

INSERTION AND PERFORMANCE OF NURSES IN OBSTETRIC NURSING

INSERÇÃO E ATUAÇÃO DE ENFERMEIROS NA ASSISTÊNCIA EM ENFERMAGEM OBSTÉTRICA

INSERCIÓN Y ACTUACIÓN DE ENFERMEROS EN LA ASISTENCIA EN ENFERMERÍA OBSTÉTRICA

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Objective: to analyze the insertion and performance of obstetrician nurses in obstetric nursing care, from a gender perspective. **Method:** qualitative approach study that used gender as conceptual reference. The participants were obstetric nurses, working in hospitals and maternity hospitals in Brazil. Data collection took place in a virtual environment, through semi-structured interviews, by videoconference, from March to August 2023. Data were analyzed by thematic analysis. **Results:** six obstetrician nurses participated and two thematic categories emerged from the testimonies, showing balance in the obstacles to insertion in the work area, as well as difficulties and challenges related to gender in daily performance. **Final considerations:** the obstetric nurse faces the reflection of cultural and social factors, such as the female history of the nursing profession, social acceptance, prejudices and stereotypes that impact on their insertion and performance in the area of care to women in the pregnancy-puerperal cycle.

Descriptors: Obstetric Nursing. Nurses, Male. Health Personnel. Professional Practice Location. Gender Perspective.

Objetivo: analisar a inserção e atuação de enfermeiros obstetras na assistência de enfermagem obstétrica, na perspectiva de gênero. Método: estudo de abordagem qualitativa que utilizou o gênero como referencial conceitual. Os participantes foram enfermeiros obstetras, com atuação em hospitais e maternidades no Brasil. A coleta de dados

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ocorreu em ambiente virtual, por meio de entrevistas semiestruturadas, por videoconferência, de março a agosto de 2023. Os dados foram analisados por análise temática. Resultados: participaram seis enfermeiros obstetras e dos depoimentos emergiram duas categorias temáticas, evidenciando equilíbrio nos obstáculos para inserção na área de trabalho, além de dificuldades e desafios relacionados ao gênero na atuação diária. Considerações finais: o enfermeiro obstetra enfrenta o reflexo dos fatores culturais e sociais, como o histórico feminino da profissão de enfermagem, a aceitação social, preconceitos e estereótipos que impactam em sua inserção e atuação na área de cuidado à mulher no ciclo gravídico-puerperal.

Descritores: Enfermagem Obstétrica. Enfermeiros. Pessoal de Saúde. Área de Atuação Profissional. Perspectiva de Gênero.

Objetivo: analizar la inserción y actuación de enfermeros obstetras en la asistencia de enfermería obstétrica, desde una perspectiva de género. Método: estudio de enfoque cualitativo que utilizó el género como referencial conceptual. Los participantes eran enfermeras obstetras, con actuación en hospitales y maternidades en Brasil. La recogida de datos se realizó en un entorno virtual, mediante entrevistas semiestructuradas, por videoconferencia, de marzo a agosto de 2023. Los datos fueron analizados por análisis temático. Resultados: participaron seis enfermeros obstetras y de los testimonios surgieron dos categorías temáticas, evidenciándose equilibrio en los obstáculos para la inserción en el área de trabajo, además de dificultades y desafíos relacionados con el género en la actuación diaria. Consideraciones finales: el enfermero obstetra enfrenta el reflejo de los factores culturales y sociales, como la historia femenina de la profesión de enfermería, la aceptación social, prejuicios y estereotipos que impactan en su inserción y actuación en el área de cuidado a la mujer en el ciclo gravídico puerperal.

Descriptores: Enfermería Obstétrica. Enfermeros. Personal de Salud. Ubicación de la Práctica Profesional. Perspectiva de Género.

Introduction

The profile of nursing professionals presents, as a historical characteristic, a predominance of female workers, a fact that dates back to the beginnings of the profession, when Florence Nightingale modernized nursing and predisposes it for women, considering them naturally prepared for care and charity⁽¹⁾.

