



Research article

Everyday sexism in nursing degrees: A cross-sectional, multicenter study



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ABSTRACT

Background: Gender stereotypes are reproduced in healthcare settings, leading to unequal relationships, discrimination, and sexism. University students express insecurity about their ability to identify and handle these situations. There are gaps in our knowledge about everyday sexism in academic and clinical nursing settings.

Aim: To describe how nursing students perceive sexist behavior in their daily life at university and during university teaching.

Design: Cross-sectional, multicenter study using an online questionnaire.

Setting: Eight universities that offer nursing degrees in Catalonia.

Participants: In total, 317 valid responses were collected. The inclusion criteria were to be a third- or fourth-year undergraduate or a first- or second-year postgraduate nursing student in Catalonia. There were no exclusion criteria. Snowball sampling.

Method: Online questionnaire designed ad hoc with sociodemographic variables, academic characteristics, and perception of sexism and discrimination in students' daily life collected between November 2020 and March 2021. The Microsexism Against Women Scale was used as a frame of reference to formulate questions on sexism and discrimination at the nursing school and during practicums. A descriptive, bivariate analysis of the data was performed.

Results: Students do not place importance on differences between genders in involvement, task distribution, and oral presentation of group work. In this setting, there seems to be no perception of situations of power or inequality. Female students reported a higher frequency of unwanted physical contact than male students; however, the percentage was similar for both in practicums. Everyday sexism and discrimination were perceived at the nursing school but not in practicums.

Conclusions: Everyday sexism is perceived in nursing degrees in the context of relationships within the school but not during classroom teaching or in care settings. Various mechanisms make it difficult for students to consciously detect such behaviors. Addressing sexism in nursing training is necessary to ensure a safe learning environment.

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1. Introduction

Although nursing as a profession has evolved in the technical, human, philosophical, and even political dimensions, gender stereotypes and prejudices endure (Prosen, 2022). In social interaction, gender behaviors, assumptions, and expectations that arise from the repetition of acts are culturally and arbitrarily assigned gender in a stereotyped way based on the dominant discourses (Butler, 1999). As a sociocultural and political construct, gender determines interpersonal relationships, benefiting those who rank higher on the gender hierarchy (Connell, 2012). These gender stereotypes are also present in healthcare. Sexism is evident in unequal gender relationships based on institutional and interpersonal practices where members of the dominant group (usually men) acquire privileges by subordinating other genders (usually women) based on ideologies of superiority and unfair, socially legitimized differences (Krieger, 2003). Proof of this is the different morbidity between men and women, as well as diagnostic and treatment inequalities (Westergaard et al., 2019). Gender stereotypes can also condition care, leading to ineffective and inequitable responses to the needs of individuals and communities (Rifà-Ros et al., 2023; Sutherland et al., 2017; Torrente-Jimenez et al., 2022).

When analyzing these inequalities, some authors have concluded that the various expressions of sexism in daily life must be made visible as sexist behaviors (Vives-Cases et al., 2021) since they continue to harm those with less power in interpersonal relationships in all areas. These legitimized forms of sexism have been called *micromachismos* in Spanish, or “microsexism” in English (Bonino-Méndez, 1991). To avoid trivializing these forms of manipulation and contempt that arise from privilege and power in interpersonal relationships with the prefix “micro”, we use the term “everyday sexism” (Lewis, 2018). Everyday sexism refers to non-violent sexism experienced in everyday life (Powell and Sang, 2015). These are forms of social interaction that reinforce behaviors aimed at exercising power and control based on a gender structure that results in inequality in relationships. This study focuses on these behaviors because they often go unnoticed as they are socially normalized and naturalized (Cheng and Yang, 2015).

Following the Bologna Declaration, the nursing degree in Spain was structured into 240 ECTS credits to be obtained over four academic years. Of these, 78 to 102 credits correspond to clinical courses (Ruiz-Rojo et al., 2022), depending on the university in question. Nursing students are generally young women, with the student body made up of 81.6 % women and 18.4 % men (Ministerio de Universidades, 2023). In work settings, however, just 6.34 % of nurses were men (INE, 2023).

