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COMMUNITY-RELATED FACTORS INFLUENCING GENDER INEQUALITY IN NURSING PROFESSION, A CROSS-SECTIONAL STUDY AMONG NURSES AND STUDENT NURSES FROM SELECTED HOSPITALS AND NURSES TRAINING INSTITUTIONS IN NORTHERN UGANDA. A CROSS-SECTIONAL STUDY.

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Abstract

Introduction:

The striking level of gender inequality (GI) in the nursing profession (NP) is also influenced by community-related factors. 81.3% of preferences and choices for NP were determined by gender roles. Caring and nurturing (64.2%) were the major female gender roles associated with nursing, a potential reason for 73.6% of female nurses. Patients/attendants and staff calls female nurses "sisters", a traditional concept associated with their communal gender roles. Various individuals are nurses for different community-motivating reasons. Largely, 36.1% of rude nurses, possibly intervene. Community male nurses' perception discourages most males from the female-dominated profession. Friends/peers are the leading community perpetrator of GI in NP. The main study objective was to determine factors influencing gender inequality in the nursing profession among nurses and student nurses in the selected hospitals and nurses training institutions in the northern cities of Uganda.

Methodology:

A cross-sectional study design was used to obtain quantitative data from respondents. Trained research assistants acquired raw data using a pretested structured English questionnaire. Data were single-entered and analyzed using statistical software version 26. Study variables were described using Frequency tables and graphs. Univariate and bivariate analysis methods were used to identify factors associated with GI. Variables with a P-value of <0.05 with a 95% confidence interval were used to declare statistical significance.

Results:

95.6% of responses were achieved. Community gender challenge for Becoming a Nurse (X^2=17.907, p-0.000) was significantly associated with GI in NP. Friends/peers are the main community perpetrator of gender discrimination (42.4%). Academic failures (32.1%) and doctors (29.5%) were the foremost community perception of male nurses.

Conclusion:

Family and community support is key to gender equality in NP for the achievement of SDGs and health targets.

Recommendation:

More research is needed to strengthen policies in the NP.

***Keywords**:* Community, Male nurses, Gender, Inequality, Nursing profession, Submitted: 2023-03-21 Accepted: 2023-03-14

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1. Background of the study

Gender is economic, social and cultural attributes and opportunities which determines what is expected, allowed and valued in a woman or a man (jhpiego, 2020).Gender equality is a condition of equal rights, responsibilities and opportunities for all genders while gender inequality is a social process where men and women are treated differently by having special consideration for one gender. According to declaration of Philadelphia, all human beings irrespective of race, faith or sex; have the right to obtain material wellbeing and spiritual development in conditions of freedom and dignity, economic security and equal opportunity (Press, 2021). Sunday Summer, noted the numerical GI in nursing profession with female being predominant and their handling reflects the way women are treated in the society (Summer, 2017). Nursing profession is the biggest and fastest growing employment sectors globally for women with about 234 million workers (WHO, 2019). Conferring to the state of the world's Nursing report, Globally nurses are the largest group of health care worker contributing 28 million health work force with 90% female(WHO, 2020). the omission of data about entry salaries, investment in nursing education and gender wage gap is 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 at workplace on the basis of identity. With the Covide19 pandemic, gender inequality at work place has put female nurses at more risk than the male nurses with 73% of the health workers infected in the United State were the female nurses because of their employment position at a care giving roles (Anderson, 2020).

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 second choice for those that have fail 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 the men and female in Nursing Profession where men are at the higher paying leadership position while the female are at the lower paying roles as stated by Michelle McIsaac, an Economist at WHO (WHO, 2020).

In Uganda, most Nurses are 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 from other discipline and are mistreated by the 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 level of service delivery. The specific objectives of the study was to determine the community-related factors leading to gender inequality in the nursing profession.

2. METHODOLOGY

The methods described here are similar to the one by Lalam et al., 2022.

2.1. Study design

The study used a cross sectional design engaging quantitative and qualitative method which gave it a detailed description and comparisons of different variables in the study at the same time. Data were collected at a specific given point in time and the results were generalized as the general behaviour.