Although there have been fewer men in nursing in modern times, their presence is significant for the profession, and worldwide, their number has increased, which may be due to the current decline in the birth rate and lack of recruitment in the area of nursing, that shook the scenario of the nursing profession dominated by women⁽²⁾.

Despite the increase, men represent only approximately 10% of the world's nursing staff⁽³⁾, and the number of male nurses and clinical need for male nurses increases every year⁽⁴⁾. In Brazil, women have dominated the profession since the organization of nursing in Brazilian society.

In recent years, with the evolution of the profession, nursing has gained space with changes in the roles assigned and performed,

and the incorporation of different activities and attitudes at various times. These facts increased the participation of men in the career and made the ratio between men and women nurses a little less discordant.

In this scenario, what is observed is that cultural and social factors were predominant for the exclusion of males from nursing, and this is still a reality in many areas of nursing practice, such as obstetrics⁽⁵⁾. In this specialty, the absence or small presence of male professionals becomes more evident. This is due to the historical context, since until the eighteenth century, childbirth was considered a ritual of women and was in charge of midwives⁽⁶⁾.

Data show that most male nurses in hospitals do not include sectors such as gynecology and obstetrics, being more recruited for emergency and intensive care settings⁽⁷⁾. It is evident that the number of nurses working in maternity hospitals is much lower compared to the number of female professionals, since there is still a gender division between men and women when it comes to the provision of nursing care⁽⁸⁾.

This relationship between nursing and the female gender demonstrates that there are determinants in the technical, political and social segregation of work, which directly interferes with the lower professional value for those who work in this area⁽³⁾. Thus, it is evident the urgent need to break gender paradigms in nursing, and especially in obstetric nursing, overcome obstacles and prejudices to the entry and performance of male nurses, Paving the way for important breaks in stereotypes related to the practice of obstetric care.

Although efforts to reduce discrimination and gender differences are becoming evident in the educational communities and health institutions, Research is still dispersed to explore the expertise of nurses in areas where men should provide care to female clients, such as obstetric nursing.

The above justifies this study, which seeks to answer the following question: The male obstetrician nurse faces difficulty in insertion and performance in obstetric nursing care in Brazil?

The objective of the study was to analyze the insertion and performance of obstetric nurses in obstetric nursing care, from a gender perspective.

Method

This is a qualitative study. The presentation of results was guided by the Consolidated Criteria for Reporting Qualitative Research (COREQ)⁽⁹⁾. The gender, as a category of analysis, constituted the conceptual reference of the research.

The gender category addresses the historical and social construction of power relations between the sexes and differentiates the biological sex from the social sex. The biological sex is characterized by the biological differences between men and women. The social sex, in turn, refers to the expression that these differences assume in different societies, in the course of history⁽¹⁰⁾.

The study participants were male obstetrician nurses working in hospitals and maternity hospitals in Brazil. Participants were selected according to the inclusion criteria: being a male nurse and having a specialization in obstetric

nursing. The exclusion criteria were: not working in the area of obstetric nursing at the time of research, not responding to the invitation to participate and unavailability for scheduling data collection; these last two criteria were considered after three unsuccessful attempts.

The study was conducted in a virtual environment. Data collection was carried out from March to August 2023, online. Participants were recruited through social media, such as Facebook®, Instagram® and WhatsApp®. In these media, the disclosure contained the objectives of the research, the ethical implications, the procedures to be performed for data collection, the link and the QR Code to access the online page of the survey. The Snowball strategy was also used, in which participants sent the link to people who met the criteria for participation in the research, in order to further cover the target audience.

Eight nurses were recruited, two of which were excluded due to unavailability for data collection. After conducting interviews with the six participants, we identified the saturation point, when no new information or no new topic was recorded. Thus, after discussion and consensus among the authors of the study, data collection was concluded, since the theoretical saturation of the data was reached, and the new information produced little or no significant revelation⁽¹¹⁾.