Attitudes of gender violence and everyday sexism are also present in universities (Peralta-García et al., 2019). Nursing students recognize situations of everyday sexism and gender violence as serious social and health problems, but they feel insecure about handling them (Freijomil-Vázquez et al., 2022). Although content about gender violence as a public health problem has been incorporated into the nursing degree, the curriculum does not broach the issue of everyday sexism. Moreover, no work has been done to provide professionals with effective identification and action tools to be employed with users and among themselves (Cho et al., 2022). In this sense, the scarce literature available demonstrates that having a feminist perspective is, at least, a significant predictor of awareness of gender violence and the ability to intervene (Bergal-Bolsas et al., 2022). Likewise, students displaying sexist attitudes and behaviors are less likely to recognize abuse, which highlights the need to intervene in dominant groups and those with more sexist attitudes (García-Díaz et al., 2013; Cho et al., 2022).

Nursing students’ development as professionals, as well as their wellbeing during the training period, depend on relational and environmental characteristics. This in itself shows that sexist experiences, apart from being unfair and avoidable, must be made visible and studied to better train our students and professionals in the acquisition of leadership skills. There are still gaps in our knowledge about inequality and everyday sexism in interpersonal relationships in academic and

professional environments such as nursing practicums. Therefore, research is needed to explore everyday sexism in university settings. This study aims to describe nursing students’ perception of everyday sexism at university.

2. Methods

2.1. Design

A cross-sectional, multicenter study was conducted using an online questionnaire (made with the survey tool Google Forms) and launched during the COVID-19 pandemic at Catalan nursing faculties and schools.

2.2. Participants

Of all 16 nursing schools in Catalonia invited to participate, eight accepted (approximately 3043 students). The inclusion criteria were to be a third- or fourth-year undergraduate or a first- or second-year postgraduate nursing student in Catalonia. There were no exclusion criteria. Snowball sampling was used as it was the most viable strategy available during the COVID-19 pandemic (from November 2020 to March 2021).

2.3. Main variables and questionnaire

The questionnaire was designed ad-hoc and included the main variable of everyday sexism along with sociodemographic variables. The questionnaire was piloted on a group of students to verify the comprehensibility of the questions.

The presence of everyday sexism was assessed based on the perception of sexism during classroom lectures and the perception of sexism and/or discrimination in interpersonal relationships at the nursing school teaching spaces and during nursing practicums. To delve deeper into the perception of sexism during lectures, the questions cover topics such as the use of space, participation, and the division of work in class and group work. All the questions were formulated based on previous literature on classroom climate and sexism (Subirats-Martori, 2016). For the perception of sexism and discrimination, the Everyday Sexism Against Women Scale [in Spanish originally *Micromachismos hacia la Mujer*] was used, created by Ferrer-Pérez et al. (2008). It was specifically adapted to the academic context of the nursing degree. This scale measures subtle attitudes and behaviors that perpetuate discrimination and gender inequality in everyday life. It was used as a frame of reference to formulate the questions about sexism and discrimination in at the nursing school and practicums. Perceived discrimination at the nursing school was collected by asking about sexist or degrading comments about one’s body or appearance, intimidation, and unwanted physical contact or sexual advances. Similar questions were developed to identify sexism and discrimination during practicums, but focusing more on coercive everyday sexism based on intimidation (e.g. being frightened or intimidated through tone of voice, gaze, or gestures) or command suddenly being taken over (e.g. the annulment of decisions made or a lack of respect for one’s decisions and rights, among other issues).

The following sociodemographic variables were collected: Age, gender, sexual identity, background (rural or urban), source of income, last academic year completed, number of internships completed, and internship modality (curricular internship vs. health aid contract).

2.4. Data collection

It took 7 min on average to complete the questionnaire. To disseminate the questionnaire, the coordinating committees and/or nursing school deans invited students via email or instant messaging to participate. Likewise, student representatives and members of the equality committee were asked to collaborate by posting information about the

study to further circulate the invitation. The online questionnaire was available from November 2020 to March 2021. Three reminders were sent at one, two, and three months. The questionnaire was kept open for so long because it was launched in the middle of the COVID pandemic and we wanted to ensure that it reached the maximum number of students.