2.2. Study Area

The study was conducted in selected Hospitals and Nurses Training Institutions (NTI) in the Northern Cities of Uganda which included Gulu, Lira and Arua . They had an estimated population of 321, 766 people with Gulu -146 858, Lira - 119 323 and Arua - 55585 people (Uganda Cities, 2021). The recruitment of study participants and

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data collection took a period of three months from Novermber 2021 to January 2022.

Gulu City had Gulu RRH (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 Gulu SNM (School of Nursing and Midwifery), a private and St Mary's Hospital Lacor SNM, a Missionary NTI.

Arua City had Arua RRH, a government Health facility and Kuluva, a Mission Hospitals. It also had Arua SNM, a Government Institution; Kajokeji Health Science Institute and Nursing School, a Private Institution and Kuluva SNM, a Missionary School.

Lastly, Lira City had Lira RRH, a Government Health facility and PAG Mission Hospital. It had the following nurses training institutions: - King James SNM, Jerusalem SNM, Good Samaritan SNM, Uganda Christian Institute and school of nursing which are all private with Lira school of comprehensive nursing a government institution.

The NTI and hospitals had a representative population of nurses and student nurses from the different ethnic group and religious affiliation in the Country.

2.3. Study Population:

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

2.4. Selection Criteria

Inclusion and exclusion criteria were used to get respondents.

2.4.1. Inclusion criteria

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

2.4.2. Exclusion criteria

Eligible study participants who didn't give informed consent or not mentally sound were excluded from the study.

2.5. Sample size estimation

The sample size was determined using Kish and Leslie, (1965) formula, whereby;

$$\mathbf{n = \frac{Z^2\ P\ (1\text{-}P)}{d^2}}$$

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

$$n = \frac{1.96^2 \times 0.5 \times (1 - 0.5)}{0.05^2} = 385$$

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

2.6. Sampling technique

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

2.7. 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 and 6(six) Hospitals were randomly selected. A total of 383 respondents were interviewed, 130 in Gulu, 127 in Lira and 126 in Arua.

Each City had two NTI and two hospitals selected. For both NTI and the hospitals, one of them was a must be a government facility unless the city does not have. Different codes were assigned. The code started with first letter of the City name, followed by first letter for a hospital (H) or Institution (I) then a number showing order of sample e.g. Gulu City had code for selected hospitals as GH1 and GH2 where GH1 is Gulu RRH 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, were 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 for Kuluvo Mission Hospital that was substituted with Rhema, a private Hospital within Arua City but Kuluvo SNM 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 in a piece of paper. The papers were put in a box and shaken well for proper mixing then randomly a 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 NTI that qualify to be in the study. Therefore, we had 2(two) NTI per city and a total of 6(six) for the 3 Cities were sampled. They are:-

GI1 – St Mary's SNM Lacor in Gulu.
GI2 – Gulu SNM.
LI1 – Good Samaritan SNM
LI2 – Lira School of Comprehensive Nursing.
AI1 – Kuluvo SNM
AI2 –.Arua School of Comprehensive Nursing

2.8. Selection of the hospitals:

The same method was applied in the selection of the Hospitals. The RRH 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) hospital per City and a total of 6(six) Hospitals for the 3(three) Cities sampled as below:-

GH1 – Gulu RRH.
GH2 – St Mary's Hospital Lacor, Gulu. LH1 – PAG Mission Hospital Lira.
LH2 – Lira RRH.
AH1 – Rhema Hospital Arua.
AH2 – Arua RRH.

2.9. Selection of study participants:

Each study site had a separates sampling frame. Only individual who met the inclusion criteria were assigned a number to create a sampling frame and interviewed. The excluded study participants sampling number were re-assigned to the next eligible participant. This continued until the study sample target were achieved.

Key informant interview (48 participants):

1. The 6(six) NTI had the principal or the deputy (1), academic registrar (1) and any 2(two) tutor interviewed. So, 4(four) participants X 6 institutions

= **24 participants.**

2. The hospitals had the SPNO (1), PNO (1), SANO (1) and HR (1). So, the 6(six) hospitals X 4participants = **24 participants**.

Individual interview (352 participants):

352/12 institutions = 29 participants each and a balance of 4 participants.

The 4 participants were divided among the 3(three) regional referral hospitals which are government facilities with more enrolments. Gulu RRH had 2(two), Lira and Arua RRH had one each. Hence, Gulu, Lira and Arua RRH had 31, 30 and 30 participants respectively = 91participants sampled while the 9 institutions had 29 participants X 9 = 261 participants sampled

Therefore, 91 + 261 = 352 participants for individual interviews.

