

## Impact of Gender-Based Discrimination in the Nursing Profession at Tertiary Care Hospitals Karachi, Pakistan; a Cross-sectional Study

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#### Abstract

**Background:** Gender discrimination is any distinction, exclusion, or restriction made based on society's constructed gender roles and norms that prevent a person from enjoying full human rights. Traditionally, many professions have practiced gender-based discrimination, but it is more common in the health care setting, especially in the field of nursing profession.

**Study Methods:** This was a cross-sectional study among staff nurses. Data was collected by 20 self-developed questionnaires about gender discrimination, and the study took about three (4) months. The respondents were selected by convenient sampling technique

**Result:** Final result of first 10 question was that 25% were strongly agreed and 48% agreed that male nurses discriminated in nursing profession and this discrimination

cause negative impact on nursing profession while 24 % were disagreed and 4 % strongly disagreed, and result 55% accept that male are discernment in nursing profession and 45 % mentioned there were no discrimination its means that according to them male do not discriminate in nursing profession.

**Conclusion:** This study was designed to explore the impact of gender-based discrimination in the nursing profession in Karachi, Pakistan. The major finding of this

research is discrimination against male in the nursing profession, due to this, there is a negative impact on the nursing profession.

## **Introduction**

Gender Discrimination is the practice of unfairly treating a person or group of people differently from other people or groups of people based on their gender. Negative attitudes, stereotypes, and biases lead to discrimination (Ontario Human Rights Commission, 2008). Nursing is a health care profession that is well recognized all over the world. Traditionally, many professions have practiced gender-based discrimination, but it is more common in the healthcare setting, especially in the field of nursing profession. Nursing is female dominated by its nature, and it's traditionally considered as a female profession (Gauci et al., 2021). Nursing has been stereotyped as a female-dominated profession since the time of Florence Nightingale, worldwide in the modern era of nursing. According to Connolly and Rogers (2005), many nurses do not know the above facts because current nursing has a clearly feminine image (Bruce et al., 2015). This feminine image was introduced by Florence Nightingale in the 1800s.

In every profession in which one gender dominates over the other, the superiors suppress the rights of the other. In a less dominant profession, the male gender is dominant, while females' rights are not protected, as there is no strength in numbers to fight for their rights. In the same way, the situation in the nursing profession is reversed. Here in the nursing profession, females are considered to be holding the highest posts due to their dominance; on the other hand, males are given less priority in the field (Yun & Kim, 2024). According to the U.S. Department of Health and Human Services (2010) Men make up 10% of the nursing workforce in the United Kingdom and 6.6% of the three million nursing professionals in the United States of America. Men still compose a very small percentage of the total number of RNs living and working in the United States, although their numbers have continued to grow. Before 2000, 6.2% of RNs were men, and by 2008, this increased to 9.6%. Lack of male nursing faculty is one of the key components in the shortage of nursing faculty, and this shortage of nursing faculty has contributed to a nursing supply crisis within the profession (Brown et al., 2020). This nursing supply shortage continues to be a major issue in the quality of care within the world, especially in Pakistan (Grady, Stewardson, & Hall, 2008). Men face the challenge of unequal treatment at the workplace in female-dominated professions. Many male nurses are opposed to the opportunity to work in certain areas in hospitals, such as labor and delivery units or nursery units. In addition, male nurses find that their female colleagues automatically expect them to handle heavy patients and other health care issues (Connolly et al., 2007; Williams, 2006).

According to the World Bank officially recognized sources, nurses and midwives (per 1,000 people) in Pakistan were reported at 0.604 in 2014. In 2009 the total number of registered nurses were 47,200 from PNC, including those in the private sector; PNC estimates in 2008 nursing professionals to population ratio of 1:3568 for nurses, but according to World Health Statistics (2005) the nurses population ratio in India 9:10000. According to the Journal of Pioneering Medical Sciences in 2013, the current nurse-patient ratio in Pakistan is approximately 1:50 whereas the ratio prescribed by the Pakistan Nursing Council (PNC) is 1:10 in general areas and 2:1 in specialized areas. The indirect causes of nursing shortage in Pakistan are social unrest in a majority of war-hit areas of the country, the inferior status of nurses in society, an insufficient number of quality nursing education institutes, and feminist perception of nurses as females only gender discrimination (Folami, 2018).

Gender discrimination is more common in the nursing field. Due to female dominance and bias in the nursing profession, males do not want to be nurses. Furthermore, the admission criteria quota set by PNC and the negative perception of society are two of

the main causes of the shortage of males in the nursing profession (Ageeli & Alharbi, 2024). Due to this discrimination, there is a negative impact on the image of nursing as well as a negative impact on the care of the patient. Therefore, the main purpose of this research study is to identify the impact of gender discrimination in the nursing profession and find out the rate or percentage of discrimination against males in nursing in Karachi, Pakistan. Furthermore, find out why males do not opt for nursing as a career, and discover the barriers in practice and the factors (Adnan et al., 2026).

