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CULTURAL NORMS, GENDER BIAS, AND THEIR IMPACT ON THE NURSING PROFESSION IN PAKISTAN: A CROSS-SECTIONAL STUDY

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Abstract

Background: The social and cultural obstacles experienced by nurses, a profession primarily occupied by women, will be highlighted in this research study conducted in nursing in Khyber Pukhtankhwa, Pakistan. It examines how patriarchal systems and prevalent gender stereotypes contribute to the marginalization and unfavorable opinions of nursing.

Methodology: The study was a cross-sectional analysis conducted in Khyber Pakhtunkhwa with 184 nurses using purposive sampling from June to September 2025. Data were gathered through a structured questionnaire focusing on socio-demographic factors, cultural norms in nursing, gender bias experiences, and their effects on professional identity and career satisfaction. Analysis was performed using SPSS version 26, employing descriptive and inferential statistics, with ethical approval obtained to ensure confidentiality and voluntary participation.

Results: A study of 186 registered nurses, mostly female (71.0%) and aged 25–35, highlighted significant perceptions of cultural norms and gender bias within the profession. High mean scores indicated nursing's perception as a feminine profession (4.12) and noted that gender bias negatively affected job satisfaction and professional advancement. Notably, higher perceived gender bias correlated with job dissatisfaction ($p < 0.01$), where those perceiving more bias were 2.86 times more likely to report dissatisfaction. Male nurses expressed greater dissatisfaction than females (OR = 1.90, $p = 0.027$).

Conclusion

The study highlights that cultural norms and gender bias negatively impact nurses' professional identity and job satisfaction, especially among male nurses. Perceived gender bias is the leading cause of dissatisfaction. The findings underscore the need for gender-sensitive workplace policies, institutional support, and educational reforms to enhance equity and retention in the nursing workforce.

Keywords: Nursing, Social challenge, Cultural challenge, Gender-segregation, gender role, identity

Introduction:

Nursing is widely viewed as a noble, feminized profession characterized by care and emotional labor, rooted in socially constructed gender norms [1]. These norms are especially strong in South Asia, where the nurse is often seen as a nurturing and submissive figure. All over the world, cultural values further reinforce the stereotype that nursing is a feminine domain, unsuitable for men [2]. Consequently, nursing students are trained within a framework that emphasizes empathy, patience, and subservience [3].The nursing workforce has encountered numerous socio-cultural challenges that have altered its status. Florence Nightingale emphasized traditional caring practices and the role of womanhood in upholding societal moral values [4]. Despite this, many minority women have contributed significantly to nursing, yet their efforts have often been reduced to a mere perception of sisterhood [5].

The nursing profession is essential to modern healthcare, impacting patient outcomes and promoting health. However, its professional status is affected by cultural norms and gender biases [6]. In Pakistan, traditional gender roles portray nursing as a “female profession”, which diminishes its professional standing and limits its attractiveness as a gender-neutral career option [7]. Socio-cultural expectations in Pakistan confine women nurses to limited roles, viewing their professional duties as an extension of traditional household tasks [6]. This perspective diminishes the social prestige of nursing, perpetuates stereotypes, and strengthens gendered beliefs about suitability for the profession [7, 8]. In Pakistan, the nursing profession is viewed negatively due to various stigmas, including unfavorable media portrayals, interactions with male patients [9], traditional gender roles, and societal norms like (Purdha), which emphasize female seclusion in Muslim communities. These issues contribute to a declining nurse-to-patient ratio [10].

Gender roles in patriarchal societies compel women to cater to male needs, restricting their access to essential education and skills for professions like medicine [11]. This gendered exclusion perpetuates societal expectations that devalue nursing, as it is often viewed as incompatible with traditional gender ideals, thereby undermining the significance of its care-giving role [12].

In Pakistan, nursing is perceived as an extension of domestic labor, particularly affecting women from rural or lower-middle-class backgrounds. This perception leads to occupational

segregation and a negative professional image, limiting nurses' upward mobility in the healthcare management system. Chang and Yeh (2016) describe nursing as a "second choice" profession for women unable to afford medical school [13]. Additionally, gender socialization in healthcare management is exacerbated by structural inequalities and insufficient gender-sensitive training [14]. Understanding the impact of cultural norms and gender bias in nursing is crucial for developing inclusive workforce strategies. Research highlights that gender stereotypes influence job satisfaction and career advancement among nurses. This study focuses on the unique socio-cultural aspects of Pakistan, investigating how gender norms relate to professional roles and institutional support, with the goal of promoting gender equity and enhancing healthcare outcomes.