The conclusion after six interviews was considered adequate to achieve saturation and was based on obtaining rich and dense data that provided an in-depth understanding of participants' experiences. Samples between 6 and 12 interviews may be sufficient to obtain information with a high level of confidence, provided that there is an external truth, as observed in this study, in which nurses shared common experiences that make up the truth⁽¹²⁾.

Participants accessed the online survey page through a link and QR Code, developed by researchers on the GSuite® platform using the Google Forms® search management tool. On the online page of the survey, participants read information about the research objective;

the ethical aspects regarding the questions of consent, confidentiality, guarantee of the secrecy of their identities, in addition to the possibility of refusing to participate or discontinuing your participation at any time. Subsequently, the participants were directed to the page containing the Informed Consent Form (ICF) and after agreeing, proceeded to the next page of the electronic form.

The participants filled out the electronic form, authored by the researchers, formed by objective questions in two parts. The first part contained the characterization of the participant with socioeconomic, demographic and vocational training variables, such as age, marital status, religion, income, skin color, professional training (undergraduate and graduate) and professional time.

The second part contained the interview schedule, with possible dates and times for the participant to choose. After the appointment, the link for access to the virtual interview room was sent by e-mail and/or message via WhatsApp®. On the scheduled date and time, the interview was conducted online and synchronously by videoconference using the Google Meet® tool, conducted by one of the study authors, a male undergraduate in nursing who received training.

The interview followed a script developed by the research team, composed of guiding questions about insertion and professional performance in obstetric nursing care. The script was organized in two main areas of research: insertion in the labor market and professional performance. Field notes were taken after the interviews. The interviews were recorded on video, with the participant's authorization, and had an average duration of 15 minutes. Although this time may be considered short to explore in depth the experiences and perceptions of participants on a complex theme, such as the gender role in obstetric nursing, it is emphasized that the objective of the study was achieved, considering that the relation of what is spoken (discourse) with the conduct of individuals, that is, social practices, is not restricted only to the time of speech.

The characterization data of participants were analyzed in a descriptive way by simple frequency. The interviews were transcribed in digital format by a researcher and the data were analyzed by two researchers, through content analysis, in the thematic modality, which comprises three stages: pre-analysis, exploration of the material and treatment of the results obtained and interpretation⁽¹³⁾. The statements were organized systematically and the themes derived from the data were aggregated into thematic categories.

The content of the interviews was organized after the full transcription of all recordings, preserving its originality. Then, an exhaustive reading of the material was carried out, followed by successive re-readings and a detailed exploration, aiming to identify the relevant elements to respond to the objectives of the research.

The analysis of the speeches was based on the thematic content analysis proposed by Bardin, which is based on the identification of recurring meanings, expressed in units of meaning, in order to reach the object of study⁽¹³⁾. It was sought to establish categories that represent significant expressions, organizing the content of the speeches around these axes. The steps of pre-analysis, exploration, inference and interpretation of data were conducted in a rigorous manner, according to the methodology mentioned.

The issues related to professional insertion in the area of obstetric nursing, as well as the aspects of daily performance, frequently emerged in the participants' speeches and were addressed in detail in the analysis. The data interpretation also considered the gender perspective, as previously outlined.

The present research followed the norms of Resolution n. 466/12, of the National Health Council. The study was approved by the Research Ethics Committee of the *Escola de Enfermagem de Ribeirão Preto da Universidade de São Paulo*, under Opinion n. 5.865.687. To ensure the anonymity of participants, we used

the alphanumeric system “N” (Nurse) followed by the sequential number from 1 to 6 (N1 to N6).

The informed consent of the participants was obtained virtually, through the ICF made available electronically before the beginning of data collection. The document clearly presented the objectives of the research, the procedures involved, the possible risks and benefits, as well as the guarantee of confidentiality, anonymity and freedom to withdraw at any time, without prejudice to the participant. The participation was authorized only after the complete reading of the ICF and the registration of the acceptance by means of a specific confirmation field (“I’ve read and agree to participate in the research”), configuring the formal consent for participation.

