








REVIEW

Workplace gender discrimination in the nursing workforce—An integrative review

Patricia Gauci RN, BN (Hons), MN (Clinical Education), PhD Candidate, Associate Lecturer¹   | Laretta Luck BA, MA, PhD, Associate Professor, Director Centre for Nursing and Midwifery Research²  | Kate O'Reilly RN, BN, Grad Cert Com Nursing: Master Clin Rehab (Research), PhD, Lecturer, Director International Programs and Engagement¹   | Kath Peters RN, BN (Hons), Grad Cert HEd, PhD, Professor, Associate Dean (International and Engagement)¹  

¹School of Nursing and Midwifery, Western Sydney University, Sydney, New South Wales, Australia

²Nepean Blue Mountains Local Health District, School of Nursing and Midwifery, Western Sydney University, Sydney, New South Wales, Australia

Correspondence

Patricia Gauci, School of Nursing and Midwifery, Western Sydney University, Building 3, Level 4, Liverpool Campus, Locked Bag 1797, Sydney, NSW 2751, Australia.

Email: p.gauci@westernsydney.edu.au

Abstract

Aim: To critically synthesise the literature that explores the experiences of workplace gender discrimination from the perspective of registered nurses.

Design: Integrative review.

Review Methods: Primary research articles reporting on the experience of workplace gender discrimination towards registered nurses in any setting were eligible for inclusion. Studies were critically appraised for methodological quality using a modified Critical Appraisal Skills Program list. The six phases of thematic analysis proposed by Braun and Clarke (2006) were used to guide the analysis. Data were extracted and coded, and themes were identified according to the review aims and significant findings of each study.

Data Sources: CINAHL, MEDLINE, SCOPUS, Cochrane Library, published between January 2012 and June 2022.

Results: Twenty studies met the inclusion criteria. Major themes identified were (1) career progression, (2) career interruption, (3) positioning of men in nursing and (4) positioning of women in nursing.

Conclusion: This review shows that both men and women in nursing experience workplace gender discrimination; however, the forms and consequences of this discrimination differ substantially by gender.

Implications for the Profession: It is important that the pursuit of greater numerical representation of men in nursing does not result in further reinforcing patriarchal advantage. Professional development for nurse leaders in managing gender issues is recommended.

Impact: This integrative review presents current issues on workplace gender discrimination for men and women in nursing. The findings suggest gender roles and norms

This is an open access article under the terms of the [Creative Commons Attribution](https://creativecommons.org/licenses/by/4.0/) License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

© 2023 The Authors. *Journal of Clinical Nursing* published by John Wiley & Sons Ltd.

have an effect on the careers of both men and women in nursing. The time has come to alter restrictive gender norms and to challenge notions of hegemonic masculinity and femininity.

Reporting Method: We have adhered to relevant EQUATOR guidelines—PRISMA.

No Patient or Public Contribution: For this literature review on workplace gender discrimination for registered nurses, we did not engage members of the patient population, nor the general public.

KEYWORDS

discrimination, female nurse, gender, gender equality, gender stereotypes, male nurse, nurses, nursing

1 | INTRODUCTION

Healthcare systems in nearly all countries will be challenged by critical nursing workforce shortages in the coming years. The World Health Organization (WHO) has predicted a nursing shortage of 7.6 million nurses globally by 2030, with disproportionate impact in countries in Africa, Southeast Asia, the Eastern Mediterranean and some areas of Latin America (WHO, 2016). In Australia, a shortfall of up to 85,000 nurses by 2025, escalating to 123,000 by 2030, is projected (Health Workforce Australia, 2014). In the United Kingdom (UK), the National Health Service (NHS) currently has 40,000 registered nurse vacancies (Clayton-Hathway et al., 2020). Consequently, there is widespread consensus about the need to improve health workforce diversity. Engaging nurses from underrepresented groups increases the nursing recruitment pool (Australian College of Nursing, 2019). Fostering diversity in the healthcare workforce is important, not only from a social justice perspective but also as a strategy for decreasing health disparities and producing better health outcomes (Clayton-Hathway et al., 2020). Care from a nurse with whom a patient identifies, who speaks the same language, or is the same gender may positively affect treatment and recovery (Australian College of Nursing, 2019). Diversity which focusses on the male gender is one area currently being addressed in the nursing profession. Globally, there is a significantly higher proportion of women compared with men in the nursing workforce. According to a report from the WHO, titled 'Gender equity in the health workforce: Analysis of 104 countries', there is minimal representation of men in nursing across regions. The percentage across regions is as follows: Africa 35%, the Americas 14%, Eastern Mediterranean 21%, Eastern Europe 16%, South-East Asia 21% and Western Pacific 19% (Boniol et al., 2019). Highlighting, nursing is one of the most gendered professions globally. Campaigns in recent years have encouraged more men to choose nursing as a career. For example, the Australian College of Nursing 'it's ok to care' campaign aimed at actively increasing the number of men entering the profession (Australian College of Nursing, 2019). Similarly, a recruitment campaign for the National Health Service (NHS) in the United Kingdom (UK), titled 'We are the NHS' aimed at challenging the idea that nursing is a career for women only. As a result of this campaign, the number of