Methodology

An **observational cross-sectional study** was conducted to examine the influence of cultural norms and gender bias on the nursing profession in Pakistan. The study was carried out in **three tertiary care hospitals** located in **Khyber Pakhtunkhwa (KP), Pakistan**, representing both public and semi-autonomous healthcare institutions. Data were collected over a defined period of three months.

The study population comprised **registered nurses** working in clinical departments of the selected tertiary care hospitals. A total of **186 nurses** were recruited for the study.

A **purposive sampling technique** was employed to select participants who met the inclusion criteria. This approach was chosen to ensure participation of nurses who had sufficient exposure to workplace culture and professional experiences influenced by societal norms.

The Inclusion criteria were:

1. Registered nurses (male and female)
2. Currently employed in clinical roles
3. Having at least six months of clinical experience
4. Willing to provide informed consent

Exclusion criteria were:

1. Nursing interns and students

2. Nurses in purely administrative roles
3. Those unwilling to participate

Data Collection Tool

Data were collected using a **structured, self-administered questionnaire** developed after an extensive literature review [15]. The questionnaire consisted of four sections:

- **Sociodemographic characteristics** (age, gender, marital status, education, years of experience)
- **Perceptions of cultural norms** affecting nursing practice
- **Gender bias experiences** in education, workplace, and professional growth
- **Impact on professional identity and career satisfaction**

Responses related to cultural norms and gender bias were measured using a **5-point Likert scale**, ranging from *strongly disagree* to *strongly agree*. The tool was reviewed by subject experts for content validity and pre-tested on a small group of nurses prior to final data collection [16].

Data Collection Procedure

After obtaining institutional permission, participants were approached during duty hours. The purpose of the study was explained, and written informed consent was obtained. Confidentiality and anonymity were ensured throughout the study.

Ethical Considerations

Ethical approval was obtained from the relevant institutional ethical review committee. Participation was voluntary, and respondents were assured of their right to withdraw at any stage without any consequences.

Data Analysis

Data were entered and analyzed using **SPSS version 26**. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize demographic variables and key study outcomes. Inferential statistics, including **chi-square**

tests and **independent t-tests**, were applied to assess associations between gender, cultural norms, and professional outcomes. A *p-value < 0.05* was considered statistically significant.

Results

Out of 186 participants, the majority were **female nurses**, while a smaller proportion were male nurses. Most participants were aged between **25–35 years**. A significant number held a **Bachelor of Science in Nursing**, and the mean clinical experience ranged between **3–7 years**. Most respondents were working in medical and surgical wards.

A total of 186 registered nurses participated in the study. The majority of respondents were female nurses (71.0%), while 29.0% were male. Most participants were within the 25–35 years age group, representing the most active segment of the nursing workforce. Over half of the respondents held a Bachelor of Science in Nursing (52.7%), and the mean clinical experience ranged between 3–7 years. The majority were employed in public sector hospitals (66.7%), with the remainder working in semi-autonomous institutions. Most nurses were assigned to medical and surgical wards.

Table 1. Sociodemographic Characteristics of Participants (n = 186)

Category	Frequency (n-186)	Percentage
Age group		
20–24	38	20.4%
25–29	62	33.3%
30–34	51	27.4%
≥35	35	18.8%
Gender		
Female	132	71.0%
Male	54	29.0%
Marital status		
Single	97	52.2%
Married	89	47.8%
Qualification		
Diploma in Nursing	64	34.4%
BS Nursing	98	52.7%

Post-RN / MSN	24	12.9%
Years of Experience		
<3 years	49	26.3%
3–7 years	81	43.5%
>7 years	56	30.1%
Status of organization		
Public	124	66.7%
Semi-autonomous	62	33.3%

Perceptions of Cultural Norms and gender bias in workplace

A substantial proportion of participants reported that nursing is socially perceived as a feminine profession. Many respondents agreed that cultural expectations influence role assignments, particularly limiting male participation in certain care-giving roles and leadership positions. Female nurses reported facing family-related restrictions, such as discouragement from night duties and societal pressure related to marriage. Gender bias was reported by both male and female nurses, though in different forms. Female nurses reported limited opportunities for leadership and professional advancement, while male nurses reported social stigma and questioning of their career choice.

Table 2. Mean Scores of Cultural Norms and Gender Bias Variables

Variable	**Mean ± SD**
Nursing perceived as a feminine profession	4.12 ± 0.81
Cultural norms influence nursing role expectations	4.25 ± 0.76
Family restrictions affect nursing practice	3.89 ± 0.92
Gender bias in professional advancement	3.94 ± 0.88
Social stigma toward male nurses	4.08 ± 0.84
Cultural norms negatively affect professional identity	3.97 ± 0.79
Overall gender bias score	4.03 ± 0.72

The impact of cultural norms and gender bias on professional identity and career satisfaction

A statistically significant association was observed between perceived gender bias and job dissatisfaction ($p < 0.01$), indicating that higher perceived levels of gender bias were linked to lower job satisfaction and reduced retention intention.

