Individual-related factors influencing the striking 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

Introduction:

The striking level of gender inequality (GI) in the nursing profession (NP), is partially influenced by some individual related factors. The 26.4% male, mostly suffers psychological abuse and discrimination for being academic failures but some nurses appreciates them. It's confirmed that all nurses are academically qualified though graduate nurses are only 6% and Muslims, 3.7%. 9.1% of respondents revealed that patients/attendants mistreatment by some nurses triggered their nursing choice. The main study objectives was to established the factors influencing GI in the NP among nurses and student nurses from the selected hospital and nurses training institution in the Northern Cities of Uganda.

Methodology:

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

Results:

383 interviewed participants generated 95.6% responses. Perpetuator of gender discrimination in the NP are mainly patients/attendants and nurses/students. 35.5% of the respondents believed that male nurses are using nursing as a stepping stone to other medical courses. Gender, education level, religious affiliation, training level, experience of discrimination and recommended gender for NP were the individual related factors that were significantly associated to GI in the NP

Conclusion:

Gender inequality in the NP is greatly influenced by individual related factors despite other factors. The stigmatised male nurses avoids the professional uniform to probably meet the public expectation of them being doctors.

Recommendation:

Swift multidisciplinary action is needed for a comprehensive and collaborative mind set change of the public about NP.

Keywords: Individual-related factors, gender inequality, nursing profession, Hospitals, Nurses Training Institutions, Uganda, Submitted: 16th/12/2022 Accepted: 25th/12/2022

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. Gender inequality is therefore, 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). According to Sunday Summer, GI in nursing profession is numerically distinct 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). According 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 based on data collected from 191 Countries (WHO, 2020).The report also indicated that 90% of nurses are female and 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.

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 assess the individual related factors influencing gender inequality in the nursing profession.

2. METHODOLOGY

The methods described here are similar to 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 -

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119 323 and Arua - 55585 people (Uganda Cities, 2021).

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.

2.5. 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.

2.6. Exclusion criteria

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

2.7. Sample size estimation

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

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

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 0.05

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

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

2.8. Sampling technique

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

2.9. 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

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.

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 6institutions

= **24participants.**

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 tradition. The institution factors included training and employment policies.

2.11. Data collection Techniques

The researchers interviewed respondents and retrieved secondary data.

2.12. Data collection instruments

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

2.13. 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 questionaires are filled and stored for future references.

3. 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.

3.1. Ethical consideration

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.

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.

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

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.

3.2. 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.

4. RESULTS

4.1. Individual related factors influencing gender inequality in the nursing profession.

According to Tables 1, 2, and 3 above, 51.7% of the respondents were from the hospital, 48.6% preferred nursing as their secondary level choice, 79% had a diploma in nursing, 58.2% decided on themselves about the course, 47.4% were motivated for the passion for helping the sick, 86.1 had not experienced any form of discrimination in the nursing profession, 35.5% of the respondents think male nurses are using nursing as a stepping stone that is why they don't like being a nurse but want to be doctors, 88.6% would recommend any gender for nursing professions, of that 78.5% would recommend both gender and 32.7% would do so because nursing is a profession for both gender, all are capable of serving and saving a life.

Figure 1: Showing the description of form of discrimination

On the discrimination, most of the respondents 43.4% were told nursing profession is for academic failures who did not make it to their preferred professions and more details are presented in figure 1 above.

Figure 2: People who are perpetuator of the discrimination

According to figure 2 above, for most of the respondents who had experienced discrimination, 34.2% were from patients/attendants, 26.3% were from fellow nurses/students, and 23.7% from other health professionals.

Among the individual factors, Gender (x2-10.294, p-value 0.001), level of education (x2-6.293, p-value 0.043), religious affiliation (x2-8.296, p-value 0.004), level of the program of training (x2- 10.453, p–value 0.015), the experience of discrimination (x2- 4.360, p-value 0.0037) and gender to recommend for the nursing profession (x2 - 6.024, p-value 0.049) were significantly associated to gender inequality in the nursing profession as shown in table 4, 5 and 6 above

5. Discussion:

5.1. Individual related factors

The study found that gender; religious affiliation; level of education attained; level of educational training; experience of gender discrimination and preferred gender for nursing courses were some of the individual-related factors that are significantly associated with gender inequality in the nursing profession (NP).