So, the summation of key informant and individual interview = sample size

48 + 352 **= 400** study participants sampled.

Of the 400 study participants estimated, 31 and 352 participants for Key informant and individual interview respectively were interviewed that gave a total of 383 participants interviewed and 17 participants were not interviewed due to absenteeism, and refusal to participate in the study.

2.10. Study variables

Dependent variable was gender inequality in the 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 tra-

dition. The institution factors included training and employment policies.

2.11. Data collection Techniques

The researchers interviewed respondents and retrieved secondary data.

2.11.1. Data collection instruments

A pretested English questionnaires with open and closed ended questions were used to collect data from the respondents.

2.12. Data management

The principal investigator (PI) trained the research assistants on the protocol, questionnaire and consent form before data collection. All completed questionnaires were checked from the field by the PI for completeness and accuracy before storing for data entry. The coded data were entered into a computer using SPSS data analysis software version 26 for ease of entry and to add control to codes, minimizing errors. Entered questionnaires are filled and stored for future references.

2.13. Data Analysis

First, a descriptive and univariate analysis were done. 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.

Then, a bivariate analysis involved 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 95% confidence interval. All probability values $p< 0.05$ were considered statistically significant to gender inequality.

2.14. Ethical consideration

2.15. Approval:

This study was conducted with due approval by Uganda National council of science and technology and Clarke International university, from which the research obtained REC approval from the CIU-REC and an introductory letter from the school of nursing before data collections.

In the field, the PI presented the introductory letter from the University to the Directors of various Hospitals and the principal tutors' offices and explained the objectives, rationale and expected outcomes of the study. After fulfilling their institutional REC requirements, a written consent were provided.

2.16. Consent:

The study objectives, benefit and risk were all explained to the respondents. The right to or not to participate in the study or respond to a specific question were explained. All their questions were answered and they gave an informed consent by signing the consent form.

2.17. Confidentiality:

The respondents were assured of their information confidentiality and it couldn't trace back to them.

2.18. Respect for Respondents:

The respondents were given maximum respect during the entire process of data collection. Their privacy, confidentiality and right to voluntary participation in the study were respected and protected and their identities remained anonymous because of the unique study code assigned to them.

2.19. Quality control and assurance:

To ensure validity and reliability of collected data:-

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

The study questionnaire was pretested three days before data collection for consistency and correctness of the questions among nine randomly selected study participant in Lira SNM that is about 10% of total sample size of Lira city.

Three research assistants with a minimum of 2years working experience, in a reputable Research organizations, were trained on the protocol, consent form and questionnaires before data collection by the PI to assist in data collection to

allow them evaluate the collected data frequently and eliminate bias on the side of the researcher.

Completed questionnaires were double checked for consistence and completeness of information to ensure reliability of the collected information and approved by PI for storage.

3. Results

3.1. Community related factors influencing gender inequality in nursing profession.

According to table 1 above, Majority 81.2% of the respondents were not challenged for becoming a nurse because of their gender while 18.8% were challenged. Of those, 42.4% were challenged by peers/friend, 36.1% mentioned rude nurses in the health facility was the community aspect that motivated them to join the profession, 64.2% mentioned caring and nurturing as the gender role associated with nursing, 81.3% said gender role in the community determined their choices for nursing professions, 60.3% noted that in their culture and tradition there is gender preference for nursing role in the community, 76.5% of those whose culture had preferences mentioned male and female gender, 58.0% said their culture do not consider nurses to be a female professions, and 32.1% said the community under looked and considered nurses as academic failures who did not make it to their preferred profession.

Being challenge from the community for becoming a nurse because of my gender (X^2=17.907, p-0.000) was the only community factor that was significantly associated with gender inequality in nursing profession as shown in table 3 and 4 above.

