# The Striking Level of Gender Inequality in the Nursing Profession: A Cross-sectional study among Nurses and Student Nurses from selected Hospitals and Nurses Training Institutions in the Northern Cities of Uganda.

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**Abstract**

**Background:**

The level of gender inequality in this study was established at 78.4% implying that out of 10(ten) nurses, at least 8(eight) have experienced unfair treatment because of their gender as a student or a staff. Both male and female nurses face gender disparity among patients/attendants, colleagues, other health professionals, their community, and even family members. Male nurses have remained the minority in the profession bringing a striking numerical gender inequality in the nursing profession. The objective of this study is to determine factors influencing Gender inequality in the Nursing Profession among nurses and student nurses from selected hospitals and nurses training institutions in the Northern Cities of Uganda.

**Methodology:**

A cross-sectional study design was used. Quantitative data were obtained from nurses and nursing students in selected study sites in Gulu, Lira, and Arua cities. The raw data was single-entered and analyzed using statistical software version 26 for analysis. Bivariate and univariate analysis methods were used to identify factors associated with gender inequality. Variables with a P-value of $<0.05$ with a 95% confidence interval were used to declare statistical significance.

**Results:**

383 participants were interviewed. The level of gender inequality was established at 78.4%. Among the socio-demographic factors, gender ($x^2=10.294$, p-0.001), level of education attained ($x^2=6.293$, p-0.043), marital status ($x^2=8.296$, p-0.004) were significantly associated to gender inequality in the nursing profession.

**Conclusion:**

The prevalence of gender inequality in this study was 78.4%. Men remain the minority in the profession at 26.4%.

**Recommendations:**

The study recommends that quick comprehensive combined action is needed from government Ministries, nurses councils; NGOs, and international bodies fighting for gender equality to save the nursing profession from inequality. This action will contribute to the achievement of gender equality for all in all spheres of life.

*Keywords:* Gender Inequality, Nursing Profession, Hospitals, Nurses Training Institutions, Date Submitted: 2022-07-28 Date Accepted: 2022-09-14

## 1. Background:

Gender is the economic, social, and cultural attributes and opportunities that determine what is expected, allowed and valued in a woman or man (jhpiego, 2020). Gender equality is a condition of equal rights, responsibilities, and opportunities for all genders.

Gender inequality is therefore a social process where men and women are treated differently by having special consideration for one sex. According to the declaration of Philadelphia, all human beings irrespective of race, faith, or sex; have the right to obtain material well-being and spiritual development in conditions of freedom and dignity, economic security, and equal opportunity (Press, 2021). World Health Organization in the 49th World Health Assembly, recognized the potential of Nursing professionals to make a major contribution to quality and effective Health services; it suggested that nurses must be involved at all levels of the Health System including health care policy and reform (Sharrif & Potggieter, 2012). Since Nursing Profession is not resistant to gender inequality, it's very clearly marked that the profession remained predominantly female (Summer, 2017). According to his study, Summer said that the way the nurses are treated reflects the way women are treated in society (Summer, 2017). Media portrays them in feminine stereotypes like a low-skilled handmaiden, sex objects, angels or battle axes said, Summer. He added that male nurses also face gender stereotypes of being gay or weak. (Summer, 2017). The nursing profession has about 234 million workers (WHO, 2019). It is the biggest and fastest-growing employment sector in the world, particularly for women. According to the state of the world's Nursing report published by WHO, Globally nurses are the largest group of health care workers contributing to 28 million health workforce based on data collected from 191 countries that participated in the state of the world nursing report (WHO, 2020). The report also indicated that nursing is overwhelmingly dominated by women at 90% and the omission of data about entry salaries, investment in nursing education, and the gender wage gap is an indicator of gender inequality in the profession. Rosemary Morgan, assistant scientist at Johns Hopkins Bloomberg School of Public Health and School of Nursing said that nurses are discriminated against at the workplace based on identity. With the Covide19 pandemic, gender inequality in the workplace has put female nurses at more risk than male nurses with 73% of the health workers infected in the United State being female nurses because of their employment position that puts them in care giving roles that exposes them to high viral load.