It noted that there is only 26.4% male both in the hospital and NTI from 20% in 2019 as reported by Susan (2014), possibly because of the minimal increase in gender depiction over time in the NP that has not yet caused a numerical gender balance globally as reported by different researchers.

On observation, it was noticeable that there are gender numerical imbalances even at higher nurses' positions where all most all the SPNO were female, justifying Brody's report which stated that the imbalance of gender proportion at jobs positions has remained a key issue in health sectors (Brody, 2019). Bradon and the team explained that men still experience gender stereotyping, prejudice, and discrimination even at a higher positions. They added that the few men in the profession use it as a double edge sword for a senior nursing position and higher salaries concurrently but the study has differed from them. Most of the managers reported no salary difference and promotions are based on academic qualification and experience for both genders.

Female nurses globally and in Africa are at 90% and 76% respectively (WHO, 2020). From the study, we renowned that the stereotype that Nursing is a female Profession is still prevailing among Ugandan nurses/student nurses and the community. This is in line with Twomey, (2011) who found that this stereotype has reduced the number of males interested in the profession. A few male nurses have had problems with professional acceptance just as Susan (2016) stated in her report. The general society, their families, and even some of their female counterparts isolate them from the female nurses and professional work groups as reported by DeVito (2016) which

Table 1: Univariate analysis of individual related factors influencing gender inequality in the nursing profession

Variables	Category	Frequency N	Percentage %
Institutions	Hospital Nurse training institution	182 170	51.7 48.3
Gender	Female Male	259 93	73.6 26.4
Age	18-24 years 25-34 years 35-44 years >44 years	187 109 29 27	53.1 31.0 8.2 7.7
Highest level of education attained?	Post graduate/Bachelor Tertiary Secondary	21 178 153	6.0 50.6 43.5
Preferred course after secondary level of education	Nursing Medicine (Doctors). Engineering Others	171 96 46 39	48.6 27.3 13.1 11.1
Religion affiliation	Christian Muslim	339 13	96.3 3.7
Marital status	Single married	216 136	61.4 38.6
Level of program	Post graduate in nursing Bachelor of nursing science Diploma in nursing Certificate in nursing	13 49 278 12	3.7 13.9 79.0 3.4
Person who decided for you to be a nurse	No one My parents My friends/relatives/My teachers	205 97 50	58.2 27.6 14.2

Table 2: Univariate analysis of individual related factors influencing gender inequality in the nursing profession

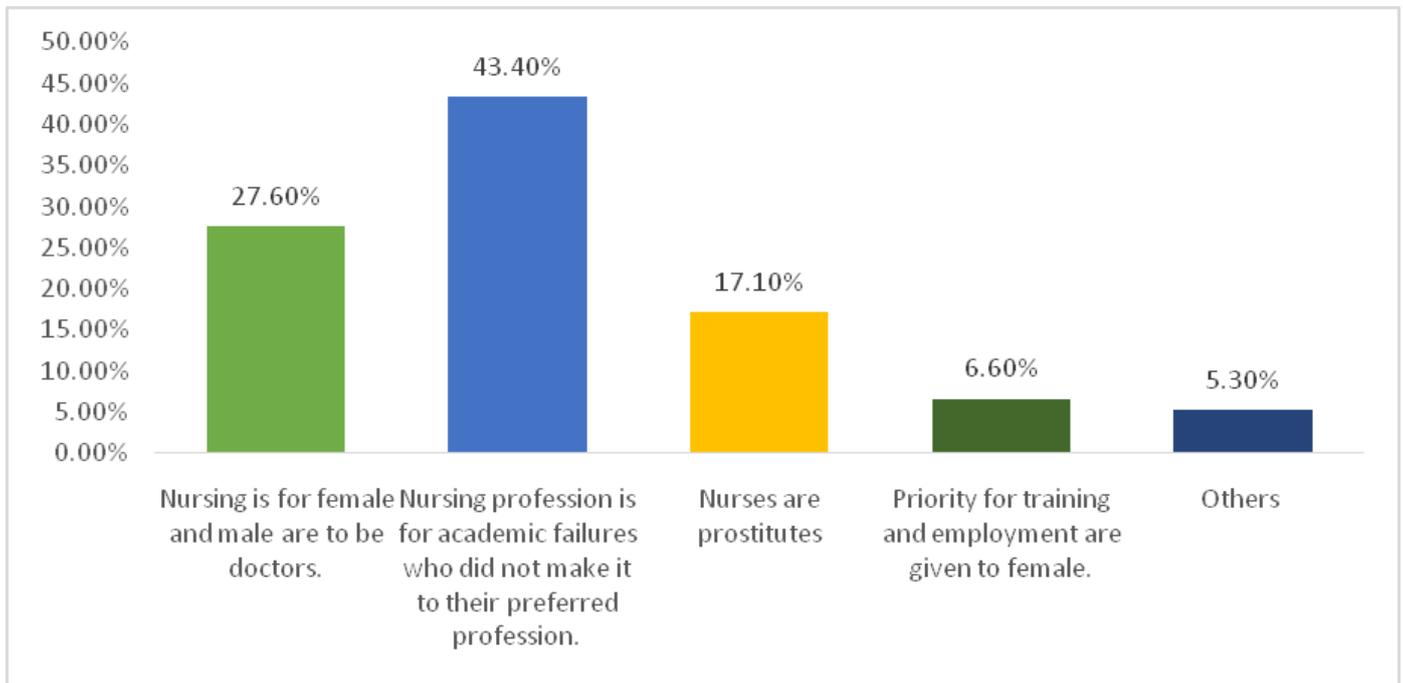| Motivation factors to join nursing profession	Helping the sick. Employment opportunity. Dressing code. Mistreatment of patients/attendants by some nurses. Others	167 72 61 32 20	47.4 20.5 17.3 9.1 5.7
experienced any of form of discrimination because of your gender	Yes No	49 303	13.9 86.1
Thought of the men in the nursing profession	Are academic failures. Most of them are using nursing as a stepping stone that is why they don't like being a nurse but want to be doctors. Some are very good, very knowledgeable, hardworking and caring than the female nurses. Others	84 125 91 52	23.9 35.5 25.9 14.8
recommending any gender to join the nursing profession	Yes. No.	312 40	88.6 11.4