4. Discussion:

4.1. Community/traditions related factors

The study found that community challenge for becoming a nurse due to gender and gender role were significantly associated with gender inequality in the nursing profession. This is probably because global society still stereotype nursing as a female occupation just like in the mid-19th C, where nursing was founded as a female profession due to Nightingale Florence effort (Susan, 2014). Her image of a nurse was a subordinate, nurturing, domestic, humble, and self-sacrificing and not too educated; which became widespread in the society (Susan, 2014; Judie & Jaypal, 2020). To some extent, the nightingale image of a nurse is being reflected in the nurses of today and in the traditions of the tribes occupying the Northern Region of Uganda that is the Acoli, Langi, Alur, Madi, Lugbara and Kakwa; Nightingale image of a nurse is a true nature of a woman that determines her gender role, position and respect she is given in her society. This is also supported by Girad study of 2013 that was reviewed by Ruth and Maryam, where they found that in a patriarchal cultures, the values given to a woman and her place in the society is naturally reflected in nursing profession (Ruth & Maryam, 2017). The study found mostly that 64.2% of the respondents said that caring and nurturing are the female gender roles associated with nursing therefore supporting findings from different researchers (Florence, 2017; Susan, 2014; McLaughlin at el, 2010; Ukke K at el, 2012). 81.3% recognized that gender roles in their community has determined their choices for nursing professions.

The Ugandan men in nursing still face challenges with the traditional gender defined roles reflected in the nursing profession. The study unveiled that the male nurses have mixed perception from the community. Majority 32.1%, under look and consider them academic failures; 29.5 % considers them doctors; 19.9% said they are good , wiser and better performance than the female nurses but 13.6% said that they are proud, rough, lazy and feared by patients. Judie&Jayapal, (2020) report indicated that male nurses are traditionally perceived as having demoted status. This supports Ruth & Maryam, (2017) findings which said that the opinion of gender roles defines the roles and attitudes, professional choices and working lives of men and women.

Various individual are nurses for different community motivating reasons. Largely, 36.1% are motivated to be nurses because of rude nurses in their health facilities which is unethical and unprofessional conduct in the profession. Per-

Table 1: Univaraite analysis of Community related factors influencing gender inequality in nursing profession

Variables	**Categories**	**Frequency n**	**Percentage %**
challenged from ones community for becoming a nurse because of their gender	Yes No	66 286	18.8 81.2
Perpetuator of the challenge	Parents/guardians/relative Siblings Friends/peers Others	13 6 28 19	19.7 9.1 42.4 28.8
Community aspect that motivated one to join the nursing profession	Poor health seeking behavior, disease burden and poor hygiene of the community. Rude nurses in the health facility. Poor service delivery, inaccessibility and long distance to the health facility. Few or no nurses and other health worker from their community. Others	54 127 81 60 30	15.3 36.1 23.0 17.1 8.5
Some of the gender roles our society associate to Nursing profession.	Caring and nurturing. Better domestic care. Others	226 31 95	64.2 8.8 27.0

Table 2: Univaraite analysis of Community related factors influencing gender inequality in nursing profession |

opinion on gender roles in one's community that determined their choice of the nursing profession	Yes No	286 66	81.3 18.8
One's culture and traditions gender preference for nursing role in the community	Yes No	213 139	60.5 39.5
If yes , state	Male Female Male and female	26 24 163	12.2 11.3 76.5
Culture and tradition considering nursing to be a female profession?	Yes No	148 204	42.0 58.0
Community thoughts of the men in the nursing profession.	Are to be doctors not nurses. Are under looked and considered academic failures who did not make it to their preferred profession. Are good, wiser and better performance than the female nurses. Some are proud and want to be doctors, rough, lazy and feared by patients. Others specify	104 113 70 48 17	29.5 32.1 19.9 13.6 4.8

