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Perception and Impact of Gender Discrimination in B.Sc. Nursing Students: A Narrative Review

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ABSTRACT

Gender discrimination remains a significant issue within nursing education, even though nursing has traditionally been considered a female-dominated profession. This narrative review explores how B.Sc. Nursing students perceive gender discrimination and examines the effects on their academic achievements, clinical experiences, and psychological health. It highlights the distinct ways gender bias affects male and female students and identifies systemic factors within institutions, curricula, and society that sustain these inequities. Drawing on studies from diverse cultural contexts between 2007 and 2023, the review reveals persistent gender stereotypes, unequal clinical opportunities, and biased faculty attitudes. Female students often face expectations to conform to submissive roles, while male students encounter stigma and exclusion from certain caregiving fields. These discriminatory experiences negatively influence students' confidence, learning outcomes, and career choices. The review concludes with recommendations for incorporating gender sensitization in nursing curricula, faculty development programs, and institutional policy reforms to foster an inclusive and equitable educational environment.

Keywords: Gender Discrimination, B.Sc. Nursing Students, Nursing Education, Gender Bias, Stereotypes

Introduction

Nursing is widely recognized as a profession historically dominated by women, shaped profoundly by societal and cultural gender expectations. These gender norms have long influenced how nursing is perceived, taught, and practiced worldwide. Early sociological studies and media analyses, such as those by Kalisch and Kalisch (1987), identified the stereotypical portrayal of nurses as nurturing, submissive women, which continues to influence institutional attitudes and public perceptions today. Although there has been a notable increase in male enrollment in nursing education globally over the past few decades (O'Lynn & Tranbarger, 2007; Meadus & Twomey, 2011), gender stereotypes and discrimination persist, affecting the experiences of both male and female nursing students in distinct ways.

Male nursing students often grapple with marginalization stemming from the belief that caregiving is an inherently feminine role. Across varied cultural settings-including India, Australia, and Canada—research has documented male students' frequent exclusion from clinical placements in specialties like obstetrics, maternity, and pediatrics (Rajacich et al., 2013; Wilson, 2005; Sayani & Mishra, 2020). Such exclusions curtail their clinical skill development and reinforce damaging stereotypes that men are unsuited for nurturing roles. Furthermore, male students often face stigma questioning their masculinity and commitment, which leads to psychological distress and the need to constantly defend their career choices (Meadus & Twomey, 2011; Powers et al., 2018).

On the other hand, female nursing students encounter subtler, yet equally pervasive, gender discrimination. In clinical settings dominated by male physicians and administrators, female students frequently experience biases that limit their leadership opportunities and autonomy (Evans, 2004; Thomas & Suresh, 2019). Expectations that women should undertake emotional labor and remain in subordinate roles restrict their professional advancement and influence their career decisions (Sharma & Rani, 2017; Sethi & Kaur, 2021). At the institutional level, faculty attitudes and curriculum designs often unconsciously reinforce these gender biases (Powers et al., 2018; O'Lynn & Tranbarger, 2007). The absence of dedicated gender-sensitivity training within nursing education permits the continuation of discriminatory practices and beliefs, resulting in a "hidden curriculum" that normalizes inequities and internalizes limiting stereotypes.

Gender discrimination adversely impacts not only the academic and psychological well-being of nursing students but also has broader implications for workforce diversity and healthcare quality. With a growing global nursing shortage, addressing gender bias is essential to cultivating a diverse and capable nursing workforce (World Health Organization, 2020). This review synthesizes the existing literature to better understand the perceptions and consequences of gender discrimination among B.Sc. Nursing students and to suggest effective interventions for educational and institutional reform.

Objective

This review aims to investigate the perceptions and impacts of gender-based discrimination among B.Sc. Nursing students by:

1. Identifying the various types of gender discrimination experienced by male and female students.

2. Examining the effects of gender bias on academic outcomes, clinical learning, psychological health, and professional identity formation.

3. Exploring the institutional, curricular, and societal factors that sustain gender disparities.

4. Highlighting the differential experiences of discrimination between male and female students.

5. Recommending educational and policy strategies to promote gender equity and inclusivity in nursing education.

Methodology

This narrative review was conducted through a systematic search of peer-reviewed literature published from 2007 to 2023. Multiple academic databases-including PubMed, Scopus, Google Scholar, and CINAHL-were queried using terms such as "gender discrimination," "nursing education," "B.Sc. Nursing students," "gender bias," and "nursing students' perceptions." Eligible studies included qualitative, quantitative, and mixed-methods research as well as reviews focusing on gender-related experiences within nursing education and clinical placements. Studies that did not directly pertain to nursing education or lacked a focus on gender issues were excluded. The selected literature was subjected to thematic analysis to identify recurring topics, such as the types and impacts of gender discrimination, faculty and peer attitudes, clinical training inequalities, and curricular gaps. This synthesis provides a comprehensive understanding of how gender bias operates in nursing education and affects student experiences.