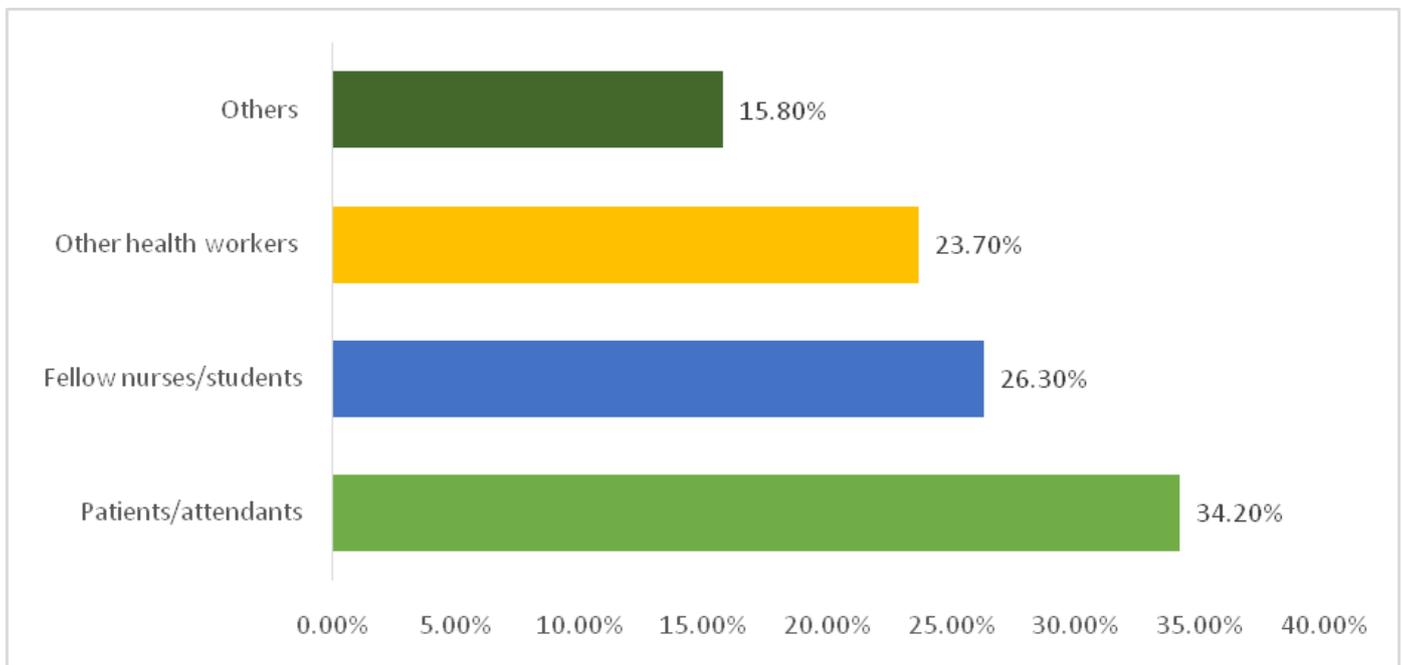Figure 1: Showing the description of form of discrimination.