2.5. Data analysis

A descriptive analysis was performed for all variables. Fisher’s exact test was used to assess the association between categorical variables due to a low volume of non-binary participants. The results were subsequently confirmed with a chi-squared or Fisher’s exact test comparing the gender with the highest percentage to the rest of the participants. The Kruskal-Wallis test was used to assess the association between categorical and continuous variables due to distribution asymmetry in the latter.

2.6. Ethical considerations

The Ethics Committee on Human and Animal Experimentation (CEEAH) of the Universitat Autònoma de Barcelona approved the study protocol (registration code: XXXXX). There was a consent statement at the start of the survey; consent was implicitly granted by agreeing to complete the survey. Data anonymity and confidentiality were ensured following the requirements established by the Spanish and European data protection laws and directives.

3. Results

3.1. Sample characteristics

A total of 358 subjects were recruited (Fig. 1), of which 41 were excluded due to not fully completing the survey. The final sample included 317 participants. Table 1 presents the sociodemographic and academic data by gender. The majority of participants were women (86.8 %), followed by men (12 %), and a small number identified as non-binary (1.3 %). The mean age of participants was 23.6 years (SD: 5.00), and the men were slightly older than the women. There were no significant differences between men and women regarding the area of origin, expenses covered by own salary, work in the health sector, monthly income, current academic year, number of practicums, specific training, or type of internship. Most participants were from an urban area (83.3 %) and covered their expenses with paid work (73.5 %). The majority were undergraduate students (62.5 %) and had completed 2 to 3 practicums (55.8 %). More than half of the participants received specific training on care for LGBTI patients as part of the nursing degree curriculum (51.1 %). Most participants were not getting paid for the

Table 1 Characteristics of the sample.

		Men (n = 38)	Women (n = 275)	Non-binary (n = 4)	Statistical test
Age, mean (SD)		25.3 (5.66)	23.6 (5.00)	28.5 (10.6)	KW $\chi^2 = 7.64$ $p = 0.222$
Origin setting, n (%)	Rural	3 (7.9 %)	46 (16.7 %)	1 (25.0 %)	FET $p = 0.254$
	Urban	35 (92.1 %)	229 (83.3 %)	3 (75.0 %)	
Covers expenses with own salary, n (%)	No	12 (31.6 %)	73 (26.5 %)	1 (25.0 %)	FET $p = 0.814$
	Yes	26 (68.4 %)	202 (73.5 %)	3 (75.0 %)	
Working in the healthcare sector, (%)	No	14 (36.8 %)	113 (41.1 %)	1 (25.0 %)	FET $p = 0.765$
	Yes	24 (63.2 %)	162 (58.9 %)	3 (75.0 %)	
Monthly income, n (%)	None	12 (31.6 %)	75 (27.3 %)	1 (25.0 %)	FET $p = 0.238$
	<1000€	7 (18.4 %)	99 (36.0 %)	1 (25.0 %)	
	1000–1500€	11 (28.9 %)	65 (23.6 %)	2 (50.0 %)	
	>1500€	8 (21.1 %)	36 (13.1 %)	0 (0.0 %)	
Current academic year, n (%)	Pregrad, 3rd year	8 (21.1 %)	79 (28.7 %)	2 (50.0 %)	FET $p = 0.608$
	Pregrad, 4th year	18 (47.4 %)	90 (32.7 %)	1 (25.0 %)	
	Postgrad, 1st year	8 (21.1 %)	78 (28.4 %)	1 (25.0 %)	
	Postgrad, 2nd year	4 (10.5 %)	28 (10.2 %)	0 (0.0 %)	
Number of internships, n (%)	None	4 (10.5 %)	10 (3.6 %)	0 (0.0 %)	FET $p = 0.320$
	1–2	5 (13.2 %)	44 (16.0 %)	2 (50.0 %)	
	3–4	8 (21.1 %)	57 (20.7 %)	1 (25.0 %)	
	5–6	10 (26.3 %)	97 (35.3 %)	1 (25.0 %)	
	>6	11 (28.95 %)	67 (24.4 %)	0 (0.0 %)	
Specific training, n (%)	Yes	20 (52.6 %)	134 (48.7 %)	1 (25.0 %)	FET $p = 0.665$
	No	18 (47.4 %)	141 (51.3 %)	3 (75.0 %)	
Specific training, n (%)	Yes	24 (63.2 %)	143 (52.0 %)	1 (25.0 %)	FET $p = 0.253$
	No	14 (36.8 %)	132 (38.0 %)	3 (75.0 %)	
Type of internship, n (%)	Unpaid	31 (81.6 %)	228 (82.9 %)	4 (100.0 %)	FET $p = 0.915$
	Paid	7 (19.4 %)	47 (17.1 %)	0 (0.0 %)	

KW: Kruskal-Wallis test.
FET: Fisher’s exact test.
SD: standard deviation.