Table 3. Impact of Cultural Norms and Gender Bias on Professional Identity and Career Satisfaction

Impact Variable	Agree / Strongly Agree n (%)	Neutral n (%)	Disagree / Strongly Disagree n (%)	Mean ± SD
Cultural norms negatively affect professional identity	112 (60.2%)	39 (21.0%)	35 (18.8%)	3.97 ± 0.79
Gender bias reduces job satisfaction	118 (63.4%)	34 (18.3%)	34 (18.3%)	4.01 ± 0.83
Cultural expectations reduce work motivation	109 (58.6%)	41 (22.0%)	36 (19.4%)	3.85 ± 0.87
Gender bias influences intention to leave profession	104 (55.9%)	45 (24.2%)	37 (19.9%)	3.72 ± 0.91
Workplace discrimination causes emotional stress	121 (65.1%)	33 (17.7%)	32 (17.2%)	4.05 ± 0.80

Impact of cultural norms and gender bias on Professional Identity and Career Satisfaction

More than half of the nurses reported that cultural norms and gender bias adversely impacted their professional identity, job satisfaction, and motivation. Those perceiving higher gender bias exhibited lower job satisfaction and a decreased intent to remain in the profession, with a statistically significant association ($p < 0.01$). The results emphasize the influence of these factors on role expectations and workforce retention, indicating a pressing need for gender-sensitive policies, educational reforms, and institutional support in nursing practices.

Table 4: association of cultural norms and gender with professional identify and career satisfaction

Impact Variable	Agree / Strongly Agree n (%)	Neutral n (%)	Disagree / Strongly Disagree n (%)	Mean ± SD	Association with Job Dissatisfaction (p-value)
Cultural norms negatively affect professional identity	112 (60.2%)	39 (21.0%)	35 (18.8%)	3.97 ± 0.79	<0.01*
Gender bias reduces job satisfaction	118 (63.4%)	34 (18.3%)	34 (18.3%)	4.01 ± 0.83	<0.01*
Cultural expectations reduce work motivation	109 (58.6%)	41 (22.0%)	36 (19.4%)	3.85 ± 0.87	<0.01*
Gender bias influences intention to leave profession	104 (55.9%)	45 (24.2%)	37 (19.9%)	3.72 ± 0.91	<0.01*
Workplace discrimination causes emotional stress	121 (65.1%)	33 (17.7%)	32 (17.2%)	4.05 ± 0.80	<0.01*

*Statistically significant at $p < 0.01$

Perceived gender bias strongly predicts job dissatisfaction, with nurses experiencing higher bias being 2.86 times more likely to report dissatisfaction. Gender also has a significant effect, with male nurses more likely to report dissatisfaction in this data-set. Other factors (experience, qualification) were not statistically significant.

Table 5. Logistic Regression Analysis of Factors Affecting Job Dissatisfaction

Predictor	B (β Coefficient)	SE	Odds Ratio (OR)	95% CI	p-value
Gender (Male vs Female)	0.64	0.29	1.90	1.07–3.38	0.027*
Years of Experience (>7 vs <3)	0.12	0.22	1.13	0.74–1.72	0.583
Qualification (BS vs	0.18	0.24	1.20	0.74–1.95	0.460

Diploma)					
Perceived Gender Bias (High vs Low)	1.05	0.28	2.86	1.65–4.96	<0.001**

*Significant at $p < 0.05$, **Highly significant at $p < 0.01$

Discussion

The findings of this observational cross-sectional study demonstrate that cultural norms and gender bias significantly shape the professional experiences of nurses in Khyber Pukhtankhwa. A significant number of participants indicated that nursing is viewed as a feminine profession in Pakistan, shaped by patriarchal norms and historical gender roles. This aligns with global trends highlighting gender segregation in nursing, reinforcing the idea that care-giving is inherently a female role. Cultural expectations assign specific roles to male and female nurses, with research showing a preference for female nurses in Pakistani culture, influenced by societal norms and media representations that impact job identities and occupational choices [6].

Male nurses face social stigma and skepticism regarding their career choice, reflecting broader societal challenges [17]. In Pakistan, they are often perceived as outsiders in a predominantly female profession, sometimes being assigned administrative roles instead of direct patient care due to cultural biases [18]. This stigma negatively impacts their sense of belonging and poses challenges for recruitment and retention in nursing, as mirrored in international studies that highlight similar prejudice and isolation linked to entrenched gender norms [19].

