference figure in the private sphere, even when they have become providers. This has materialized in the overlap of roles and activities, resulting in overload[10].

The double work shifts (represented by the overlap of professional and domestic responsibilities) also emerged in the testimonies and at times appeared to be naturalized. A cross-sectional study conducted with healthcare workers showed that domestic overload was reported more intensely by women, reinforcing that work experiences overlap with domestic responsibilities in an unequal manner.[11] Another study, conducted in Canada, showed that female healthcare workers were more likely to report greater domestic involvement compared to men.[12] The fact that nursing is composed of a predominantly female workforce makes double work shifts a reality within the profession.[4]

Gender relations play an important role in family and domestic dynamics. Women, from childhood, are directed toward the realm of care within the private sphere. Men, on the other hand, are oriented toward the public sphere, enjoying more freedoms and fewer responsibilities regarding domestic activities. Social positions (that is, roles performed in the public sphere) are influenced by the way individuals are socialized, resulting in advantages and disadvantages for them in various spheres of society.[13]

Male participation in domestic tasks was mentioned by the women. However, it was referred to as 'help,' a common expression among women that intrinsically conveys the idea that the man's role in family activities is secondary to that of the woman. A qualitative study showed that men sometimes occupy a less prominent position in the family space, especially in childcare. This is due to a cultural construction that portrays them as unfit for certain caregiving activities (considered contrary to their nature). It is

also due to the sexual division of labor, which frames men's contribution as primarily tied to the financial support of the family.[14] The influence of this belief system leads to men's contributions in the domestic sphere - however modest or occasional - being overvalued, as they exceed the low expectations placed upon them.

In the testimonies of this study, the women also indicated that their schedules and professional demands caused dissatisfaction within their families, who longed for more free time together. These accounts point to the fact that the work routine in ICUs is experienced intensely by nursing professionals,[5] absorbing an important part of these workers' time and energy.

An integrative literature review showed that the quality of life of nursing workers is often harmed by the intensity of the professional workload and by night shifts, which reduce the time available for leisure and family interaction. The intensification of the workday appears to be related to two factors: the precariousness of working conditions (which results in increased working hours) and the low financial return of the profession (which leads to overtime or overlapping employment contracts).[15]

Feminist theory introduces, in gender analysis, the concept of intersectionality. Intersectionality refers to the interweaving of gender, race, and social class, establishing that the construction of inequalities is shaped by all three factors. Social class is grounded in Marxist theory, based on economic and historical determination. Intersectionality, therefore, considers that discrimination against women is intensified according to economic, work, and racial context.[1] Therefore, the fact that these participants are nursing workers (a professional category that is often underpaid within the health sector and subjected to high workloads) may overlap with the gender category in terms of women's vulnerability.

However, it is also important to go beyond aspects inherent to the profession and consider the gender interfaces within these findings. Women who move beyond the boundaries of domestic life and gain space in the world of paid work may experience family pressure as a result of this shift and of the gap created between what their families expect from them (presence, care, affection) and what they are able to offer within the context of their lives.

Society expects certain behaviors and characteristics to be performed by people according to their biological sex. Individuals are therefore labeled and influenced to internalize these patterns. Women are expected to be gentle, intuitive, and caring.[13] There is a belief that women are the emotional foundation of the family and must always be attentive and available to everyone's needs.[16] In this sense, even when they serve as financial providers, immersed in an intense and demanding profession, this role is not always valued by their families.

This is evidenced throughout the participants' statements in this study, which pointed to a pattern of comparisons within the domestic sphere between men's and women's paid work (the latter referring to nursing practice in ICUs). The women's work, at times, appears invalidated and undervalued.

The emergence and maintenance of patriarchy are grounded in the male need to dominate women. The generational continuity of patriarchy restores the primacy of fatherhood and obscures women's real work and social reality.[1] Therefore, the permanence of women in the domestic sphere lies in the rigidity of gender roles.

A qualitative study showed that, in the perception of political leaders in Brazilian nursing, a social devaluation of the profession persists, characterized by society's limited understanding of its role and work. Nursing workers, in turn, are not always able to develop proactive and self-affirming attitudes; at times, they are unable to understand the power relations that surround them.[4]

At the end of this category, there was recognition of the rigidity of the roles performed by men and women in their family relationships. The testimony illustrates the fact that women's movement between paid work and domestic work is not experienced in the same way by men, who would need to reinterpret their role within family dynamics.

It is important to highlight that this phenomenon is also explained by the devaluation of domestic work, a phenomenon reinforced within the capitalist system of production. Because it does not generate profit, domestic and family activities were summarily defined as an inferior form of work when compared to paid labor.[17] The invisibility of domestic work also renders women's overload invisible, a dynamic that persists and is sustained by unequal gender relations.

On the other hand, the second category analyzes the intersections between gender and work, within the context of ICU nursing team relations. It was observed that the participants' denial of the existence of gender issues was followed by accounts illustrating everyday prejudices within team interactions, as well as preconceived ideas about the masculine and the feminine.

A Brazilian qualitative study conducted with nursing students of both sexes showed that they perceived gender-based violence within the profession. However, they felt that discussions on gender issues were lacking in the undergraduate curriculum; they observed extensive debates regarding patient-related interactions, but these did not extend to discussions about professional relationships. The students perceived faculty members as unprepared for such debates and, at times, as reproducing misogynistic discourse.[18] Situations like these may help explain the participants' difficulty in more confidently identifying the relationships between gender and work in their daily lives.

It is known that feminist theory considers the refusal to construct a hierarchical relationship between the masculine and the feminine, within their specific contexts, as an attempt to reverse or shift these operations. To achieve this, however, it is necessary to theorize practices and develop gender as an analytical category.[1] This aligns with the previous discussion, indicating that spaces for deconstructing these inequalities in nursing are needed.