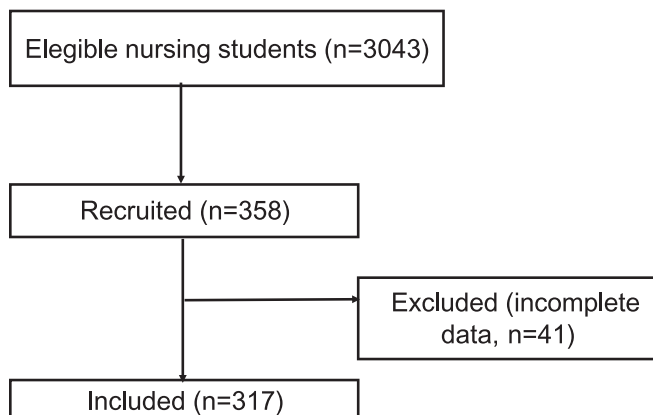


Fig. 1. Participant flowchart.

practicums (82.9 %), and a small proportion were getting paid (17.1 %).

3.2. Perception of sexism during lectures

Table 2 shows participants' perception of sexism during lectures in terms of the use of space, participation, and the division of work in the classroom and during group work activities. As can be observed in the table, 65.8 % of men, 57.8 % of women, and 25 % of non-binary respondents chose "both" as their answer. Overall, the table suggests that there are some differences in the perception of sexism in classroom teaching between men, women, and non-binary participants, although the significance of the difference varies by question. The statistical test (FET) shows no significant difference between the responses of the three groups.

Table 2
Perception of sexism during lectures.

	Men (n = 38)	Women (n = 275)	Non-binary (n = 4)	Fisher's exact test
1. Who usually occupies the last few rows? n (%)				
Men	5 (13.2 %)	69 (25.1 %)	1 (25.0 %)	p = 0.212
Women	5 (13.2 %)	29 (10.5 %)	1 (25.0 %)	
Don't know/not sure	3 (7.9 %)	18 (6.5 %)	1 (25.0 %)	
Both	25 (65.8 %)	159 (57.8 %)	1 (25.0 %)	
2. Who participates more in face-to-face classes? n (%)				
Men	6 (15.8 %)	37 (13.5 %)	0 (0.0 %)	p = 0.657
Women	21 (55.3 %)	122 (44.4 %)	3 (75.0 %)	
Don't know/not sure	0 (0.0 %)	7 (2.5 %)	0 (0.0 %)	
Both	11 (28.9 %)	109 (39.6 %)	1 (25.0 %)	
3. Who participates more in virtual classes? n (%)				
Men	3 (7.9 %)	31 (11.3 %)	0 (0.0 %)	p = 0.830
Women	16 (42.1 %)	113 (41.1 %)	3 (75.0 %)	
Don't know/not sure	7 (18.4 %)	32 (12.0 %)	0 (0.0 %)	
Both	12 (31.6 %)	98 (35.6 %)	1 (25.0 %)	
4. Who invests more time in group assignments? n (%)				
Men	1 (2.6 %)	3 (1.1 %)	0 (0.0 %)	p = 0.115
Women	19 (50.0 %)	185 (67.3 %)	1 (25.0 %)	
Don't know/not sure	4 (10.5 %)	11 (4.0 %)	0 (0.0 %)	
Both	14 (36.8 %)	76 (27.6 %)	3 (75.0 %)	
5. Who takes the most complex work most frequently in group assignments? n (%)				
Men	1 (2.6 %)	8 (2.9 %)	0 (0.0 %)	p = 0.207
Women	18 (47.4 %)	182 (66.2 %)	2 (50.0 %)	
Don't know/not sure	4 (10.5 %)	15 (5.8 %)	0 (0.0 %)	
Both	15 (39.5 %)	69 (25.1 %)	2 (50.0 %)	
6. Who presents group assignments orally more often? n (%)				
Men	8 (21.1 %)	44 (16.0 %)	0 (0.0 %)	p = 0.521
Women	10 (26.3 %)	96 (34.9 %)	2 (50.0 %)	
Don't know/not sure	4 (10.5 %)	12 (4.4 %)	0 (0.0 %)	
Both	16 (42.1 %)	123 (44.7 %)	2 (50.0 %)	

