Något som inte längre är
- Distriktssköterskors yrkesutövning på vårdcentral
  ur ett genus perspektiv

Ann-Charlott Lindström

AKADEMISK AVHANDLING
som för avläggande av filosofie doktorsexamen
med vederbörligt tillstånd av
Sahlgrenska Akademin vid GÖTEBORGS UNIVERSITET, Göteborg
kommer att offentligt försvaras i hörsal 2118,
Institutionen för vårdvetenskap och hälsa
onsdagen den 13 juni 2007, kl. 13.00

Fakultetsopponent:
Docent Håkan Sandberg
Institutionen för Vård- och Folkhälsovetenskap,
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Sahlgrenska Akademin vid GÖTEBORGS UNIVERSITET,
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**Something that no longer exists**  
-the district nurse’s professional practice at the primary health centre from a gender perspective

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**ABSTRACT**

District nurses have a long tradition of independence and influence over the content and organisation of their work, while the activities at their surgeries have been kept separate from other health services. Social and structural changes have led to a situation where district nurses in primary care are now included in the primary health centre’s organisation. This means that they are expected to collaborate with other staff in prophylactic and health-promoting working tasks and to function in child health care with respect to supporting relationships. The health service is one of many social institutions that are permeated with the gender order where conceptions of what is male and female create the conditions for power relations and division of labour. The question is how the professional practice of district nurses today can be described in view of the fact they have been integrated into the organisation of the primary health centre. Have their tasks and independence been affected? The aim of this study is to describe the professional practice of the district nurses at primary health centres from a gender perspective. The epistemological approach is based on the constructionist perspective and the theory that gender is a social construct, subject-related and situationally conditioned, and a product of social interactions that affect super-/subordination. The research method is ethnographical, and the empirical material is based on data from participant observations, interviews and field notes. The main result shows that district nurses are not a part of the structural changes that have taken place, that their tasks are similar to those of doctors and registered nurses. Tasks of a medical nature tend to be the norm for the more “work-intensive” and respected work addressing adult care-consumers, while the district nurses’ health-promotion work is given lower priority. The district nurses’ competence in health work does not appear to be part of the collective competence at the primary health centre, and when external consultants seek cooperation in cross-sectional health projects, it is done under the auspices of the doctor’s surgery. The result also shows that child health care is a mother-orientated working area with a traditional and heteronormative gender order, which means that concepts of what is male and female affect, for example, discussions about parental competence. Mothers are primarily regarded as being responsible for care and welfare, while the fathers’ absence is taken for granted. When cooperating with parents, the district nurses fall back on their “female competence”, while collaboration with doctors is a question of adjustment. The district nurses alternate between different roles, a leading one and a minor one, depending on whether they are working on their own or with the doctors, which affects their relational support function. The result should be regarded as an expression of resistance to change, making it difficult for the district nurses to consolidate their position in the organisation. Taken together, these circumstances imply that there is a risk of cementing conceptions of female competence as being inherited, while in actual fact it is a question of assignment and a working structure that maintains the gender order in professional life. Despite the revision of district nurse education in accordance with EU directives, the interdisciplinary content is still considerable, and the question is whether the new research-based education with a family perspective is necessary, since socio-economic transformation and changes in the structure of the family demand other interventions than the social-hygienic ones previously applied.

**Keywords:** district nurses’ professional practice, profession and competence, gender perspective, ethnography, content analysis