## Methodology

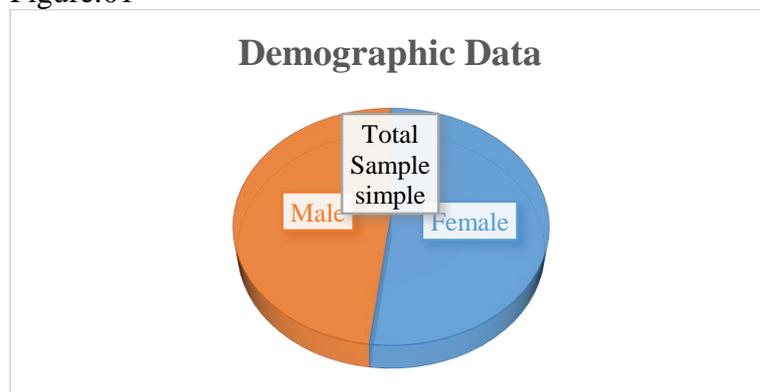
The study was conducted at Jinnah Medical College and Hospital (JMCH), Medicare Cardiac and General Hospital (MCGH), Indus Hospital, and Zainab Panjwani Memorial Hospital. The Study population was Staff Nurses (RN, BSN). This study took about four months. The Sample size was 100 staff Nurses RN and BSN were selected for the study. The Sampling techniques for the study were that the respondents were selected by a convenience sampling technique.

Data was collected through a self-developed questionnaire. The data were analyzed by using the Statistical Package for Social Sciences (SPSS version 16.0). The Inclusion Criteria were staff nurses, Aid nurses, and BS nurses who are currently working at Jinnah Medical College and Hospital (JMCH), Medicare Cardiac and General Hospital (MCGH), Zainab Panjwani Memorial Hospital, and Indus Hospital. All the nursing students and those nurses who were on leave or absent were excluded from the study. An ethical consent form was taken from each of the respondents before taking the interview and filling out the questionnaire.

## RESULT

A total of 100 participants responded to the structured questionnaire exploring gender perceptions, discrimination, and the professional status of male nurses. Findings revealed strong and consistent perceptions of nursing as a female-dominated profession. Approximately two-thirds of respondents supported this view, with 20% strongly agreeing and 46% agreeing that nursing is primarily a female profession, while 26% disagreed and 9% strongly disagreed. These responses indicate that the traditional societal perception of nursing as “women’s work” remains prevalent, although a minority expressed disagreement, reflecting gradual attitudinal change.

Figure:01



Regarding gender equality within the profession, most participants perceived that male nurses receive equal rights: 30% strongly agreed and 50% agreed, whereas 18% disagreed and 2% strongly disagreed. Despite this overall positive perception, a notable minority still believed that male nurses do not enjoy equal professional rights. Concerning professional hierarchy, 48% agreed and 11% strongly agreed that male nurses obtain lower positions because of their gender, while 35% disagreed and 6% strongly disagreed. Although the majority did not support this view, over one-third perceived gender-based positional disadvantage for male nurses.

The perceived protective role of male nurses was strongly supported. A large majority reported that the presence of male nurses protects against workplace violence, with 38% strongly agreeing and 50% agreeing, compared with only 11% expressing disagreement. Similarly, perceptions of care quality were positive: 30% strongly agreed and 55% agreed that male nurses improve the quality of care, while only 15% disagreed overall. In terms of professional image, 27% strongly agreed and 56% agreed that recruiting male nurses improves the image of nursing, suggesting strong support for gender diversification as a strategy for professional development and social recognition. Leadership and managerial suitability produced mixed findings. Nearly two-thirds of participants (22% strongly agreed, 45% agreed) believed managerial posts in hospitals are more suitable for males, whereas a smaller proportion supported suitability for females (23% strongly agreed, 33% agreed). These results indicate persistent gender stereotypes related to leadership roles. In the clinical environment, 22% strongly agreed and 45% agreed that female nurses work better in the presence of male nurses, although 33% expressed discomfort, highlighting variability in workplace dynamics. Perceptions of care provision showed division: 24% strongly agreed and 31% agreed that male nurses provide better care than females, while 45% disagreed, suggesting that competence is not universally associated with gender. Stress performance was more clearly differentiated, with 74% reporting that male nurses perform better under stress in critical situations. Patient satisfaction responses were similarly divided, with 58% favoring male nurses and 42% favoring female nurses, reinforcing the view that competence rather than gender is central to patient satisfaction. Educational equity emerged as a major concern. Sixty percent of participants believed that the Pakistan Nursing Council (PNC) education criteria are not gender-equal, reflecting perceived structural disparities, while 40% viewed the criteria as equal. Although 66% reported that PNC provides equal opportunities for admission and employment, 70% stated that male candidates face difficulties in gaining admission to nursing colleges. Identified barriers included admission policies (65%), financial constraints (24%), and cultural factors (11%). International admission criteria were viewed more positively, with 70% perceiving them as gender-equal. Among female participants (n=54), 74% reported having needed male nurses during clinical care, underscoring the functional importance of gender diversity in practice. Overall analysis of the discrimination-related items showed that 25% strongly agreed and 48% agreed that male nurses experience discrimination in the profession, while 28% disagreed overall. These findings indicate that perceived discrimination against male nurses remains substantial and is viewed as hurting the nursing profession.