3.3. Perception of sexism and discrimination at the nursing school

Table 3 shows participants' perceptions of sexism and discrimination at the nursing school. Non-binary students and women were more likely to report having felt uncomfortable or intimidated due to another person's tone of voice, gaze, or use of space (question 8, non-binary: 50.0 %, women: 38.5 %, FET, $p = 0.031$). These results were confirmed for women vs. other ($\chi^2 = 4.61$, $p = 0.031$), but not for non-binary vs. other due to insignificant differences (FET, $p = 0.623$). Women and non-binary participants also more frequently reported having been treated in a degrading or intimidating way due to their gender and/or sexual orientation (question 9, women: 27.6 %, non-binary: 25.0 %, FET, $p = 0.017$), but this could be only confirmed for women vs. other (FET, $p = 0.014$) given that non-binary vs. other did not yield significant differences (FET, $p = 1,000$). There were no other statistically significant differences in reported sexist or degrading comments about one's body or appearance (question 7, FET, $p = 0.270$), unwanted physical contact (question 10, FET, $p = 0.750$), unwanted sexual advances (question 11, FET, $p = 0.207$), or having applied for student council (question 12, FET, $p = 0.224$). Regarding participation in student council positions, there was no significant difference between genders ($p = 0.224$), although a slightly higher rate of men was observed (26.3 %).

3.4. Perception of sexism and discrimination during practicums

Table 4 shows the main items related to the perception of sexism and discrimination during practicums (at hospitals and other healthcare centers). There were no significant differences in having felt discriminated against during internships (question 13, FET, $p = 0.148$) or in the exact nature of such discrimination (questions 13a-13 g, $n = 114$, FET, p -values ranging from 0.234 to 0.882). However, the results show that more women (45.1 %) than men (28.9 %) felt discriminated against based on their gender expression or sexual orientation during the practicums, although the difference was not statistically significant ($p = 0.148$).

Table 5 shows the remaining items on the perception of sexism and

Table 3
Perception of sexism and discrimination at the nursing school.

	Men (n = 38)	Women (n = 275)	Non-binary (n = 4)	Fisher's exact test
7. Have you ever received any sexist or degrading comments about your physique or looks? (%)				
No	27 (71.1 %)	159 (57.8 %)	2 (50.0 %)	p = 0.270
Yes	11 (28.9 %)	116 (42.2 %)	2 (50.0 %)	
8. Have you ever felt uncomfortable or intimidated due to someone's voice tone, gaze or space utilization? n (%)				
No	31 (81.6 %)	169 (61.5 %)	2 (50.0 %)	p = 0.031
Yes	7 (18.4 %)	106 (38.5 %)	2 (50.0 %)	
9. Have you ever been subjected to degrading or intimidatory treatment due to your gender expression and/or sexual orientation? n (%)				
No	35 (92.1 %)	198 (72.4 %)	3 (75.0 %)	p = 0.017
Yes	3 (7.9 %)	77 (27.6 %)	1 (25.0 %)	
10. Have you ever been subjected to unwanted physical contact? n (%)				
No	35 (92.1 %)	242 (88.0 %)	4 (100.0 %)	p = 0.750
Yes	3 (7.9 %)	33 (12.0 %)	0 (0.0 %)	
11. Have you ever been subjected to unwanted sexual advances? n (%)				
No	32 (84.2 %)	211 (76.7 %)	2 (50.0 %)	p = 0.207
Yes	6 (15.8 %)	64 (23.3 %)	2 (50.0 %)	
12. Have you ever applied for student office? n (%)				
No	28 (73.7 %)	232 (84.4 %)	4 (100.0 %)	p = 0.224
Yes	10 (26.3 %)	43 (15.6 %)	0 (0.0 %)	

Table 4
Perception of sexism and discrimination during internships.