At different moments, the participants pointed to differences considered natural between men and women in the practice of nursing, which appear to be influenced by gender stereotypes. Women, at times, were attributed responsibility for the presence of side conversations/gossip within the team.

Nursing workers and students sometimes tend to experience tensions in their roles due to gender-based discrimination and prejudice.[2] Women are expected to be modest, discreet, reserved, and silent. These social expectations produce stereotypes about those who do not meet these requirements, who are pejoratively labeled as talkative or gossipers.[19]

Men were considered by some participants to be lazy, inadequate, and dispensable in the profession. A qualitative study conducted with male and female nursing students in Turkey showed the existence of gender stereotypes in their perceptions. For some of them, women were believed to possess natural qualities such as care, intuition, and attentiveness. Men, in turn, were perceived as more practical, less careful, and lazier in their tasks.[20]

The social perception that nursing is a naturally feminine profession gives rise to the notion that men who practice it are professionally out of place. An international integrative literature review showed findings similar to those of this study: men in nursing are considered inadequate in situations that require contact with another person's body. They are viewed as less empathetic than women, disorganized, and careless. In other situations, they are valued over women, especially for management positions and seen as more capable in interpersonal relations.[21]

For some participants, the importance of men's presence was reduced to the convenience of their physical strength, aligning with the results of the review study.[21] At certain moments, the women acknowledged that there were speculations about the sexuality of men working in ICUs. In a qualitative study conducted in Turkey, some male nursing students reported feeling uncomfortable with their career choice, as they were ridiculed by family members and friends for choosing a profession considered feminine.[20]

These findings are similar to those of a qualitative study conducted with Pedagogy and Nursing students. In these programs, there were fewer men compared to the number of women. Among the women, ironic comments and speculations circulated regarding the men's sexualities, with attention given to their mannerisms and clothing. These men were expected to be homosexual. On the other hand, when some of them displayed attributes considered 'masculine' (such as physical strength and behaviors aligned with a heterosexual expectation), they were valued within the groups, and comments emerged suggesting that these men would have an advantage in the profession, with easy hiring.[22]

There is a persistent association in society between masculinity and power, stemming from the valorization of masculinity over femininity. These associations are learned from early childhood.1 Therefore, these considerations give visibility to gender issues and help explain that men within a typically feminine profession are stigmatized and discriminated against until they manage to assert their masculine attributes - which grants them some space grounded in power relations.

Finally, it is important to highlight that not all statements were unanimous, as there was recognition of the importance and place of men in the profession. Equality and diversity must be fundamental values in nursing.[23] Rigid expectations regarding the profile of nursing workers are no longer compatible with contemporary realities. Diversity within the profession's workforce must be discussed and strengthened. Space within nursing can (and should) be shared among women, men, transgender, and non-binary people, ensuring inclusion and respect for gender diversity. For nursing to become a more diverse and inclusive profession, however, recruitment approaches must be transformed and a new gender culture must be promoted throughout professional relationships.[24]

It is known that human beings are read individually but also as part of a group. The dismantling of prejudice and the strengthening of equality can only be achieved when individuals begin to be regarded as subjects and not erased within the context of a collective. On the other hand, individuals will not be effectively treated with justice until the groups with which they identify are valued.[25]

Transforming gender inequities in nursing work requires the redefinition of values, both in educational institutions and in employing organizations.[2] Nursing workers who are able to recognize the historical, social, and cultural factors that shape their lives and work will be capable of combating gender inequalities and advocating for a more valued and recognized nursing profession.[3]

For this, policies that develop awareness of gender roles and inequities within nursing education curricula are essential.[20] At the end of these discussions, the proposal is that readings, studies, and gender debates be encouraged in Nursing programs, not only as a transversal theme across different courses but also in formal moments aimed at equipping students with critical thinking about intersectional

dimensions of race, gender, and social class. The focus should be on promoting awareness of how these dynamics affect the quality of life of nursing workers, workplace relations, and the trajectory of the profession itself, as well as supporting the development of strategies that can, in the long term, redefine how gender impacts individual and collective trajectories.

Some limitations marked the methodological path of this research. The advent of COVID-19 interrupted the fieldwork stage, led to the reorganization of ICU teams, and caused profound changes in work processes. As described in the methods, this resulted in discontinuities in data collection and the need to combine in-person and online interviews. The fact that the authors achieved data saturation indicates that these limitations, although significant, were managed in the best way possible.

It is suggested that studies on gender and work in nursing continue. New research may deepen aspects related to the sexual division of labor and the repercussions of gender issues on interpersonal relations within nursing teams. Moreover, it is important that studies analyze the effects of these experiences on the mental health of women and of people who experience gender and sexual diversity in nursing, both during undergraduate education and in the professional world, in order to expand visibility regarding the interfaces between gender, work, and health.

Conclusion

The results of this study showed that there are gender inequalities in the family and work relationships of ICU nursing workers. In the domestic sphere, they experience overload related to the duplication of the workday, family demands, and responsibilities, in a context marked by the invisibility of women's work. In the work environment, at different moments, there was a denial of gender inequalities; however, this was accompanied by narratives related to prejudice and preconceived ideas (with emphasis on the stigmatization of men who work in nursing).

This study offers reflections on the importance of discussing gender and work within nursing curricula, in order to train a professional category that is more aware of the system of inequalities and, consequently, better equipped to deal with this scenario. In addition, the findings highlight the importance of public policies that strengthen

women's work, rights, and mental health in the productive sphere. At the end of the study, it is concluded that gender issues persist in the lives and work of women who practice nursing, and that gender studies and discussions during training may represent a tool for combating inequalities.

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