Table 01: Responses of Nurses based on the questionnaire

No.	Item / Statement	Strongly Agree / Yes (%)	Agree (%)	Disagree / No (%)
1	Nursing is a female-dominant profession	20	46	26 / 9
2	Male nurses get equal rights	30	50	18 / 2
3	Male nurses get lower positions due to gender	11	48	35 / 6
4	Male nurses protect against violence	38	50	9 / 2
5	Presence of male nurses improves quality of care	30	55	10 / 5
6	Recruiting male nurses improves image of nursing	27	56	15 / 2

7	Managerial posts more suitable for males	22	45	15 / 2
8	Female nurses work better in presence of males	22	45	30 / 3
9	Male nurses provide better care than females	24	31	39 / 6
10	Managerial posts more suitable for females	23	33	34 / 10
11	PNC criteria gender equality	60 Yes	—	40 No
12	International criteria gender equality	70 Yes	—	30 No
13	Works better under stress	74 Male	—	26 Female
14	Satisfy patients better	58 Male	—	42 Female
15	Male nurses receive respect	74 Yes	—	24 No
16	PNC equal opportunities	66 Yes	—	34 No
17	Males face admission difficulty	70 Yes	—	30 No
18	Preferred clinical mentor	52 Male	—	48 Female
19	Barriers to admission	65 Policy	24 Financial	11 Cultural
20	Female nurses needing male nurses	74 Yes	—	26 No
<b>Final</b>	<b>Overall discrimination perception</b>	<b>25</b>	<b>48</b>	<b>24 / 4</b>

## Discussion

The findings of this study highlight the persistent gendered construction of nursing as a female-dominated profession, reflecting long-standing global and cultural stereotypes that frame nursing as “women’s work.” The high proportion of participants who perceived nursing as a female profession is consistent with international literature, which describes nursing as historically feminized due to its association with caregiving and nurturing roles (Rajacich et al., 2013; Evans, 2004). Despite increasing male participation, these traditional perceptions remain deeply embedded within societal and professional structures.

Although most respondents perceived that male nurses receive equal rights, a substantial proportion reported discrimination, barriers to admission, and limited career progression, suggesting a gap between formal equality and lived professional experiences. Similar findings have been reported in previous studies, where male nurses experienced subtle and overt discrimination in education, clinical placement, and leadership opportunities (O’Lynn & Tranbarger, 2007; Meadus & Twomey, 2011). The identification of admission policies and cultural barriers as major obstacles aligns with research from South Asian contexts, where gender norms strongly influence career choices and institutional practices (Shah et al., 2020).

The positive perceptions regarding male nurses’ contributions to quality of care, protection from workplace violence, and performance under stress support evidence that gender diversity strengthens clinical teams and improves organizational resilience (Stanley et al., 2016; Clow et al., 2015). These findings emphasize that professional competence and teamwork, rather than gender, determine quality outcomes. Importantly, the study demonstrates a contradiction between the acknowledged value of male nurses and the persistence of structural and cultural discrimination. This tension suggests the need for policy reform, gender-sensitive educational frameworks, and institutional strategies to promote equity, inclusivity, and equal opportunity within nursing education and practice.

## Limitations and Recommendations

This study was limited to tertiary care hospitals in Karachi, which restricts the generalizability of findings to other regions and healthcare settings in Pakistan. The use of self-reported data may have introduced response and social desirability bias. Additionally, the cross-sectional design limits causal interpretation. Future research should adopt mixed-method or longitudinal designs, include public and private hospitals across multiple provinces, and incorporate qualitative interviews to capture deeper gendered experiences. Policy-focused research is recommended to inform institutional reforms, promote gender equity, and strengthen gender-sensitive nursing workforce policies.

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