What does this paper contribute to the wider global community

- This review offers an understanding of workplace gender discrimination for men and women in nursing from a broad cultural perspective.
- Reviews of the literature on the workplace experiences of men and women in nursing as discreet groups exist; however, to date, there are no reviews that synthesise the literature on both men's and women's experiences of workplace gender discrimination in the nursing workforce.

18–19-year-old men who applied to study nursing increased by 50%, compared with the previous year (Clayton-Hathway et al., 2020). A recent report by the WHO, titled Gender equity in the health workforce, also showed an increasing trend of young men joining the profession (Boniol et al., 2019). Whilst a more inclusive and sustainable workforce is vital, it is also important to consider the impact of the recruitment of more men into the nursing profession. This includes the impact for men joining a profession, which has historically been associated with women and the consequences for women of a gendered system that traditionally benefits men with status over women. Women are underrepresented in leadership and management positions globally, in almost all occupations, and at every educational level, including occupations dominated by women (World Economic Forum, 2021). Recently, it has been suggested that to encourage more men to enter the nursing profession, they must be given opportunities for higher paying and more autonomous and advanced practice roles in nursing (Blackley et al., 2019).

2 | THE REVIEW

Nursing was identified as a suitable profession for women by Florence Nightingale (Clayton-Hathway et al., 2020). The belief that women had a natural disposition to care work, which was an

extension of the caring they already performed as wives and mothers, was pivotal in establishing nursing as a feminised profession. Nightingale was vocal in her conviction that 'ladylike' qualities were required to make a good nurse and was quoted as commenting that men's 'hard and horny' hands were not appropriate for nursing (O'Connor, 2015). Nightingale's efforts to professionalise nursing to mirror Victorian societal gender roles resulted in a disconnect between 'caring' and 'curing'. Consequently, women are considered better at 'caring,' whilst men with their technical knowledge and skills are expected to be best suited for 'curing' (Clayton-Hathway et al., 2020). Feminist have long argued that there is nothing inherently male or female about caring. However, whilst the narrative is shifting, ingrained societal gender norms persistently position caring as women's work. Unsurprisingly, there is widespread acknowledgement that men have difficulty in choosing a career in nursing and receive little encouragement to do so (O'Lynn et al., 2020).

The 'men in nursing' literature is heavily weighted to highlight the challenges and discrimination men experience when choosing a career in nursing (O'Lynn et al., 2020; Younas et al., 2022). It is nursing's association with femininity that is the most significant barrier to the recruitment and retention of men in nursing. Men who chose a career in nursing were stereotyped as emasculated, homosexual, sexually deviant, or as having failed medical school (Cottingham, 2019). Barriers identified within educational programmes for undergraduate male nursing students included lack of support from friends and family, feelings of social isolation and low numbers of male mentors and tutors, a feminised nursing curriculum, minimal imagery of men in nursing texts and the perception that male students were being assessed against a feminist pedagogy (O'Lynn et al., 2020). Within the clinical setting, men in nursing experienced challenges with performing personal care, concerned that their touch would be seen as inappropriate or sexual, and reported feeling unwelcome in areas such as obstetrics and maternity (Stanley et al., 2016). The attrition rate of male nursing students was higher than for females, and practising male nurses were more likely to leave the profession than females (Boniol et al., 2019; Mao et al., 2021; Zhang & Tu, 2020).

The femininity of nursing is problematic not only for men but also for women in the profession. The predominant issue being that 'women's work' is largely considered unskilled work and is associated with low status and low pay (Clayton-Hathway et al., 2020). Research has shown that occupations with a higher proportion of men pay more than those that are predominately female (Bishu & Alkadry, 2017). Whilst nursing is positioned as less influential than other health professions and subordinate to the medical profession, the contemporary issue for women in nursing is the vertical segregation of men to the higher status, higher paying and more senior positions (WHO, 2019). Recent studies have shown that male nurses were significantly more likely to be in senior roles than their female counterparts (Punshon et al., 2019) and they achieved promotion more quickly and at a younger age (Wilson et al., 2018). In addition, after adjusting for differences in hours worked and years

of experience, female nurses earned on average, only 91% of what male nurses earned (World Health Organization, 2019).