Discussion

1. Clinical Exclusion and Stereotyping

One of the clearest manifestations of gender discrimination in nursing education is the exclusion of male students from clinical specialties traditionally associated with women, such as obstetrics, maternity, and pediatrics (Rajacich et al., 2013; Wilson, 2005; Sayani & Mishra, 2020). This practice not only limits male students' clinical exposure but also reinforces gendered occupational segregation. As caregiving roles are feminized, men are often discouraged from developing emotional labor skills essential for patient care (Meadus & Twomey, 2011). The resulting competence gap fosters feelings of inadequacy and detachment among male nursing students, negatively influencing retention and professional identity development (Powers et al., 2018).

Female students, meanwhile, face challenges in asserting leadership in specialized, high-pressure clinical areas such as intensive care units and emergency departments (Evans, 2004; Thomas & Suresh, 2019). This bias reflects broader societal assumptions that associate leadership and decision-making with masculinity, limiting female students' career aspirations in these fields and contributing to gendered workforce patterns (Sharma & Rani, 2017).

2. Peer Interaction and Teasing

Peer interactions significantly shape nursing students' educational experience and often reinforce prevailing gender norms. Male students commonly report being subjected to ridicule and harassment that challenge their masculinity and question their career choice, especially in settings where nursing is seen as a female profession (Sayani & Mishra, 2020; Meadus & Twomey, 2011). Such social exclusion can increase psychological stress, reduce self-esteem, and lead to withdrawal from academic engagement. Male students frequently feel the pressure to over perform both academically and clinically to counteract negative stereotypes, which can result in emotional exhaustion and burnout (Powers et al., 2018).

Conversely, female students are often burdened by emotional labor, expected to maintain group harmony and empathy, sometimes at the expense of their own academic and professional development (Sharma & Rani, 2017). This invisible labor limits their opportunities to demonstrate leadership or assertiveness and may reduce their willingness to challenge discriminatory practices, perpetuating gender inequities in nursing education.

3. Faculty Attitudes and Institutional Bias

Faculty attitudes strongly influence student experiences, with research revealing that male students often perceive biases favoring female students in caregiving roles and question men's commitment to nursing careers (Powers et al., 2018). Gendered expectations shape faculty interactions and assessments-assertiveness in male students is usually encouraged as leadership potential, while similar behaviors in female students may be deemed inappropriate or aggressive (Evans, 2004; Sethi & Kaur, 2021). This double standard undermines female students' confidence and limits their leadership development, reinforcing gender stereotypes. Institutional policies frequently lack explicit measures to recognize and combat gender discrimination, leaving students vulnerable to micro aggressions and unequal access to opportunities (O'Lynn & Tranbarger, 2007; Powers et al., 2018). The absence of clear frameworks for reporting and addressing bias perpetuates systemic inequalities (Sethi & Kaur, 2021).

4. Hierarchical Discrimination in Clinical Settings

Clinical settings often replicate broader societal power structures where gender and professional hierarchies intersect to disadvantage nursing students, particularly females. Female nursing students frequently report that their knowledge, skills, and contributions are undervalued or overlooked during

interdisciplinary interactions, especially when working alongside male physicians and hospital administrators (Thomas & Suresh, 2019). This marginalization is rooted in patriarchal healthcare systems where physicians-predominantly men-occupy positions of authority and decision-making power, while nurses, mostly women, are relegated to subordinate roles with limited influence (Begley, 2018; Kalisch & Kalisch, 1987).

Such hierarchical discrimination not only diminishes female students' morale but also impairs their professional identity development. The experience of being sidelined or ignored can erode confidence and restrict opportunities to demonstrate clinical leadership or critical thinking skills. Over time, this dynamic discourages many female students from pursuing leadership positions or specialties perceived as requiring autonomy and assertiveness, thus perpetuating gender disparities in advanced nursing roles (Greene et al., 2020; Thomas & Suresh, 2019). Moreover, this undermining of nursing contributions can affect teamwork, communication, and ultimately patient care quality, as nurses are often the frontline caregivers responsible for continuous patient monitoring and advocacy (Lake et al., 2019).