In Africa 76% of nurses are women and the global gender inequality in Nursing has allowed the profession to follow a stereotype where in low and middle-income countries; Nursing is considered the second choice for those that have failed to make it to their preferred profession while in developed countries the low rate of men in Nursing is an indicator of how nursing is viewed globally said Emily Katarikawe, Uganda Country Director of Jhpiego (WHO, 2020). There is also a large pay gap between men and female in Nursing Profession where men are in the higher paying leadership position while female is in the lower paying roles as stated by Michelle McIsaac, an Economist at WHO and a Co-chair of Global Health Workforce Network Gender Equity Hub (WHO, 2020).

In Uganda, Nursing is still predominantly female though men are joining the profession. According to the study done in Mbarara Regional Referral Hospital, male nurses are seen as misplaced, misunderstood as practitioners of another discipline, and mistreated by their colleagues of the profession or other health care workers (Susan, 2016). In Northern Uganda, there is no evidence of any similar study conducted as well in Gulu, Lira, and Arua Cities, yet gender inequality affects the profession at all levels of service delivery. The objective is to determine factors influencing Gender inequality in the Nursing Profession among nurses and student nurses from selected hospitals and nurses training institutions in

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the Northern Cities of Uganda.

## 2. Methodology

**Study design**

The study used a cross-sectional design employing quantitative methods. This study design also allowed comparisons of many different variables in the study at the same time.

**Study Area**

The study was conducted in selected Hospitals and Nurse Training Institutions (NTI) in the Northern Cities of Uganda, located in the northern region of the Country. These Cities included Gulu, Lira, and Arua which was started on 1st July 2020. They had an estimated population of 321, 766 people with Gulu, Lira, and Arua having an estimation of 146 858, 119 323, and 55585 people respectively (Uganda Cities, 2021).

Gulu City had Gulu Regional Referral Hospital, a Government Health facility; St Marys' Hospital Lacor, a Missionary Hospital, and Gulu Independent Hospital, a Private health facility. It also had the Gulu School of Nursing and Midwifery, a private, and St Mary's Hospital Lacor School of Nursing and Midwifery, a Missionary NTI.

Arua City had Arua Regional Referral hospital, a government Health facility, and Kuluva, a Mission hospital. It also had the Arua School of Nursing and Midwifery, a Government Institution; Kajokeji Health Science Institute and Nursing School, a Private Institution and Kuluva School of Nursing and Midwifery, a Missionary School. Lastly, Lira City had Lira Regional Referral, a Government Health facility, and PAG Mission Hospital. It had the following nurses' training institutions: - King James School of nursing and midwifery, Jerusalem school of nursing and midwifery, Good Samaritan school of nursing and midwifery, Uganda Christian Institute, and school of nursing which are all private with Lira school of comprehensive nursing a government institution.

The training institutions and hospitals had a representative population of nurses and student nurses from different ethnic groups and religious affiliations in the country.

**Study Population:**

The study target population was nurses, student nurses, and administrators; in the selected study sites. These target populations are from different ethnic groups with varying cultural beliefs and practices that can contribute to their experience of gender inequality in the nursing profession.

**Selection Criteria**

Inclusion and exclusion criteria have been used to get respondents.

**Inclusion criteria**

All nurses and student nurses in the selected study sites who were 18 years and above and had consented for the first time to participate in the study, mentally sound, were included in the study

**Exclusion criteria**

Eligible study participants who were not willing to give informed consent or are not mentally sound were excluded from the study.

**Sample size estimation**

The sample size was determined using Kish and Leslie, (1965) formula, whereby; N = $Z^2$ P (1-P)/$\mathbf{d}^2$

Where $\mathbf{n}$ = sample size; $\mathbf{z}$ = z statistic for level of confidence valued at 95% is always 1.96; $\mathbf{p}$ = expected prevalence or proportion (standard deviation) of 50% is 0.5 since there is no confirmed figure; $\mathbf{d}$ = precision or margin of error of +/- 5% is 0.05Therefore, substituting the formula n = 1.96

$0.05^2$

The required sample size was 384 participants rounded off to 400 as advised by REC.