Gender equality is a significant concern in many professions; however, there has been a particular emphasis on gender-based issues with regard to human resources in the global health workforce in recent years (WHO, 2019). In this review, the definition for the traditional discourse of gender is used, that is gender as either male or female. Gender is social construct that 'refers to the culturally defined roles, responsibilities, attributes and entitlements associated with being male or female in a given setting' (Heise et al., 2019, p. 2375). Gender is a deeply entrenched and powerful influence on the division of labour within the healthcare workforce and a significant determinant of discrimination in the workplace (Cottingham, 2019). Gender discrimination is defined as, 'Any distinction, exclusion, or restriction made on the basis of socially constructed gender roles and norms that prevents a person from enjoying full human rights' (Newman, 2014, p. 2). There needs to be a wider discussion of the effect that gender roles have within the nursing profession. Previous reviews of the literature on the workplace experiences of men and women in nursing as discreet groups exist; however, to date, there are no reviews that synthesise the literature on both men's and women's experiences of workplace gender discrimination in the nursing workforce. This review will provide a contemporary understanding of the workplace issues experienced by men and women in the nursing workforce. Consequences of the perception of gender discrimination include stress and burnout, decreased job satisfaction and increased turn-over rate (Celebi Cakiroglu & Baykal, 2021). A better understanding of these issues will benefit healthcare systems to create more inclusive environments and assist to alleviate workforce shortages.

3 | AIM

To critically synthesise the literature that explores the experiences of workplace gender discrimination from the perspectives of registered nurses.

4 | METHODS/METHODOLOGY

4.1 | Design

The five stages for the integrative review methodology outlined by Whitemore and Knafl (2005) were used; this included identifying the problem, conducting a literature search, quality appraisal of the data, data analysis and synthesising and presenting the findings. The integrative review method allows for the inclusion of both quantitative and qualitative data (Whitemore & Knafl, 2005). Research using quantitative, qualitative and mixed methodologies was included in this review. This review complies with the PRISMA guidelines for reporting systematic reviews (Page et al., 2021).

4.2 | Search methods

The search strategy was developed in collaboration with a librarian at a tertiary education institution. Studies were identified by systematically searching databases and scanning reference lists of articles. The following databases were searched: CINAHL, MEDLINE, SCOPUS and Cochrane Library for articles published from 2012 to June 2022. The search was restricted to 10 years to maintain a contemporary yet comprehensive review. Searches were conducted between March 2022 and June 2022. Search limits applied were as follows: English language and academic journal. The key search terms were *nurs** OR Nurse attitudes AND gender equality OR gender pay gap OR patriarchy OR gender bias OR sexism OR discrimination employment OR gender equity.

4.3 | Inclusion/exclusion criteria

To be included in this review, studies had to meet the following inclusion criteria: peer-reviewed qualitative, quantitative or mixed methods research reporting on gender discrimination from the perspective of registered nurses in the clinical setting. Exclusion criteria were nonempirical articles, including commentaries and editorials, studies focussed on student nurses, nurses working in nonclinical settings or other health professionals.

4.4 | Search outcome

The initial search identified 1317 publications, and 71 were duplicates leaving 1246 for possible inclusion. Titles of the remaining publications were reviewed, and 943 were excluded. This left 303 publications for abstract review, following which a further 240 publications were excluded leaving 63 articles for full-text review. All four authors independently screened full-text articles, after which a further 46 publications were excluded. Reasons for the exclusion of full-text articles were studies not focussed on nurses, nurses' perspectives or nurses in the clinical setting, or the focus was on other types of discrimination. Forward and backward reference searching was also undertaken in this review; a further three studies were identified. Two papers used the same data set but reported on different findings, so both were used in this review (McIntosh, et al., 2015a; McIntosh, et al., 2015b). A total of 20 studies were included for quality appraisal for this review. Details of the screening process are presented in Figure 1.