5. Curriculum Gaps and Lack of Gender Inclusivity

A significant barrier to tackling gender discrimination in nursing education is the absence of comprehensive gender-sensitivity training within many nursing curricula. Numerous programs fail to integrate explicit modules that address gender equity, unconscious bias, and anti-discrimination policies, resulting in what scholars call a "hidden curriculum"-a set of unspoken norms and attitudes that allow discriminatory beliefs to persist unchallenged among students and faculty (O'Lynn & Tranbarger, 2007; Sethi & Kaur, 2021). Without formal education focused on gender inclusivity, nursing students graduate ill-equipped to identify and address gender biases in clinical practice. This educational gap restricts their ability to deliver culturally competent, patient-centered care, which requires sensitivity to diverse identities and the social determinants of health (García & Sharif, 2015). In addition, the lack of gender-focused content inhibits students' development of critical skills such as advocacy, conflict resolution, and equitable communication, which are essential for effective interdisciplinary collaboration and leadership (King et al., 2019).

 Faculty members are pivotal in either perpetuating or dismantling gender bias within nursing education. However, many faculty lack formal training to recognize their own implicit biases or to cultivate equitable, inclusive learning environments (Powers et al., 2018; McNelis et al., 2018). Studies indicate that unconscious stereotypes among educators influence student assessments, mentorship opportunities, and daily interactions, often disadvantaging students based on gender (Sethi & Kaur, 2021; Rajacich et al., 2013). Without institutional commitment to faculty development focused on gender equity, these biases become embedded in educational practices, perpetuating discriminatory attitudes and limiting student success (Thomas & Suresh, 2019; Brooks & Hannes, 2019). Furthermore, faculty may inadvertently contribute to a "hidden curriculum" that reinforces traditional gender roles and norms, which undermines efforts to promote diversity and inclusivity (O'Lynn & Tranbarger, 2007; McNelis et al., 2018). Research underscores the importance of comprehensive faculty training programs that include components on unconscious bias, cultural competence, and strategies for fostering inclusive classrooms to effectively challenge entrenched inequalities (King et al., 2019; Sethi & Kaur, 2021). Addressing these curricular and pedagogical shortcomings is vital for transforming nursing education into a truly inclusive and empowering discipline.

6. Psychological and Career Implications

Persistent gender discrimination has significant psychological and professional impacts on nursing students. Exposure to bias increases anxiety, depression, low self-esteem, and academic disengagement, adversely affecting well-being and performance (Meadus & Twomey, 2011; Rajacich et al., 2013). Male students often suppress emotions to meet masculine norms, leading to isolation and limiting development of emotional intelligence critical for nursing (Meadus & Twomey, 2011). Female students internalize marginalization, undermining confidence and resilience in clinical settings (Rajacich et al., 2013). These effects influence career choices, with many students avoiding hostile specialties, reinforcing gendered occupational segregation (Powers et al., 2018). Some, especially stigmatized men or marginalized women, consider leaving nursing, worsening workforce shortages and leadership diversity (Sethi & Kaur, 2021; Wilson, 2005). This attrition harms healthcare quality by reducing diversity of perspectives and skills (World Health Organization, 2020). Therefore, addressing gender discrimination is critical not only for equity but also to maintain a diverse, effective nursing workforce responsive to healthcare needs.

Conclusion

The perceptions of gender discrimination among B.Sc. Nursing students reflect deep-rooted societal stereotypes and institutional practices that uniquely disadvantage both male and female students. These experiences hinder academic success, psychological health, and professional identity development while reinforcing gendered occupational segregation. To create a nursing workforce that is diverse, equitable, and well-prepared to meet future healthcare challenges, educational institutions must implement curricular reforms, faculty sensitization programs, supportive policies, and robust mechanisms for addressing gender bias.

Recommendations

- **Incorporate Gender Sensitization in Curriculum:** Develop modules that actively challenge stereotypes and promote inclusivity.

- **Faculty Development:** Implement regular workshops to help educators recognize and counter implicit biases.

- **Supportive Environments:** Establish safe spaces and peer networks for students facing discrimination.

- **Policy Implementation:** Enforce clear, institution-wide anti-discrimination policies with transparent reporting and accountability.

- **Ongoing Research:** Encourage continuous study and monitoring of gender equity in nursing education.

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