Figure 2: People who are perpetuator of the discrimination.

Table 3: Univariate analysis of individual related factors influencing gender inequality in the nursing profession

Preferred gender to recommend for nursing course	Male Female Both male and female.	9 58 245	2.9 18.6 78.5
Reason for recommending the particular gender	Female are fit to be nurses and more Committed. Male are not fit to be nurses, they should be doctors. A profession for both gender, all are capable of serving and saving life. Promotion of gender equality Others	47 104 115 40 6	13.4 29.5 32.7 11.4 1.7

is not any different from some male nurses' experiences in this study. So, gender numerical imbalances and their associated problem are one of the hindrances to achieving SDG 5 especially target 5C which aims at adopting and strengthening policies and enforceable legislation for gender equality at all levels.

Though patients/attendants call male professional doctors, implying that they are not expected to be nurses, even their fellow nurses 29.5% say they are not fit to be nurses but should be doctors and others says they are academic failures who failed to be doctors which justifies the original ideology before the second world war that nursing is for female. This psychological abuse and gender discrimination are stigmatization stimulants of the male Ugandans in the female-dominated profession which has been exposed and evidenced by their unprofessional dress code when on duty. Most of the youthful male in the NP especially in caregiving role except students avoids the professional uniform. It was observed in all most all the hospitals but more marked in the RRH where most males prefer scrub or half-scrub clothes to nurses' uniforms to hide their nurse's identity, perhaps to confuse and meet the public expectation of them being doctors.

In addition, one of the SPNOs' lamented that "the unprofessional dressing code of male nurses on duty are getting out of hand; patients/attendance confused them for Doctors as well giving most of the female nurses a negative impression about them being in the wrong profession". This male nurse's behavior has a direct impact on the patient's nursing care and health improvement due to the divided feelings of being a nurse or doctor. This, in turn, will hinder the achievement of universal health coverage and other sustainable development goals and targets. Furthermore, some male nurses have confirmed the allegation by some nurses that they use the profession as a stepping stone for other medical courses especially those who joined after A'level education. This has backed up the remark of Emily Katarikawe, the Uganda Country Director of Jhpiego, that nursing is considered the second choice when the first choice fails (WHO, 2020).

The study discovered that majority of nurses 58.2% made their decision and chose at O' level (senior four). At A' level (senior six), most students undertaking science subjects have preferred to be doctors or engineers but get back to nursing at a certificate or diploma level if they fail to score the university minimum set points.

43.3% of the gender discriminated nurses were told that they are academic failures but this study has dismissed that claim. It has been confirmed that all the nurses/student nurses have at least attained the minimum set standards by the Uganda Ministry of Education and Sports to professionally train as nurses through graduate nurses are still few at only 6%.

Much as most nurses are positively motivated to the profession for the passion to help the sick, some were for job security and the nurse's dress code. The study has exposed that a minority of 9.1% was negatively motivated by

Table 4: Bivariate analysis of individual related factors influencing gender inequality in the nursing profession