4.5 | Quality appraisal

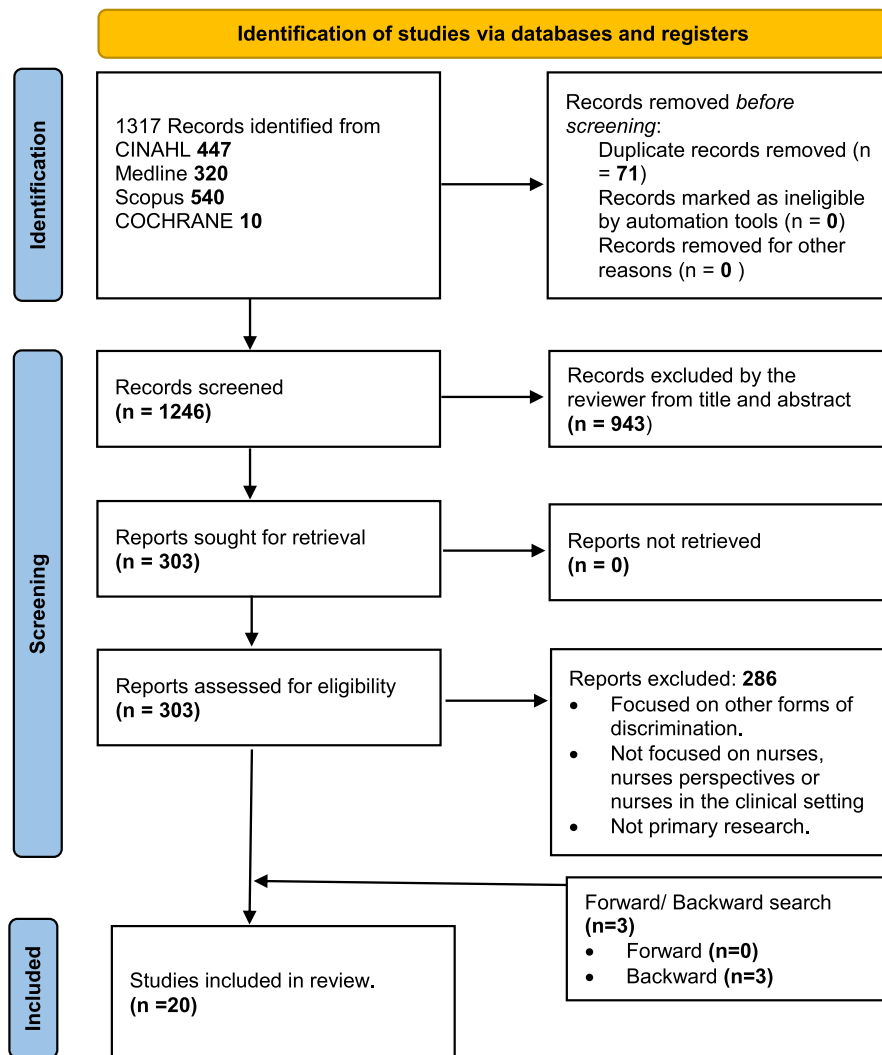
Studies which met the inclusion criteria on title and abstract were reviewed and read independently in full by all four authors to confirm eligibility. The articles were then examined for research merit using a modified Critical Appraisal Skills Program (CASP) checklist

(CASP, 2018). The CASP system is a widely used tool to assist with a structured approach in evaluating evidence, leading to a better understanding of the strengths and weaknesses of individual studies (Buccheri & Sharifi, 2017). The initial screening began with three main screening questions, as per the CASP tool: (i) Is the study valid? (ii) What are the results? (iii) Will the results help locally? If articles sufficiently answered these three questions, they were further considered. The CASP tool uses individual checklists for different research methodologies; however, we used a modified checklist developed by Perez et al. (2019). The authors modified the qualitative checklist to include the relevant criteria detailed in the CASP tool for both qualitative and quantitative methodology. Perez et al. (2019) state the rationale for modifying the tool was to simplify a complex process and enhance visualisation of the data. Each article was allocated an overall quality score based on the results of the checklist. All four authors of the research team conducted quality appraisal, if disagreement occurred, consensus was reached through discussion. However, no study data were excluded based on quality assessment only. The results of the checklist and overall quality ratings are summarised in Table 1.