Results

The participants were six nurses, aged between 25 and 59 years, an average of 39.1 years, with an equal distribution of 33.3% in age groups between 20 and 29 years, 30 and 39 years, 50 and 59 years. Most participants were married/with partner(s) (66.6%), religious (83.4%), white (83.4%) and had income above five minimum wages (66.6%), with an average income of 6.1 minimum wages, a minimum of three and a maximum of nine wages.

Most nurses graduated from a bachelor’s degree in nursing (66.6%), private university (83.4%), and completed the specialization in obstetric nursing in the *lato sensu* modality (83.4%). In addition, one nurse attended the residency in obstetric nursing (16.6%), two had a master’s degree (33.3%) and a doctorate (16.6%).

Among the nurses, 50%⁽³⁾ had less than 5 years of experience in obstetric nursing. The professional performance was divided between health care in maternity (50%) and teaching in the area of obstetric nursing (50%). Nurses worked in institutions in the states of São Paulo (50%), Bahia (16.6%), Tocantins (16.6%) and Amazonas (16.6%).

In relation to the data analysis, two thematic categories emerged: Insertion in the work area in obstetric nursing interwoven by gender roles and Daily practice in obstetric nursing: difficulties and challenges related to gender, presented below:

Insertion in the work area in obstetric nursing interwoven by gender roles

There was a balance between insertion in the labor market in obstetric nursing, and half of the participants did not encounter obstacles.

No, I didn't have any difficulties because when I worked as a night supervisor, back in the 2000s, there was no doctor on duty at the hospital and the night shifts ended up being my responsibility [...] So, what happened, I sought specialization in obstetrics in 2000 precisely so that I could get the qualification, because I was a bit afraid of delivering babies and not having the qualification to be an obstetrician, even though my degree was in nursing and obstetrics, but because the workload was longer, that's why I sought specialization in obstetrics and since then I haven't stopped delivering babies. (N1).

No, I have a very interesting experience in obstetric nursing. There was a selection process here at the maternity hospital. The best position in the city was for a supervisory position as an obstetric nurse. I applied with 14 women, and I was the only man. I thought I would encounter resistance, but the process progressed and I continued in the process until there were only 5 candidates left. I saw that my potential was praised compared to my colleagues, until the surprise came when I was the first to be selected. I already had a history here in the city, because I was a professor here at the university. One of our universities here set up an obstetric nursing course and called me right away. (N4).

Among the nurses who faced difficulties, they mentioned obstacles related to biological male sex and gender relations:

In my city in particular, I had no difficulty. In another city, at that time I had already worked as a nurse in the obstetric nursing area, in an obstetric center, and I was never able to get hired. Even in some interviews after passing the theoretical test, the interviewer asked what my areas of expertise were, my area of expertise, and I mentioned that my last job had been in the obstetric nursing area and then she mentioned that they did not hire men for that sector there. (N2).

[...] I had already faced some challenges and obstacles during my undergraduate studies, in the women's health discipline itself. I was not even a monitor for the discipline because I was a man. So, there was no opportunity for that space. I wondered if it would really be worth it, because I heard from the undergraduate professors themselves that the job market was very restricted, that obstetric nursing for men would not have a future market, that I should think a lot about it and that if I insisted on this area, I would end up working in the administrative area or working in shared accommodation, which is when I have contact with the mother and baby and not directly with the woman who goes through the process of giving birth, where we are there in their intimacy, in their privacy. (N3).

There is indeed this difficulty due to the male figure and women normally feeling comfortable and being assisted by other women, taking into account that when we talk about the context and scenario of labor and delivery, it is a moment in which the woman finds herself more vulnerable, right, taking into account her privacy, but

thus, in general, being a man and assisting a woman, there are restrictions in some points. (N5).

The experience of obstacles is not restricted to the labor market and, often, it is present in the context of the training of nurses, during undergraduate and postgraduate courses, also covering the selection for the labor market:

And I think it also starts from the assumption that society itself, families themselves do not recognize this formative process that, in fact, men can provide care and assistance during the pregnancy-puerperal cycle or during the women's health life cycle, and this refers me not only to the training process of fellow nurses like myself. (E3).