Variables	Category	Present (%)	Absent (%)	x^2	p- value
Institutions	Hospital Nurse training institution	44(57.9%) 32(42.1%)	138(50.0%) 138(50.0%)	1.487	0.223
Gender	Female Male	45(59.2%) 31(40.8%)	214(77.5%) 62(22.5)	10.294	**0.001**
Age	18-24 years 25-34 years 35-44 years >44 years	32(42.1%) 28(36.8%) 8(10.5%) 8(10.5%)	155(56.2%) 81(29.3%) 21(7.6%) 19(6.9%)	4.943	0.176
Highest level Of education attained?	Post graduate/Bachelor Tertiary Secondary	7(9.2%) 45(59.2%) 24(31.6%)	14(5.1%) 133(48.2%) 129(46.7%)	6.293	**0.043**
Preferred course after secondary	Nursing Medicine (Doctors). Engineering Others	37(48.7%) 18(23.7%) 13(17.1%) 8(10.5)	134(48.6%) 78(28.3%) 33(12.0%) 31(11.2)	1.693	0.638
Tribes	Acholi/langi/Alur Lugbara/Madi/Kakwa Bantu Other	37(48.7%) 19(25.0%) 8(10.5%) 12(15.8%)	146(52.9%) 58(21.0%) 42(15.2%) 30(10.9%)	2.768	0.429
Religion affiliation	Christian Muslim	69(90.8%) 7(9.2%)	270(97.8%) 6(2.2%)	8.296	**0.004**
Marital status	Single Married	43(56.6%) 33(43.4%)	173(62.7%) 103(37.3%)	0.936	0.333
Level of program	Post graduate in nursing Bachelor of nursing science Diploma in nursing Certificate in nursing	4(5.3%) 15(19.7%) 51(67.1%) 6(7.9%)	9(3.3%) 34(12.3%) 227(82.2%) 6(2.2%)	10.453	**0.015**

Table 5: Bivariate analysis of individual related factors influencing gender inequality in the nursing profession

Person who decided for you to be a nurse	No one My parents My friends/relatives/My teachers	44(57.9%) 19(25.0%) 13(17.1%)	161(58.3%) 78(28.3%) 37(13.4%)	0.806	0.668
Motivation factors to join nursing profession	Helping the sick. Employment opportunity. Dressing code. Mistreatment of patients/attendants by some nurses. Others	42(55.3%) 12(15.8%) 14(18.4%) 4(5.3%) 4(5.3%)	125(47.4%) 60(21.7%) 47(17.0%) 28(10.1%) 16(5.8)	3.939	0.414
Experienced of any form discrimination because of one gender	Yes No	5(6.5%) 71(93.4%)	44(14.9%) 232(84.1%)	4.360	**0.037**
Nurses thoughts about male in the nursing profession	Are academic failures. Most of them are using nursing as a stepping stone that is why they don't like being a nurse but want to be doctors. Some are very good, knowledgeable, hardworking and caring than the female nurses. Others	17(22.4%) 25(32.9%) 21(27.6%) 13(17.1%)	67(24.3%) 100(36.2%) 70(25.4%) 39(15.1%)	0.752	0.861

the unprofessional conduct of some nurses mistreating patients/attendants. Possibly, for the nurses who are claimed to have mistreated patients/attendants, their choices of profession were influenced by their parents, relatives, and friends and their motivating factors were not serving the sick and saving lives. Provide 19 pandemics has given Nurses a unique place in redesigning the future of healthcare particularly after experiencing health policy failures where they have consistently outperformed to enjoy a decade-long reputation as the most trusted profession (Anders, 2021) in the world. The unprofessional conduct of some nurses is against the nurses' ethical code of conduct and it's unacceptable. This is a major hindrance to obtaining rightful information about the patient that would provide a basis for streamlining holistic patient care hence health improvement.

Not only that but the outstanding numerical religious affiliation inequality indicates that Muslims are only 3.7% in the nursing profession possibly because of the dos and don'ts in the Islamic religion that needs more research detail it.

the study also uncovered that both male and female nurses are experiencing gender discrimina-

Table 6: Bivariate analysis of individual related factors influencing gender inequality in the nursing profession

Nurses ability to recommend any gender to join the nursing Profession	Yes. No.	69(90.8%) 243(88.0%) 7(9.2%) 33(12.0%)		0.446	0.504
Preferred gender to be a nurse	Male Female Both male and female.	5(7.2%) 4(1.6%) 12(17.4%) 46(18.9%) 52(75.4%) 193(79.4%)		6.024	**0.049**
Reason for recommending the particular gender.	Female are fit to be nurses and more committed. Male are not fit to be nurses, they should be doctors. A profession for both gender, all are capable of serving and saving life. Promotion of gender equality Others	7(9.2%) 33(12.0%) 14(18.4%) 91(33.0%) 13(17.1%) 86(31.2%) 29(38.2%) 28(10.1%) 12(15.8%) 5(1.8%)		9.988	0.076

tion from patients/attendants, other health professionals, fellow nurses/student nurses, and even their family and friends Summer (2017) noted only male nurses' experiences of conflicting images. In our findings, it was realized that both gender experience conflicting images where some are appreciated for being loving, caring, hardworking, smart intellectually, and easy to approach while others are rude, proud, arrogant, lazy, fulfilling personal interest, academic failures, misplaced and practitioners of another discipline. Just like the female counterpart, some of the males had a passion for being nurses. Naturally, men are stronger emotionally than the female which is an advantage to the patients.

