



<http://www.diva-portal.org>

Preprint

This is the submitted version of a paper presented at *Gender in question: Rights, representation and substantive freedom. South African Sociological Association University of Pretoria.*

Citation for the original published paper:

Albinsson, G., Arnesson, K. (2011)

Sustainable gender equality within Swedish health- and medical care.

In:

N.B. When citing this work, cite the original published paper.

Permanent link to this version:

<http://urn.kb.se/resolve?urn=urn:nbn:se:lnu:diva-54532>

Abstract

Sustainable gender equality within Swedish health- and medical care

Authors: Gunilla Albinsson, PhD and lecturer in Sociology, Blekinge Institute of Technology, Sweden.

Kerstin Arnesson, PhD and lecturer in Sociology, Blekinge Institute of Technology, Sweden

Gender equality is a cornerstone of Swedish society. It means that women and men have the same opportunities, rights and obligations in all areas of life and can be seen as part of the social dimension of sustainable development. The definition implies that women and men can work and support themselves, combine work and care of children on the same terms and that neither sex in a relationship need to worry about being subjected to abuse or violence. In Sweden equal opportunities has been on the agenda for the past decade and beyond. Despite the Equal Opportunities Act (1991:433), people still experience disadvantages, especially in the labour market. Although Sweden has come a long way in making sure that women and men are treated equally in the workplace there are few countries with so obvious gender based occupational segregation. Within Swedish health- and medical care for example 81 per cent of the employees are women. The majority of those work in a hierarchical structure where the lower and intermediate levels primarily are comprised of women. With this point of departure we have studied the construction of gender equality in every day meetings between women and men working in health- and medical care. By studying the perspective of equality and by adding gender theories we have been able to focus on the domination process.

Aim

The overarching purpose of the study was to describe and problematize the perspective of gender equality within the health- and medical care. Two main questions were posed:

- How is the aspect of gender equality expressed in work related meetings between women and men working in health- and medical care?
- Which opportunities and hindrances exist for creating sustainable gender equality within the health- and medical care?

Method

The empirical material comprised 23 women studying health care or public health at Blekinge Institute of Technology. The informants were also working as professional nurses. The study was carried through in two steps. Firstly the researches gave four introductory lectures. Two of them were about qualitative methods with particular emphasis on focus groups as an interview technique. The other two focused on current gender equality research. The informants also deepened their knowledge by reading articles about gender equality. In the second step qualitative interviews in focus groups were conducted. Before these occasions the

interviewees had prepared themselves by reading a research report which made it possible to relate the text to personal experiences form of working life.

The role as researchers was to create a structure for discussions by introducing some themes to reflect upon. Our ambition was that the participants should be seen as subjects who actively shape their experience and actions. Primarily we concentrated on increasing the informant's desire to focus interest on a particular area as well as to reflect on and evaluate their experiences.

Results

The empirical material showed that the knowledge about gender equality differed within the studied group. Most informants considered the problem area of vital importance and stressed the necessity of continual discussions in the workplace. However some of the interviewed had never thought of the issue as they regarded gender equality being a question without any interest. All our informants were aware of the plan of action for equality which is required at the workplace but only few of them had read it or worked actively with the implementation. When the interviewees reflected upon the hierarchical structure in their workplaces a common view was that an obvious difference between women's and men's opportunities to influence and exercise domination could be seen.