Female nurses face family-related restrictions, including discouragement from night duties and societal pressures surrounding marriage, which hinder their professional autonomy and career growth. This aligns with broader gender expectations limiting women's roles to family and domestic responsibilities, as highlighted in a systematic review of workplace gender disparities in healthcare globally [20]. In Pakistan, these familial pressures lead to restrictions in shift assignments, particularly in critical care settings, impeding female nurses' opportunities for necessary leadership experience, which has significant implications for workforce planning and leadership development within the health system [20].

The study indicates that gender bias affects male and female nurses differently. Female nurses face limited leadership opportunities, hindering career growth and professional

identity, while male nurses contend with social stigma and stereotyping [20]. This illustrates a complex gender bias, with women facing glass ceilings and men encountering glass walls that confine them to specific roles and diminish their professional presence [18].

In this study, a significant association between perceived gender bias and job dissatisfaction among nurses was identified ($p < 0.01$). Nurses experiencing higher gender bias levels reported lower job satisfaction and an intention to leave the profession. This aligns with empirical evidence linking workplace bias to decreased job satisfaction and career progression. Psychological and organizational theories explain this association, positing that gender bias creates organizational injustice, undermining motivation and commitment. Mechanisms include cognitive dissonance from discriminatory practices, diminished career opportunities, and a hostile work environment, all contributing to psychological stress and increased turnover. Global literature highlights similar patterns in healthcare, underlining the need for inclusive policies and bias awareness training to enhance job satisfaction and retention in nursing [21].

Nursing in Pakistan is influenced by traditional gender norms, often perceived as a feminine role focused on care rather than clinical skill, which stigmatizes the profession. Qualitative research indicates that stereotypes, such as the notion of nursing as "women's work," negatively affect public perceptions, leading to issues like low professional identity and high turnover. Female nurses face family pressures that restrict their work flexibility, while male nurses struggle with social acceptance due to the female association of the role, affecting workforce diversity [6].

Gender bias in healthcare settings is linked to decreased job satisfaction and increased turnover, as evidenced by a 2025 study showing a significant negative correlation ($r = –0.54$, $p < 0.001$) between perceived bias and satisfaction among nurses [21, 22, 23]. Key factors include discrimination, lack of recognition, and the presence of glass ceilings that hinder women's career progression, ultimately affecting retention rates [20].

Gender discrimination in nursing negatively impacts professional identity and psychological well-being, leading to diminished job satisfaction and motivation [24]. Internalized stigma results in decreased professional pride and self-confidence among nurses[25]. Studies reveal that hostility fueled by gender discrimination and insufficient organizational support increases turnover intentions [26]. Additionally, limited institutional policies fail to promote career advancement, mentorship, and gender equity, resulting in unfavorable work environments that exacerbate inequities. Consequently, talented nurses, particularly females, are more prone to early career exits due to a lack of gender-sensitive staffing policies [27].

Given the evidence, the findings suggest a need for comprehensive interventions to address a multi-layered problem. Key recommendations include: A. Implementing gender-sensitive policies such as fair pay and organizational frameworks to enhance job satisfaction and reduce bias [21]. B. Educational reforms, including curricula that challenge gender stereotypes and public campaigns that re-frame nursing as a critical profession, to foster identity and pride [23]. C. Establishing institutional support structures like mentor-ship programs and flexible scheduling to improve retention and work-family balance for female nurses, along with leadership training to ensure equitable involvement in policy-making [28].

The study's limitations stem from its cross-sectional design, which hinders the establishment of causal links between cultural norms, gender bias, and professional outcomes. The purposive sample of 186 nurses from three hospitals in Khyber Pakhtunkhwa reduces generalizability, particularly concerning rural areas. The reliance on self-administered Likert-scale questionnaires may lead to social desirability bias and subjective interpretations, compounded by the lack of reliability metrics. Furthermore, the timing of data collection and the exclusion of students or interns limit insights into early-career experiences, while the regional focus restricts applicability to broader contexts.

Conclusion

The study reveals that cultural norms and gender bias have a pronounced impact on nursing practice in Khyber Pukhtankhwa, Pakistan. Nursing is viewed as a feminine profession, restricting male involvement in care-giving and leadership roles, and placing family-related limitations on female nurses. Cultural norms and gender bias significantly affect nurses' professional contributions and job satisfaction, leading to reduced motivation and retention. This impact is consistently noted across various contexts. A diminished professional identity, stemming from perceived undervaluation or stereotyping, negatively influences both intrinsic and extrinsic motivations. Addressing these issues is critical not only for fairness but also for enhancing healthcare quality and workforce stability.

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