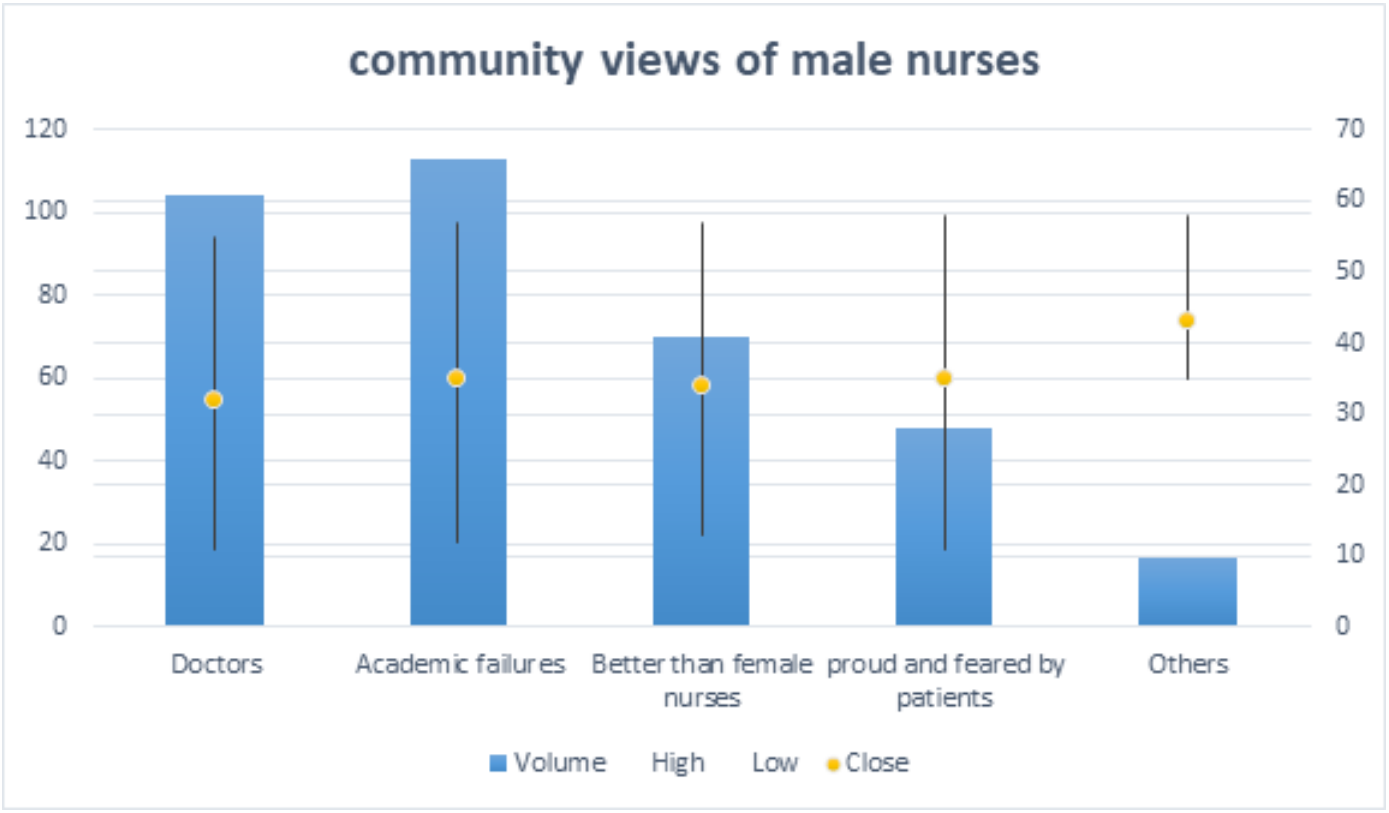

Figure 1: Bar graph showing community views of male in the nursing profession.

haps, they join nursing profession to intervene. Female nurses are the prime suspects for this unprofessional conduct since the community perceives and calls male nurses "doctors" and their percentage has persistently remained low in the female dominated profession supporting Alligood findings that was reviewed by Jayapal and Judie (Judie, 2020). Other community motivating reasons are: - Poor service delivery, inaccessibility and long distance to the health facility; few/no nurses and/or other health worker from their community; Poor health seeking behavior, disease burden and poor hygiene of the community. These together are imaginable hindrances to the achievement of SDGs' where world leaders have agreed on and aimed at creating better and fairer world by 2030.

Nurses' managers in this study both in hospitals and nurses training institutions established that there is no special titles given to the men in the nursing profession other than the official titles given by the Ministry based on academic qualification. But in practice, it was noted in all hospitals that female nurses were being called distinctively and discriminatively "sisters" by both the health staff and patients/attendants, a title that reflects how nursing traditionally is associated to women. This discourages male from the profession. It was also noted by Jayapal and Judie in their reports (Judie &Jayapal, 2020) hence numerical gender inequality in the profession. Male nurses are called 'doctors' by patients/attendants. These titles "sister" and "doctor" are gender discriminative in the nursing profession mitigating the community expectation of both gender in the health sectors. The traditional concept uses the titles "sister" when referring to a female which shows how deep the female nurses are perceived and associated to their gender roles in society. Ukke *at el*, 2012 noted these concepts too. The study ascertained that 60.3% of the respondent had culture and traditions with gender preference for nursing role.