**Sampling technique**

The researcher used systematic sampling in the selection of the study participants

**Sampling procedure**

This occurred in stages. First, all the Nurses Training Institutions (NTI) and Hospitals in the study Cities were obtained from which a total of 6(six) NTI, 3 (three) Regional Referral Hospitals (RRH), and 3 (three) Hospitals were randomly selected. The respondents interviewed were 130 in Gulu, 127 in Lira, and 126 in Arua giving a total of 383 respondents interviewed.

Each City had two Nurses' Training Institutions and two hospitals selected. For both train-

ing institutions and the hospitals, one of them was a must-be government facility unless the city does not have a government facility. Different codes were assigned. The code started with the first letter of the City name, followed by the first letter of a hospital (H) or Institution (I) then a number showing the order of samples e.g Gulu City had code for selected hospitals as GH1 and GH2 where GH1 is Gulu Regional Referral Hospital and GH2 is St Marys Hospital Lacor.

Each City had a separate sampling frame for each institutional category. A City with only two institutions of the same category i.e. NTI or Hospital was automatically qualified to be a study site like Gulu which had only two NTI but sampling was done to determine the order of sampling. A City that had a sampled study site outside the catchment City area, the nearest facility to it within the City was substituted as in the case of Kuluvo Mission Hospital was substituted with Rhema a private Hospital within Arua City but Kuluvo school of nursing and midwifery had no substitution within Arua city but the sample size was added to Arua school of comprehensive nursing.

**Selection of the NTI**:

All the Nurses' Training Institutions in each study City were assigned different numbers which were written on a piece of paper. The papers were put in a box and shaken well for proper mixing then randomly a piece of paper was picked by two people alternately until the box was empty. The first and last number to be taken determined the name of the nurses' training institutions that qualify to be in the study. Therefore we had 2(two) nursing training institutions per city and a total of 6(six) institutions from the 3 Cities were sampled. They are:-

GI1 – St Mary's School of Nursing and Midwifery Lacor in Gulu.

GI2 – Gulu School of Nursing and Midwifery.

LI1 – Good Samaritan School of Nursing and Midwifery LI2 – Lira School of Comprehensive Nursing.

AI1 – Kuluvo School of Nursing and Midwifery.

AI2 –.Arua School of Comprehensive Nursing

**Selection of the hospitals**:

The same method was applied in the selection of the Hospitals. The Regional Referral Hospitals being the biggest and regional government health facility automatically qualified to be a study site. So, each City had a Regional Referral Hospital and a non-governmental Hospital which gave us 2(two) hospitals per City and a total of 6(six) Hospitals for the 3(three) Cities sampled as below:-

GH1 – Gulu Regional Referral Hospital. GH2 – St Mary's Hospital Lacor, Gulu. LH1 – PAG Mission Hospital Lira.

LH2 – Lira Regional Referral Hospital. AH1 – Rhema Hospital Arua.

AH2 – Arua Regional Referral Hospital.

**Selection of study participants**:

The study participants were selected by assigning the eligible individual from each study site a separate number to create a sampling frame for the site. This gave us representative samples of nurses and student nurses by purposive stratified random sampling. Only eligible individuals who consented were interviewed. Those who didn't consent to the study were excluded from the study and their sampling number was re-assigned to the next eligible participant. This continued until the study sample target was achieved.

**Study variables**

The dependent variable was gender inequality in nursing.

Independent variables are individual, community, and institutional related factors. Individual factors included social demographic, education level, knowledge, belief, and practices. Community-related factors included culture and tradition. The institution factors included training and employment policies.

**Data collection Techniques**

The researcher used different methods to obtain data from the study participants. In this study, data were obtained through the use of questionnaires to interview respondents and retrieved secondary data.

**Data collection instruments**

A researcher-administered questionnaire was used to collect data from the respondents. This was written in English and contained open and closed-ended questions. This instrument was used

because of the following reasons; since the information was recorded, it was referred to whenever it was needed; the respondents got a chance to be clarified on the questions they may not have understood well.

**Data management**

The researcher collected data with the help of research assistants who were trained before data collection commenced. The role of the principal investigator was data collection and reviewing the filled interview guides to check for accuracy and errors. The data was coded and entered into a computer using SPSS data analysis software version 26. This provided ease to enter coded data and further add controls to codes, minimizing errors.