If you stop to look at the vacancies for obstetric nursing, you will see that they are calling for "obstetric nurses" and not "nurses". They are open to everyone, but they always hire obstetric nurses. So, I confess to you that from an outsider's perspective, I believe that the first difficulty that obstetric nursing faces within the male context is this issue of the vacancies being directed to women, other women, and not to men. I'm not going to tell you that it is impossible for you to fit in as a man within the obstetric context, no, it is, but it is more difficult, they tend to hire many more women to take care of other women than men. (N5).

Daily practice in obstetric nursing: difficulties and challenges related to gender

Concerning the daily performance in obstetric nursing, participants reported facing difficulties in the work environment related to male gender and social acceptance of a man's performance in women's health, being observed in the clinical environment questioning and/ or discomfort of patients.

A patient was having an abortion and was preparing her cervix with misoprostol, and I felt some resistance. I ended up explaining to her that I was the only nurse on duty and it would have to be me, and I asked if that was okay and she ended up agreeing. In childbirth care, I have never had a patient refuse. (N2).

I am also a supervised internship teacher and we are at the FHS and I confess to you that I was once taken out of the classroom because women did not even want to have the contraceptive administered by me because I am a man. (N5).

The difficulties pervade the clinical environment and are also present in the academic scenario, where there is resistance in the context of teaching and research in the area of Nursing in Women's Health.

Directly in my work, which is research and teaching, I face this daily. Normally, the older the age group, the more resistant they are, both to my teaching process and their learning process. And they always ask me how I can

still be involved in the subject of women's health as a man. (N3).

Among the speeches, it is worth highlighting the difficulty in daily performance related to the fact that nursing is historically a female profession, which reinforces stereotypes related to gender and gender roles.

Nursing, as it is an essentially feminine profession since its origin and throughout its construction, is something that she [patient] has a choice [among women], it has a range of opportunities. (N6).

It should be noted the absence of difficulties in daily performance in obstetric nursing experienced by some participants, as a reflection of the professional space and respect won with the team.

No, I didn't. I had a lot of respect from the doctors [...]. So, in the two hospitals where I worked directly in the delivery room, I never had any problems, thank God, I never had anything that would discredit my role. I was always very respected, so I never had any problems. (N1).

I was the only obstetric nurse on the day shift, there was no obstetric nurse in the hospital, there was no obstetric nurse on the other night shift, and I was a reference for the entire hospital, as well as for the entire medical team. I worked very closely with them [doctors]. They really believed in my propaedeutic, I was very assertive, so that was also a facilitator. (N4).

In nurses' perception, there are challenges for greater performance in the area of obstetric nursing that go through the confrontation of prejudice with the professional category, the female stereotype in nursing and in obstetric nursing, and the priority of action for female nurses.

So I think that obstetric nurses, those who are just starting out or who are changing hospitals or workplaces, still face this resistance that I realize is more from the system, regardless of whether it is a health insurance plan or the SUS. I think that since people see nursing a lot, I think that the construction of our profession as a whole is very focused on women. (N2).

The insertion of obstetric nurses into the job market in the face of obstetric issues prioritizes women much more than men. If there is a vacancy for obstetric nursing and there is a man and a woman sharing it, applying for that vacancy, priority is given to a woman rather than a man. (N5).

Discussion

All women, newborns and their families have the right to quality care provided by a clinically competent nurse. The Association of

Women's Health, Obstetric and Neonatal Nurses (AWHONN) holds that nurses, regardless of gender, should be employed in nursing based on their ability to provide such care⁽¹⁴⁾.

However, our findings have shown that the reality of male nurses' performance in obstetrics in Brazil is permeated by difficulties of insertion into the work area and pervades issues related to gender, vocational training, the social acceptance of men in the area and the female history of the nursing profession.

The nursing profession is complex and requires a well-designed curriculum that can enhance students' knowledge and skills in various health fields, including with theoretical and clinical exhibits that harmoniously provide students equal opportunities to appreciate all fields of nursing⁽¹⁵⁾.