	Men (n = 38)	Women (n = 275)	Non-binary (n = 4)	Fisher's exact test
13. Have you ever felt discriminated against for your gender expression or sexual orientation during internships? n (%)				
No	27 (71.1 %)	151 (54.9 %)	2 (50.0 %)	p = 0.148
Yes	11 (28.9 %)	124 (45.1 %)	2 (50.0 %)	
13a. In case you've answered "yes" to the question above, have you been intimidated or threatened due to certain tones of voice, glances or gestures?				
No	8 (72.7 %)	68 (54.8 %)	1 (50.0 %)	p = 0.599
Yes	3 (27.3 %)	56 (45.2 %)	1 (50.05)	
13b. In case you've answered "yes" to the question above, did decisions you have taken been overturned?				
No	7 (36.4 %)	79 (63.7 %)	2 (100.0 %)	p = 0.882
Yes	4 (36.4 %)	45 (36.3 %)	0 (0.0 %)	
13c. In case you've answered "yes" to the question above, have your opinions or rights been disrespected?				
No	5 (45.5 %)	68 (54.8 %)	2 (100.0 %)	p = 0.599
Yes	6 (54.5 %)	56 (45.2 %)	0 (0.0 %)	
13d. In case you've answered "yes" to the question above, have you ever been denied the use of certain spaces?				
No	8 (72.7 %)	97 (78.2 %)	2 (100.0 %)	p = 0.822
Yes	3 (27.3 %)	27 (21.8 %)	0 (0.0 %)	
13e. In case you've answered "yes" to the question above, have your feelings ever been undervalued?				
No	5 (45.5 %)	65 (52.4 %)	1 (50.0 %)	p = 0.878
Yes	6 (54.5 %)	59 (47.6 %)	1 (50.0 %)	
13f. In case you've answered "yes" to the question above, have you ever felt insecure or guilty due to innuendoes or emotional blackmail?				
No	6 (54.5 %)	76 (61.3 %)	1 (50.0 %)	p = 0.880
Yes	5 (45.5 %)	48 (38.7 %)	1 (50.0 %)	
13g. In case you've answered "yes" to the question above, have you ever experienced being interrupted, not being heard, not being answered or having your words misinterpreted?				
No	6 (54.5 %)	39 (31.5 %)	1 (50.0 %)	p = 0.234
Yes	5 (45.5 %)	85 (68.5 %)	1 (50.0 %)	
13h. In case you've answered "yes" to the question above, have you felt that your work or contributions have not been appreciated or given importance?				
No	5 (45.5 %)	44 (35.5 %)	1 (50.0 %)	p = 0.677
Yes	6 (54.5 %)	80 (64.5 %)	1 (50.0 %)	

discrimination during practicums. Most men reported having been mistaken for a physician due to their gender (question 14, men: 86.8 %, FET, < 0.001), this was confirmed for men vs. others ($\chi^2 = 9.98, p = 0.001$). Additionally, the vast majority of women reported having been referred to with infantilizing names or allusions to their body (question 15, women: 92.4 %, FET, $p < 0.001$), confirmed for women vs. others ($\chi^2 = 46.72, p < 0.001$). More women also reported having received sexist or demeaning comments about their body or appearance (question 16, women: 46.2 %, $p = 0.015$), confirmed for women vs. others ($\chi^2 = 7.43, p = 0.006$). There were no significant differences in reports of receiving unwanted sexual advances (question 17, FET, $p = 0.943$) or unwanted physical contact (question 18, $p = 0.478$).

4. Discussion

The results demonstrate a tendency during lectures and in-class work to prioritize and place more attention on men than women and non-binary people, the latter two more often being perceived as the target of jokes and inappropriate comments. Similar studies have indicated

Table 5
Perception of sexism and discrimination during practicum (continued from Table 4).