## 3. Data Analysis

The first step was to run the descriptive analysis, and univariate analysis where data on factors were tabulated and frequency tables, bar charts, and pie charts were generated to assess the statistical distribution followed by the study population.

The bivariate analysis involves cross-tabulations, chi-square test was used to explain the association. As a result of this comparison, the probability values (P) were generated from each of these cross-tabulations to determine the significance level at a 95% confidence interval. All probability values $p< 0.05$ were considered significant and therefore considered to be statistical significance with gender inequality.

**Ethical consideration**

**Approval:**

This study was conducted with due approval by the university, from which the researchers obtained an introductory letter to go within the field from the school of nursing and REC approval from the CIU-REC before going to the field for data collection.

In the field, the introductory letters were presented to the Directors of various Hospitals and the principal tutors' offices where written consent was after fulfilling their institutional REC terms and conditions.

**Consent:**

An official letter that explains the objectives, rationale, and expected outcomes of the study was written to various selected hospitals and Nursing training institutions in the Northern Cities of Uganda authorities' office from the University requesting cooperation. The principal investigator communicated with the local authority's office and obtain written consent from the offices.

**Confidentiality:**

The respondents were assured that the information they pass on was kept confidential information and that it was used in such a way that it could not be traced back to a particular respondent.

The respondents were also assured of maximum respect during the entire process of data collection

**Respect for Respondents:**

In addition, the right to decide whether or not to participate in the study was explained. Similarly, the Researcher informed the respondents that they were free to choose not to answer particular questions that they felt they should not answer. Lastly, a consent/assent form was availed to the respondents for signing after an elaborative explanation of the subject matter in the research study.

Other ethical issues that were considered in this study included the fact that the participation in the study was completely voluntary. The privacy of the participants was duly respected as they were not compelled to respond to questions that they were not comfortable with. The identities of the participants were made anonymous and collected data cannot be traced to any of them.

**Quality control and assurance:**

To ensure the validity and reliability of collected data, the following quality control measures were put in place:-

The source of data were nurses, nursing students, and secondary data from the study sites.

The researcher pretested the study questionnaire among nine randomly selected study participants in the Lira school of nursing and midwifery which is 10% of the total sample size. This was done three days before application to the study area since it had a similar setting. It enabled

the researcher to identify and correct in advance questions that were not clearly understood by the respondents.

Three research assistants with a minimum of 2 years of working experience, in reputable Research organizations, were trained and taken through the consent form and questionnaires before data collection by the principal investigator to assist in data collection. This gave the researcher time to evaluate the collected data frequently and eliminate bias on the side of the researcher.

Questionnaires were checked for consistency and completeness of the information obtained from the study participants to ensure the reliability of the collected information.

Before closure, all completed questionnaires were double-checked for completeness and approved for storage by the principal investigator.

**Results**

**Socio-demographic related factors influencing gender inequality in the nursing profession**

According to table 1 above, 73.6% were female, 53.1% were in the age bracket of 18-24 years, 50.6% had a tertiary level of education, the majority 96.3% were Christians and 61.4% were single, 52.0% were Acholi/Langi/Alur by the tribe.

## 4. Proportion of gender inequality in the nursing profession.

When the respondents were asked about their experience of gender inequality in the nursing profession, most 78.4% reported that gender inequality is present in the nursing profession.

Among the socio-demographic factors, gender ($x^2$=10.294, p-0.001), level of education attained ($x^2$=6.293, p-0.043), marital status ($x^2$=8.296, p-0.004) were significantly associated to gender inequality in the nursing profession.

## 5. Discussion:

**Level of gender inequality**

This study found that the prevalence of gender inequality was 78.4% in the nursing profession. It is probably because most community nursing is perceived as a feminine profession. This is supported by the WHO report, which stated that 90% and 76% of nurses globally and in Africa respectively are female (WHO, 2020).