Nevertheless, the career preferences of nursing students vary according to their perceptions and clinical experiences. During nursing training, gender issues are often present and contribute to the future choices of nurses, as demonstrated in a study conducted in Macau, in China, where obstetric and gynecological nursing was the preferred specialty for the work of female nursing students⁽¹⁶⁾.

After the training, data from Brazilian studies demonstrate the difficulties of male obstetrician nurses when trying to enter the area of obstetric nursing, as the preference of contractors and/or managers in the area to opt for hiring female obstetric nurses⁽⁷⁾, or even the prejudice that these male professionals face due to their sexual orientation⁽⁵⁾.

In the context of obstetric nursing, it is known that studies that propose to investigate the roles played, existing services and possibilities of quantitative expansion of nurses in the area are still incipient, gaining relevance the data that alert to the historical transformation occurred in male nursing and gender-related prejudices, highlighting the predominant cultural and social factors for the exclusion of the male sex in nursing, as evidenced in this study.

This reality, undoubtedly, exposes how the Brazilian society, in a specific way, is still permeated by conceptions and gender stereotypes⁽³⁾. In the field of obstetric nursing, this scenario gains other dimensions, highlighting a context still dominated by female professionals, as demonstrated in a study with members of the American College of Nurse-Midwives (ACNM), in which 97.4% identified themselves as women, 2.5% as men and 0.1% as others⁽¹⁷⁾.

The difficulties of nurses are not only related to gender, but also to the social acceptance of this professional acting in health promotion and childbirth assistance in women, as highlighted in the results of this study. These aspects are related, in themselves, due to the historical process of feminization of the profession, since care for patients is associated with mechanisms of femininity⁽¹⁸⁾, which generated a large disproportion in the profession with less than 10% men in the workforce of nurses in many countries such as the USA⁽¹⁹⁾.

It is possible to affirm that there is a prejudice rooted in the common sense of society regarding the obstetrician nurse, a reality that accompanies him in social and professional life today, as well as, at some level, in teaching⁽¹⁾, as observed in this research.

These asymmetries can contribute to the devaluation of the care of male obstetric nurses, which are often overshadowed by the gender paradigm that culminates in the lack of recognition and appreciation of their activities, contributing to a distorted view of their work by both patients and institutions⁽²⁰⁻²¹⁾.

Although nursing is historically associated as a female profession, currently it is possible to identify an increase in the process of masculinization, that is, the insertion of the presence of men in the area. However, although the literature has pointed out that the structure of nursing has changed substantially in recent years, these changes have not always caused a change in the public perception about nursing and there are still barriers and difficulties for men who enter nursing.

In order to meet the needs of individuals and populations, it is necessary the availability of a sustainable and qualified nursing workforce⁽²²⁻²³⁾. In this context, the growth and sustainability of the nursing profession depends largely on the ability to recruit and retain new generations of nurses⁽²⁴⁻²⁵⁾.

It is known that gender is not qualification to practice the nursing profession and that gender discrimination in employment is illegal. In addition, there is no evidence that nurses provide superior care to nurses in the areas of women's health, obstetric or neonatal nursing⁽¹⁴⁾. However, the practical implications of gender strength mean that in obstetric nursing, in particular, the difficulties are not restricted to the labor market, as observed in this study, but cover the recruitment of male professionals and the profile of hired professionals⁽²⁶⁾.

Therefore, along with the challenges of recruitment and retention processes, efforts should be directed to developing a more inclusive profession that considers examining and promoting the advantages that gender diversity can bring to nursing⁽²⁷⁾.

An Egypt study highlighted that 53% of male nursing students reported that women were dealing with them with restrictions, while 25% reported that women refused to deal with them in childbirth, during the clinical at the University of Cairo⁽²⁸⁾. In Brazil, the male figure of obstetric nurses caused estrangement and discomfort for women at the time of delivery, according to a study carried out in Salvador, Bahia⁽²⁹⁾.