The multicultural interactions that has changed over time is changing the community beliefs and perception of nursing as a female profession to a

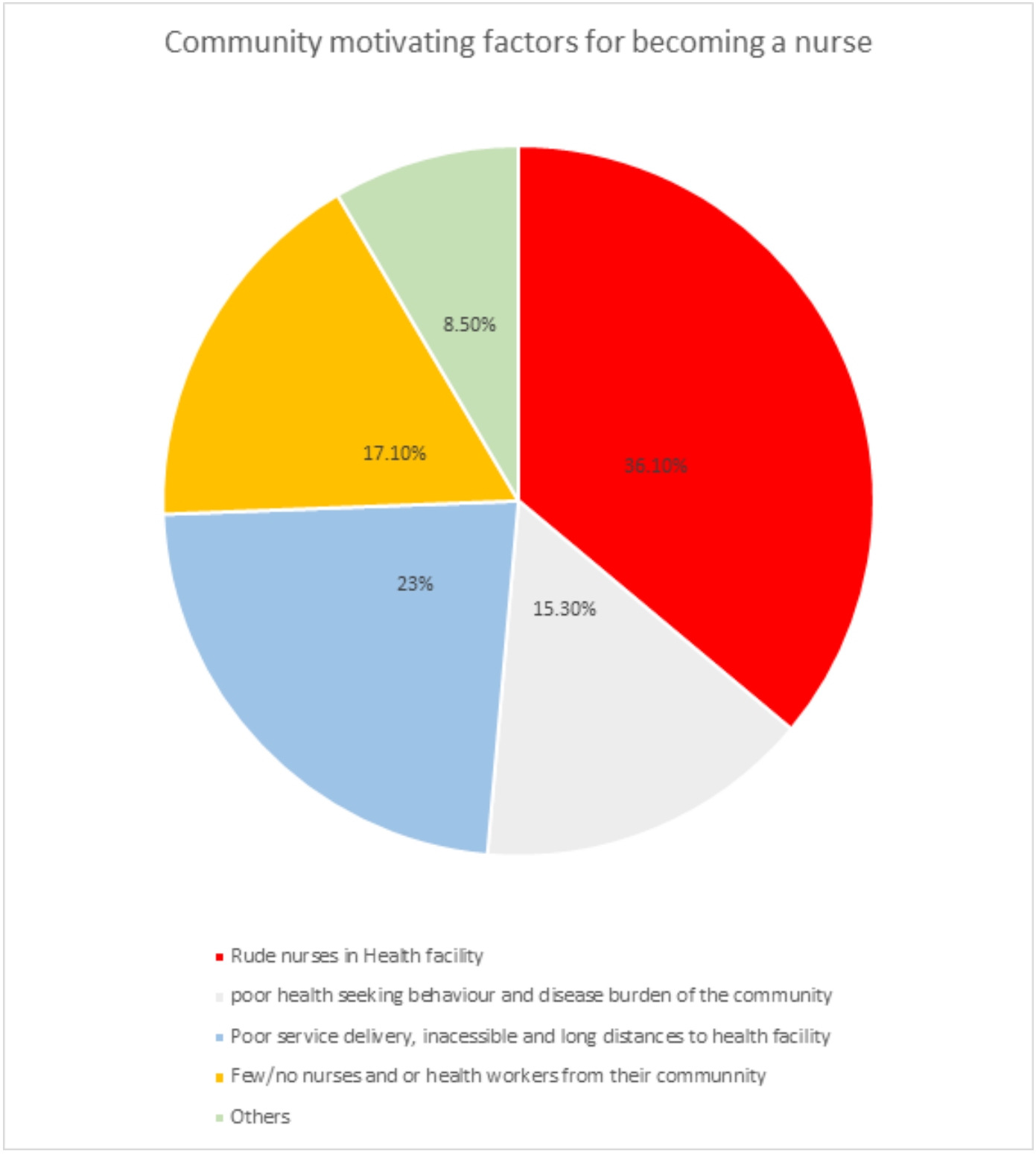

Figure 2: Pie-chart showing community motivating factors for Nursing.