Not only that, but it has also established that Uganda like other Countries in the world, has more female nurses both in training and employment at 73.6%. Similarly, (Brody, 2019) found that Uganda is not exceptional, it had only 20% men in the nursing profession in 2019 just like7% and 9.6% in 2006 and 2013 respectively in the United States (Susan, 2014) and now in 2022, male nurses are still only at 26.4% as per this study. These marked differences in the number of male and female nurses are a significant numerical indicator of gender inequality in the profession that was also noted by Ukke K *at el.* (2012)

In addition to that, it has confirmed the global justification that the nursing profession is predominantly female, according to different researchers from various parts of the world. This kind of gender inequality in the nursing profession is not in line with the declaration of Philadelphia that all human beings irrespective of race, faith, or sex should have equal employment opportunities. As the imbalances in the proportion of men and women in nursing persist, it is one of the possible reasons harming health care service provision. The imbalances start right from the time of recruitment into nurses training to job/employment which has been evidenced by this study where the majority of the students and the staff are female. Brody (2019) has affirmed that gender imbalances in jobs are key issues in health sectors. This, therefore, directly affects patients' nursing care since nurses are always in constant contact with the patients among all the health care teams. The patients 'choice of which gender to provide to them nursing care is limited or not there at all. This in a way may make them withhold vital private information that would be beneficial for planning and providing individualized holistic nursing care.

According to the literature, the lack of gender consideration and its connection is a critical moderator of health and wellbeing (Alexandra N.

Table 1: Univariate analysis of socio-demographic characteristics of respondents influencing gender inequality in the nursing profession.

| **variables** | **category** | **Frequency N** | **Percentage %** |
|---|---|---|---|
| Gender | Female | 259 | 73.6 |
| | Male | 93 | 26.4 |
| Age | 18-24 years | 187 | 53.1 |
| | 25-34 years | 109 | 31.0 |
| | 35-44 years | 29 | 8.2 |
| | >44 years | 27 | 7.7 |
| Highest level of education attained | Post-graduate/Bachelor | 21 | 6.0 |
| | Tertiary | 178 | 50.6 |
| | Secondary | 153 | 43.5 |
| Tribes | Acholi/langi/Alur | 183 | 52.0 |
| | Lugbara/Madi/Kakwa | 77 | 21.9 |
| | Bantu | 50 | 14.2 |
| | Other | 42 | 11.9 |
| Marital status | Single | 216 | 61.4 |
| | Married | 136 | 38.6 |
| Religion affiliation | Christian | 339 | 96.3 |
| | Muslim | 13 | 3.7 |

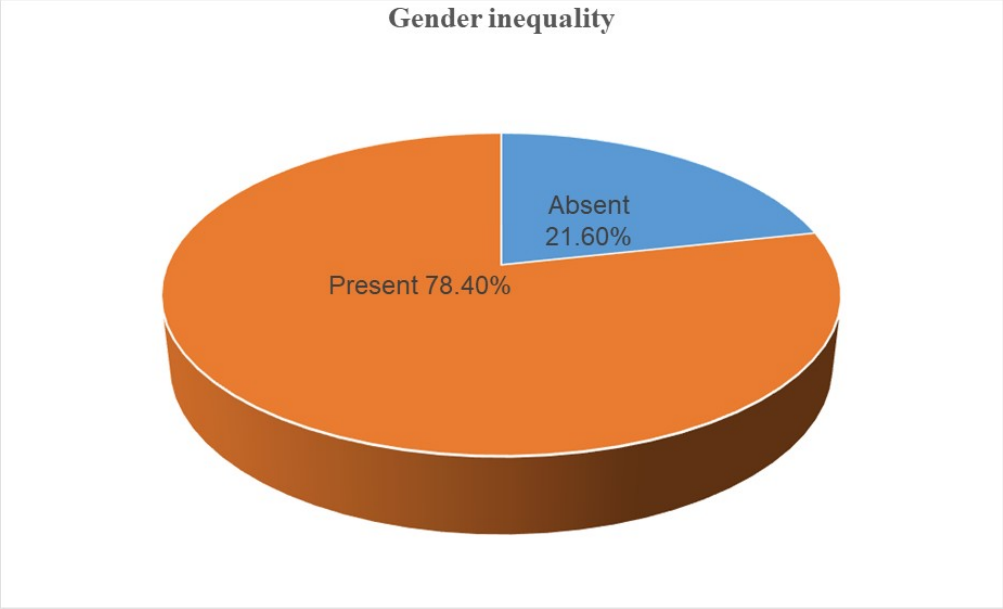


Figure 1: Shows a pie chart showing the proportion of gender inequality in nursing profession.