The majority of the discriminated respondents were told that the nursing profession is for academic failures but according to the student nurses/nurses and the managers of all the study institutions, admission into nurses training is based on academic qualification. The lowest cadre must have a Uganda certificate of education with passes in Biology, mathematics, chemistry, English, and physics. From the study, Uganda still has very few graduate nurses. Maybe most of them join NGOs after completion since the government had no salary scale hence no employment for them until of recent at the start of the financial year 2022/2023 when it was announced. This finding, therefore, dismisses the claim that the nursing profession is for academic failures. Of the students interviewed, 79% were upgrading from a certificate to a diploma level, showing the trend in which the profession is going.

Not only that, the study found that there is a gradual generational mindset change from the profession being a female profession to a gender-neutral profession. In the current transitions in

the nursing profession, 78.5% of respondents confirmed willingness to recommend someone to join the profession to promote gender equality showing that the new generation in NP is realizing the importance of gender equality in the provision of nursing care which will help to promote the declaration of Philadelphia and gender equality. 32.7% said that both are capable of serving and saving a life. The outcomes of the study have confirmed Judie and Jayapal report of 2020 about the transformation ideology of nursing from a female profession to a gender-neutral profession. This is one way of reducing gender inequality in the nursing profession which is in line with Brendan F, (2016) report which stated that reducing gender inequality is a major global policy concern and one of the sustainable development goals. It's also one way of achieving gender equality in the nursing profession which backs up Marie-France, 2011 report which stated that achieving gender equality is the leading millennium development health goal. Therefore, it is the role and duty of every country to work towards achieving gender equality across all domains. Hence, supporting the achievement of SDG 4 (four) aims at ensuring, inclusive and equitable quality education and promoting lifelong learning opportunities and balanced gender employment for all.

Despite the mindset change coming in the profession, there is still mixed feeling about the male in the profession, some nurses and student nurses say they are academic failures, while others say they are in the wrong profession; are using nursing as a stepping stone to their next medical profession. One of the SPNOs from a RRH stated that some males were possibly forced by their parents to be nurses because of the surety of jobs after completion of training because of some of their unprofessional behavior when on duty. But, some nurses said that some of the males in nursing are very good, very knowledgeable, hardworking, and more caring than the female nurses. All these findings justify individual-related factors influencing gender inequality in the nursing profession.

6. Conclusion

The individual-related factors are greatly and collectively contributing to gender inequality in the nursing profession though other factors may be contributing.

7. Recommendation

1. A comprehensive approach to effective and efficient individual mindset change should be used. Governments; Nurses and Midwives Council(NMC); National Nurses and Midwives Organizations and religious leaders should develop and lead standard programs for Public and professional campaign awareness about nursing as a gender-neutral profession, abuses, victims of abuse and abuser and appropriate stress management to be decentralized and monitored by the NMC.

2. Health facilities should have independent functional offices or contacts displayed for easy accessibility by complainants of abuse claims with an effective and efficient investigation and management team led by a human right activist and monitored by the nurses and midwives council for a positive impact on the nurses, the profession, and the patients.

3. More research is needed on gender inequality in the nursing profession and its effect on health service delivery in order to achieve equality across all domains.

8. ACKNOWLEDGEMENT:

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and nurses' training institutions that participated in the study are recognized. 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 financial and full support and mature guidance when I needed, despite your tight schedules at the office as the Permanent Secretary, Directorate for Ethics and integrity and your private activities. You are a blessing to me. May God bless you.

A 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 included the research assistants Kato Steven, Peter, and Geoffrey; ICT specialist and database 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.

My friends Odong Geoffrey a tutor at Uganda Christian Institute of health sciences Lira, Okiro Moses a staff at Infectious Diseases Research Collaboration, Atiakoriet Harriet a Staff at Baylor Uganda, and I'm Elizabeth, a student from Clarke International University. You are great friends and wholeheartedly I appreciate your contribution to this work. Your ideas and advice were very valuable.

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.

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:

11. Conflict of interest

The study had no conflict of interest.

12. Study limitation

Financial constrain, long distances between study area and study area outside catchment areas were the limitations to the study.

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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.
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