Table 3: Bivaraite analysis of Community related factors influencing gender inequality in nursing profession

Variables	**Categories**	**Present (%)**	**Absent (%)**	x 2	**p-value**
challenged from community for becoming a nurse because of ones gender	Yes No	27(35.5%) 49(64.5%)	39(14.1%) 237(85.9%)	17.907	0.**ooo**
Perpetuator of the challenged	Parents/guardians relatives /Siblings Friends/peers Others	3(11.1%) 3(11.1%) 12(44.4%) 9(33.3%)	10(25.6%) 3(7.7%) 16(41.0%) 10(25.6%)	2.287	0.515
Community aspect that motivated one to joining the nursing profession	Poor health seeking behavior, disease burden and poor hygiene of the community. Rude nurses in the health facility. Poor service delivery, inaccessibility and long distance to the health facility. Few or no nurses and other health worker from their community. Others specify	13(17.1%) 27(35.5%) 21(27.6%) 8(10.5%) 7(9.2%)	41(14.9%) 100(36.2%) 60(21.7%) 52(21.7%) 23(8.3%)	3.757	0.567
Some of the gender roles our society associate to nursing profession	Caring and nurturing. Better domestic care. Others	53(69.7%) 5(6.6%) 18(23.7%)	173(62.7%) 26(9.4%) 77(27.9%)	1.400	0.496
One's opinion if gender roles in their community has determined their choice of the nursing profession	Yes No	57(75.0%) 19(25.0%)	229(83.0%) 47(17.0%)	2.485	0.115

gender neutral profession that has taken decades to transform. Culture governs every individual attitude and practice in any given society. Cultural integration is taking root in most society because of migration, travels and intermarriages among the different ethnicity. The cross cultural environment in the hospitals and nurses training institution indicates that stakeholders are working toward achieving gender equality from the community perspective which is the backbone of every individual belief, attitude and practice. Cultural diversity highlights that both gender can play any role if given the chance, are accepted and supported by the society. This could be a possible reason for the 81.2% of the respondents not challenged from their community for becoming a nurse because of their gender. The 18.8% who were challenged could be due to the traditional influence of the elders still having the old ideology about nursing being a female profession and men are doctors.

Nursing profession in Uganda like other part of the world, is not yet resistant to gender discrimination that has remained a problem in the

Table 4: Bivaraite analysis of Community related factors influencing gender inequality in nursing profession

One's culture and traditions gender preference for nursing role in the community	Yes No	44(57.9%) 32(42.1%)	169(61.2%) 107(38.8%)	0.278	0.598
If yes , state	Male Female Male and female	32(42.1%) 7(9.2%) 5(6.6%)	131(47.5%) 19(6.9%) 19(6.9%)	0.982	0.806
One's culture and tradition Considering nursing to be female profession.	Yes No	35(46.1%) 41(53.9%)	113(40.9%) 163(59.1%)	0.639	0.424
community thoughts on the men in the nursing profession	Are to be doctors not nurses. Are under looked and considered academic failures who did not make it to their preferred profession. Are good, wiser and better performance than the female nurses. Some are proud and want to be doctors, rough, lazy and feared by patients. Others specify	17(22.4%) 29(38.2%) 16(21.1%) 10(13.2%) 4(5.3%)	87(31.5%) 84(30.4%) 54(19.6%) 38(13.8%) 13(4.7%)	2.917	0.572

society. It was also identified by (Shelton, 2012) in her study on a model of nursing student retention. This study has revealed that the ideology of nursing being a gender neutral profession is getting rooted in society. 76.5% of the respondents confirmed that their culture and tradition would prefer both gender to be nurses in contrast to 11.3% and 12.7% that would prefer female and male respectively.

The study found that most top nursing management position in all hospitals were mainly female dominated contrary to Olive *at el*, (2005) report which stated that female are at service delivery level and men are at top management and policy level. It also deviates from the statement of Michelle McIsaac, an Economist at WHO that female nurses are at the lower paying roles (WHO, 2020). This is not in line with the declaration of Philadelphia therefore gender inequality in the profession. So, for more men to join the profession, they need family and society moral support which Cook-Krieg, 2011 also cited it inform of role identity in their social environment.