Table 2: Bivariate analysis of socio-demographic related factors influencing gender inequality in the nursing profession

| variables | category | Present % | Absent % | x 2 | p-value |
|---|---|---|---|---|---|
| **Gender** | Female | 45(59.2%) | 214(77.5%) | 10.294 | **0.001** |
| | Male | 31(40.8%) | 62(22.5) | | |
| **higest level of education attained.** | Post graduate/Bachelor | 32(42.1%) (36.8%) | 155(56.2%) 81(29.3%) | 4.943 | 0.176 |
| | Tertiary | 8(10.5%) | 21(7.6%) | | |
| | Secondary | 8(10.5%) | 19(6.9%) | | |
| **tribes** | Acholi/langi/Alur | 7(9.2%) | 14(5.1%) | 6.293 | **0.043** |
| | Lugbara/Madi/Kakwa | 45(59.2%) | 133(48.2%) | | |
| | Bantu | 24(31.6%) | 129(46.7%) | | |
| | Other | | | | |
| **Marital status** | Single | 69(90.8%) | 270(97.8%) | 8.296 | **0.004** |
| | Married | 7(9.2%) | 6(2.2%) | | |
| **Religious affiliation** | Christian | 43(56.6%) | 173(62.7%) | 0.936 | 0.333 |
| | Muslim | 33(43.4%) | 103(37.3%) | | |

Fisher, 2021). This is one of the possible hindrances in the nursing profession to the achievement of SDG 3(three) which aims at attaining good health and well-being by ensuring healthy lives and promoting well-being for all at all ages. Furthermore, the study also revealed that nurses are considered academic failures.43.4% of the respondents noted that nurses are considered as a profession of academic failures who did not make it to their preferred professions. This is probably because, by the 20th Century, nursing was considered a female a profession that spread widely in various societies and the ideology is still fixed in the mind of most people globally. But, as workplace expectations for equality increased, it officially became a gender-neutral profession. This was also noted by WHO (2020) in their report that nursing is considered the second choice for those that have failed to make it to their preferred profession. But this study shows that 58.2% of the respondents at least had nursing as one of their professional choices at a secondary level of education and they said that they would recommend someone to join the nursing profession. WHO in their report added that in developed countries, the low rate of men shows how the profession is globally viewed. According to this study, there is a very minimal increase in the number of men in the nursing profession at only 6.4% in Uganda between 2019 and 2022 at a rate of 20% to 26.4% respectively. Therefore, it is the role and duty of every nurse, the community, stakeholders, and the country at large to work towards achieving gender equality across all domains, especially in the nursing profession.

## 6. CONCLUSION

The prevalence of gender inequality in this study was 78.4%. Men remain the minority in the profession at 26.4%.

**RECOMMENDATIONS**

Owing to the high level of gender inequality established in the nursing professions, the study recommends that:-

1) Quick action is needed to bridge this gap of gender inequality in the nursing profession by sensitizing secondary school students about nursing as a gender-neutral profession for an immediate impact. We, therefore, call upon any international body, NGO, or potential donor to give monetary support to spearhead the sensitization process in Uganda as a way of achieving gender equality.

2) The concerned government ministries and the Nursing and Midwifery Council should encourage and promote gender diversity in the nursing profession from the time of training to employment. More males should be recruited and retained. Any NGO concerned with education is called upon to provide Special scholarships for men to join the nursing profession as a way of bridging the numerical gender inequality.

3) More studies on gender inequality in the nursing profession and the role and importance of the nursing profession should be conducted.

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The list is endless but I apologize to those whose names were not mentioned but you are not forgotten. May God bless everyone and reward you abundantly.

## 8. List of abbreviations

WHO – World Health Organization.
MOH – Ministry of Health.
NTI – Nursing Training Institution.
EIGE – European Institute for Gender Equality. SDG – Sustainable Development Goal
MDG – Millennium Development Goal REC – Research Ethics Committee.
UNCST –Uganda National Council of Science and Technology.
CIU – Clarke International University.
NP - Nursing Profession.
GI — Gender Inequality
SPSS - Statistical package for social scientist

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