	Men (n = 38)	Women (n = 275)	Non-binary (n = 4)	Fisher's exact test
14. Have you ever been mistaken for a physician?, n (%)				
No	5 (13.2 %)	109 (39.6 %)	1 (25.0 %)	p < 0.001
Yes	33 (86.8 %)	166 (60.4 %)	3 (75.0 %)	
15. Have you ever been treated in an infantilizing manner (i.e.: with terms such as "baby", "sweetie", etc.) or alluding to your physique (i.e.: "pretty", "handsome", "beauty", etc.)? n (%)				
No	17 (44.7 %)	21 (7.6 %)	2 (50.0 %)	p < 0.001
Yes	21 (55.3 %)	254 (92.4 %)	2 (50.0 %)	
16. Have you ever received any sexist or demeaning comments about your body or physical appearance? n (%)				
No	29 (76.3 %)	148 (53.8 %)	3 (75.0 %)	p = 0.015
Yes	9 (23.7 %)	127 (46.2 %)	1 (25.0 %)	
17. Have you ever been subjected to unwanted sexual advances? n (%)				
No	26 (68.4 %)	182 (66.2 %)	3 (75.0 %)	p = 0.943
Yes	12 (31.6 %)	93 (33.8 %)	1 (25.0 %)	
18. Have you ever been subjected to unwanted physical contact? n (%)				
No	31 (81.6 %)	240 (87.3 %)	4 (100.0 %)	p = 0.478
Yes	7 (18.4 %)	35 (12.7 %)	0 (0.0 %)	

that women are more likely to experience and perceive sexism and discrimination than men and non-binary participants (Hughes and Bernstein, 2018). Moreover, the participants gave essentially no importance to the different use of space, involvement, distribution of tasks, or oral presentation of group work in the classroom, which suggests that they do not perceive situations of power or inequality in these aspects. It seems that female students accept behavior suggestive of everyday sexism as anodyne or normal, both in terms of the use of space in the classroom and the responsibility assumed during group work which, in turn, leads to greater participation of men in oral presentations. Interpersonal relationships — in this case, between female students and male students — may be permeated with gender stereotypes to the benefit and higher status of men, as is the case between male professionals and female users (Connell, 2012). Power relations of this type legitimize the division of tasks, which is also reinforced by the demand that women be the ones to assume jobs and activities that are less valued and recognized, even if they require more time and imply a greater workload. In this sense, the hierarchical gender structure is supported by the unequal distribution of tasks that is reproduced in the classroom (Melo et al., 2022). Men's use of space and public visibility, in centers of education as well as other places, is an issue largely mediated by gender segregation, by who obtains greater visibility and greater benefits in practice (Huning et al., 2019).

On the other hand, in the context of interpersonal relationships at the nursing school, women and non-binary people reported a higher rate of sexist and demeaning comments about their bodies or appearance than men did. Various studies point to greater social pressure on women regarding their physical appearance, even in academics (Vallejos-Cieza et al., 2020). Moreover, women and non-binary people also reported feeling more uncomfortable and intimidated by other people's tone of voice, gaze, and use of space and indicated that these factors may contribute to a perceived lack of safety in the academic environment. Women also reported being subjected to degrading or intimidating treatment because of their gender expression and/or sexual orientation more frequently than men. Sexist and homophobic attitudes still exist in the academic environment and measures to address these problems are urgently needed (Aslan et al., 2019; Moorley and West, 2022).

In the practicums, there were no significant differences in the perception of sexism and discrimination for any of the variables studied.

However, the results show a tendency among women to report greater discrimination and sexist behaviors based on their gender expression or sexual orientation during practicums (Lee et al., 2013). Studies carried out in Turkey and South Korea (Chang and Jeong, 2021; Tekkas et al., 2020) on student nurses found that they perceived and displayed sexist attitudes that tended to decrease with age; male participants scored the highest in sexism and especially in hostile sexism.

The evidence suggests that one should not lower their guard because, while female nursing students do not perceive/identify these everyday sexism, they may still be present since women may have normalized or naturalized them by reproducing or assimilating the sex/gender structure (Klein et al., 2020). We must not forget that the status quo of the gender hierarchy is also replicated in health institutions (Connell, 2012), making discrimination based on gender or sexual orientation less perceptible, as we observed in the practicums in this study.