In both Uganda and Somaliland, the common assumption that women joining the medical profession will pursue nursing and the men will be doctors (Brody, 2019) gives a feminine image of nursing just like in other part of the world and it is still present in our society today. 50.0% of respondents said that patients viewed and believe that male nurses are doctors and are intellectually smart. the observation made from all the hospitals has evidenced it by the way patients refer to any female in the hospital "Nurse" and any man "doctor" hence, gender inequality in the profession. But, 36.6% of the respondent said the patient view female nurses as prostitutes and sex material which confer with Summer report, 2017.

5. Conclusion:

Gender roles, community motivating factors and community male perceptions are the key community related factors influencing gender inequality in the nursing profession. Family and community support is key for more men to join the nursing profession in order to curb down gender inequality in the nursing profession.

6. Limitation to the study

The study had financial constrain, long distance travel to study location, loss of some study questionnaire during data collection.

7. Recommendation

More research is required to help nations to adopt and strengthen policies and enforceable legislation for gender equality at all level in the nursing profession for an improved nursing services and achievement of SDGs.

8. Acknowledgment:

With great pleasure, i acknowledge the Professional input of my research supervisor, madam Florence Nabushawo Okecho for her patience and guidance throughout this research process that elevated the study to this current level.

I appreciate Uganda National Council of Science and Technology, and Clarke International University REC for their quality control to warrant validity of the study by ensuring that all the REC requirements were met before any approval of the study.

With gratitude, the contributions and cooperation of the relevant authorities of the hospitals and nurses training institutions that participated in the study are recognised. Their cooperation, allowed the study to be done.

In a distinctive way, my dear in-law Mr. Alex Bwongamoi Okello, Thank you very much for the full support and mature guidance when i needed, despite your tight schedules at office as the Permanent Secretary, Directorate for Ethics and integrity and your private activities. You are a blessing to me. May God bless you.

Special tribute to my dear husband Mr Ojara Thomas, my children Rubangakene Emmanuel, Aber Mary, Oceng Samuel and Laker Maurine; and family members who provided me the supportive environment and allowed me to rob them of the essential family time and resources to put in this work.

The research team which included the research assistants Kato Steven, Peter and Geoffrey; ICT specialist and data base designer Kilama Moroto; Data entrants Rubangakene Emmanuel and Adolf Plato; and data analyst Acaye James. Sincerely, i recognised all your efforts that brought the study to the current level. God's blessing to you all.

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

9. List of abbreviations

WHO - World Health Organization.
MOH - Ministry of Health.
NMC - Nurses and Midwives Council
PI - Principal Investigator
SPNO - Senior Principal Nursing Officer
RRH - Regional Referral Hospital
NTI - Nursing Training Institution.
SNM - School of Nursing and Midwifery
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.

O' level - Ordinary level of education.
A' level - Advanced level of education.
GI - Gender Inequality
SPSS - Statistical package for social scientist

10. Source of funding:

Self and an individual sponsor Mr Alex Bwangamoi Okello, Permanent Secretary Ministry of Ethics and Integrity, Uganda.

11. Conflict of interest

The study had no conflict of interest.

12. Biasness of the study

The study had no biasness

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Author biography

Lilly Grace Lalam is a Luo and an Acoli from Northern Uganda born on 28th November 1978 in Kitgum Town to Mr Okongo Joseph of Pawor clan in Lukung Lamwo District, a bicycle repairer and the Late Mrs Ayoo Hellen Okongo of Gem clan in Acholibur Pader District, a housewife. I am married, my sons are Emmanuel and Samuel; my daughters are Mary and Maurine.

My education journey had a lot of thorns and nails, hills and valleys but I have never given up my dream. I completed O'level in 1997 from Y.Y okot Girls Memorial school in Kitgum; A' level (UACE) in 1999 from Sacred Heart Secondary school in Gulu; certificate in comprehensive nursing from Jinja School of Nursing and Midwifery from Nov 2002 to Nov 2005; diploma in comprehensive nursing from Lira school of comprehensive nursing from June 2010 to Nov 2011; and lastly bachelor of Nursing science of Clarke International University from 2018 August to 2022 March.

From 2006 till 2019, I have worked in a research settings and none research settings with reputable research organizations in Uganda like Uganda bureau of statistics in the field and infectious diseases research collaborations in a clinical trial. As well other international NGOs like food for the Hungry, Child voice international. This publication is from my dissertation for BNS.

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