In relation to the professional development and qualification, it is also highlighted the need for these professionals to have opportunities to develop theoretical-reflective constructions during their training processes in the area of obstetric nursing, in particular, in the discussions on gender, health and body, either in professional residencies or even in master's or doctoral programs. This reality enables the nurse to transform thoughts and practices that contribute to the qualification of care practices offered in health systems, whether public or private, besides this reality have legal basis

and support based on the Law of Professional Nursing Practice in Brazil.

The absence of difficulties in daily performance in obstetric nursing evidenced in this study highlights factors related to the conquest of professional space and respect. In this context, two elements stand out: professional respect and the valorization as a nurse in work units. In statistical terms, about 78% of the interviewees in this research stated that they did not have or experienced difficulties in entering the area of obstetric nursing, data that are close to the reality observed in the present study, where 50% referred to this context⁽²⁷⁾.

The technical safety in their performance as an obstetrician and the security regarding stability in employment, without a doubt, make it much easier for the obstetric nurse to act⁽²⁶⁾, confirmed in the study developed.

The challenges for nurses in obstetric nursing evidenced in this study permeated the overcoming of prejudice, stereotype and prioritization of women's work in the area, notes that are relevant and affect not only professional development, as well as the employability of male obstetrician nurses, especially those who do not have assistance experience and seek a first opportunity.

The demarcation of genders throughout the history of perinatal care was accompanied by a series of stereotypes, being difficult to escape prejudice and stereotypes that have centuries of weight. Furthermore, in society at large, the belief that gender should define or dictate someone's role is widespread and profound. These are discussions that require an investment in awareness of both the target audience, represented by women, and society itself, which is reflected in the hiring practices of health institutions⁽³⁰⁾.

Thus, any action regarding the overcoming of this problem must consider that care for women extrapolates the biological and health-related specificities, with a great influence of the relationships between genders and the roles assigned to them. If the gender reflexes are configured in a reality, it is necessary to

promote activities of reflection and discussion on the practice, where personal experiences of nurses can be collectivized to think changes and overcoming challenges, with real advance on the practices of the profession.

The limitation of this study concerns the number of participants, which may limit generalization, but it is understood that the findings presented here cannot be discredited, because they present important experiences of nurse in three different regions of Brazil (Southeast, Northeast and North) facing a relevant theme for professional training in nursing.

The study contributes to the area of nursing and obstetric nursing by reflecting on the training and professional performance permeated by gender issues, highlighting latent meanings about the subject investigated.

Final Considerations

The male obstetric nurse faces the reflection of cultural and social factors, such as the female history of the nursing profession, social acceptance, prejudices and stereotypes, which impact on their insertion and performance in the area of care for women in the pregnancy-puerperal cycle. Gender-related paradigms in the nursing profession still reinforce prejudice and impose obstacles and challenges to entry and maintenance in care for women promoted by a man.

Integrating an essentially female profession, which focuses on the care of other women, brings in peculiar characteristics to the gender that reveal the need to open paths for ruptures intended for inclusion in an area little accessed by men, such as obstetric nursing, considering that the nursing profession has no gender, but a wide possibility of practices, based on technical-scientific knowledge, commitment and ethics. In practice, such ruptures foster the professional appreciation of nursing as a promoter of health care, which is not limited to women.

Future studies are necessary to understand more comprehensively gender in its complexity in the contexts of women's health care, with a view to building spaces for social transformation

that do not perpetuate the inequalities and difficulties imposed by it.

Collaborations:

1 – conception and planning of the project: Welinton Justino Amaral and Mônica Maria de Jesus Silva;

2 – conception and planning of the project: Welinton Justino Amaral and Mônica Maria de Jesus Silva;

3 – writing and/or critical review: Welinton Justino Amaral, Ludmila de Oliveira Ruela, Juliana Cristina dos Santos Monteiro, Juliana Stefanello, Flavia Azevedo Gomes-Sponholz and Mônica Maria de Jesus Silva;

4 – approval of the final version: Maria José Clapis and Mônica Maria de Jesus Silva.

Competing interests

There are no competing interests.

Data Availability Statement

The data that support the findings of this study are available in the article itself.

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