During nursing practicums, it was significant that male rather than female or non-binary students were mistaken for doctors, as reflected in the literature (Narayan, 2019; Palomar-Mingote, 2020; Valenzuela-Valenzuela and Cartes-Velázquez, 2020; Velasco, 2022). This phenomenon illustrates the ongoing existence of gender stereotypes in which doctors are assumed to be men. Interpersonal relationships, in this case between the male professional and female user, as gender relations, are permeated with gender stereotypes, to the benefit and higher status of men (Connell, 2012), thus identifying once again situations of everyday sexism. On the other hand, power relations of this type legitimize the infantilization of women. More female participants in this study received some kind of infantilization or reference to their body than men, and women received more sexist and demeaning comments about their body or appearance, in line with other research (Kahsay et al., 2020; Pérez-Castro et al., 2023). This shows the need for new lines of analysis and intervention to tackle these situations of violence and discrimination.

In our study, women reported a higher rate of unwanted physical contact than male students; but both presented a similar rate in the context of practicums (31.6 % male vs 33.8 % female). Both data alert to what other studies have identified as situations of violence in the academic environment (Carmody et al., 2022), although our data show that this violence is more prevalent in the setting of nursing practicums. Although some studies speak of the perception of sexual harassment in young male nursing students (Papantoniou, 2021), the trends observed here and in the literature show that males continue to benefit, in general, from their gender identity in university careers (Vásquez, 2019). Several studies highlight the issue of sexual violence in the workplace specifically in nursing, which is determined by various factors, including the dynamics of health organizations (Chang and Jeong, 2021; Scholcoff et al., 2020). This is reproduced in the case of nursing students (Freijomil-Vázquez et al., 2022), thus frequently legitimizing these situations and evincing forms of everyday sexism.

4.1. Limitations

This study presents strengths and weaknesses. Data was collected via an online questionnaire using a snowball sampling. These methods were practical and used frequently in the face of the obstacles posed by the COVID-19 pandemic but did come with an increased risk of biased representativeness. The results of this study should be generalized cautiously. Nevertheless, in terms of gender and age, the sample is aligned with the nursing student population.

Additional research with larger, probability sample sizes and more in-depth approaches is needed. Given the low number of non-binary participants, this study could not yield relevant results for this collective. Measures such as stratified sampling could help with this in future studies. The questionnaire was developed based on a previous questionnaire validated for everyday sexism in couple relationships. It was not validated, but it was piloted among students to improve its comprehensibility. However, this study is one of few to analyze sexism

and discrimination in the academic and clinical context of nursing students. It also provides a reflection on how maintaining the status quo in nursing education can have consequences related to the persistent reproduction of gender inequalities, power and gender relations, and structural boundaries based on a heterocentric patriarchal health system.

5. Conclusions

The results of this study suggest that women experience and/or perceive sexism and discrimination at the nursing school, and they are infantilized and receive inappropriate comments about their bodies during practicums. The non-significance of sexism and discrimination in the other settings (classroom and internships) does not mean that they do not occur, but rather that everyday sexism is so pervasive that it is not consciously identified. This itself alerts us to how the mechanisms of everyday sexism act. An analysis is needed of the acts and perceptions of everyday sexism that are legitimized and reproduced at a structural level, in interpersonal relationships, and in the dynamics of health organizations to understand how discrimination and violence get buried under everyday sexism. Future studies should delve into the attitudes of nursing school professors regarding everyday sexism and the potential consequences of such attitudes. Sexism and discrimination in nursing must be addressed to ensure a safe and inclusive learning and working environment.

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Ainoa Biurrun-Garrido: Resources, Writing – original draft, Writing – review & editing. **Andres Llana-Riu:** Conceptualization, Resources, Writing – review & editing. **Maria Feijoo-Cid:** Conceptualization, Data curation, Funding acquisition, Investigation, Methodology, Project administration, Resources, Supervision, Writing – review & editing. **Ramón Sebastián Torrente-Jiménez:** Data curation, Formal analysis, Methodology, Software, Visualization, Writing – original draft, Writing – review & editing. **David Cámara-Liebana:** Data curation, Resources, Writing – review & editing. **Ángel Gasch-Gallén:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Software, Writing – review & editing.

Declaration of competing interest

The authors declare that they have no competing interests.

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