4.6 | Data abstraction and synthesis

Identifying themes is central to data abstraction and synthesis for integrative reviews. (Whittemore & Knaf, 2005). Whittemore and Knaf (2005) recommend a systematic approach, without being prescriptive. The six phases of thematic analysis proposed by Braun and Clarke (2006) were used to guide the analysis. First, data were extracted into a summary table by the first author and reviewed by all the authors (Table 2). A process of data immersion followed, the first author read and reread the studies, noting items of interest whilst searching for meanings and patterns. Each article was then analysed in closer detail, and raw data from the studies were extracted and colour coded and entered into a table. The purpose of this was to identify commonalities across studies. This process led to the generation of 29 codes. The first author used reflexive thematic analysis to code the data. Codes represent the researcher's interpretations of patterns of meaning across data sets; hence, it is important to be aware of one's own bias and subjective perspectives (Braun & Clarke, 2020). To ensure credibility in the review, all four authors were involved in the development of themes. The initial codes were analysed more closely by the research team and sorted into potential themes and subthemes. Many of the concepts intersect, as such, it was difficult at times to separate. A final review of the themes was conducted for overlap, resulting in some themes being combined. Themes were defined and named once consensus was reached. Four key themes were identified: (i) career progression, (ii) career interruption, (iii) positioning of men in nursing and (iv) positioning of women in nursing. See Table 3 for themes and data extraction summary. See Appendix S1, for a summary of the thematic analysis.

FIGURE 1 Search method and identification of studies. PRISMA flow diagram (Page et al., 2021). Available at: <http://www.prism-a-statement.org/PRISM>. [Colour figure can be viewed at wileyonlinelibrary.com]



5 | RESULTS

The 20 studies included (Table 2) were published over a 10-year period, from 2012 to 2022. Seventeen of the articles were qualitative (Achora, 2016; Asif, 2019; Aspinnall et al., 2021; Blackley et al., 2019; Chang & Jeong, 2021; Cheng et al., 2018; Gauci et al., 2022; Mao et al., 2021; McIntosh, et al., 2015a; McIntosh, et al., 2015b; Rajacich et al., 2013; Saleh et al., 2020; Sayman, 2015; Smith et al., 2020; Zahourek, 2016; Zeb et al., 2020; Zhang & Tu, 2020), and three were quantitative (Stanley et al., 2016; Twomey & Meadus, 2016; van der Heever & van der Merwe, 2021). The quantitative articles employed descriptive or cross-sectional designs, in two of these studies some open-ended questions were included. Qualitative studies employed phenomenological, case study, descriptive, exploratory or grounded theory designs. Studies were conducted in the United States of America (USA) ($n = 3$), Australia ($n = 3$), Canada ($n = 2$), China ($n = 2$), Pakistan ($n = 2$), the United Kingdom (UK) ($n = 2$), Jordan ($n = 1$), New Zealand ($n = 1$), South Africa ($n = 1$), South Korea ($n = 1$), Taiwan ($n = 1$), and Uganda ($n = 1$). Sample sizes ranged from 6 (Blackley et al., 2019) to 1055 (Stanley et al., 2016) participants. Fourteen studies focussed exclusively on men, whilst three studies focussed on women in nursing, and the remaining three studies explored the perceptions of both men and women in nursing.

In this review, the first theme 'Career progression' denotes individuals advancing to more senior roles or more advanced practice positions in the workplace. The second theme 'Career interruption' highlights how gendered stereotypes pertaining to caring responsibilities, disadvantage women in the workplace. Since not all gender discrimination is explicit, the final two themes 'Positioning of men in nursing' and 'Positioning of women in nursing' highlights the often subtle, unintentional bias that arises from cultural beliefs concerning gender.

5.1 | Career progression

Eleven studies reported on the influence of gender on career progression and nursing leadership (Achora, 2016; Asif, 2019; Aspinnall et al., 2021; Gauci et al., 2022; Mao et al., 2021; Rajacich et al., 2013; Saleh et al., 2020; van der Heever & van der Merwe, 2021; Zahourek, 2016; Zeb et al., 2020; Zhang & Tu, 2020). Men in women-dominated professions were believed to experience a 'glass escalator' to career success. In eight of these studies, there was widespread acknowledgement that being a minority in a female-dominated profession had advantages in relation to career progression for men in nursing (Aspinnall et al., 2021; Gauci et al., 2022; Mao et al., 2021; Rajacich et al., 2013;

TABLE 1 Quality assessment checklist: an adaption of the CASP tool.

Article	Clear aims/ purpose	Methodology/ methods	Research design	Recruitment/ sampling	Data collection	Data analysis and rigour/validity and reliability			Findings	Value of research	Overall quality rating
						Reflexivity	Ethics	Data analysis and rigour/validity and reliability			
Achora (2016)	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	A
Asif (2019)	✓	✓	✓	*	✓	X	X	*	✓	✓	C
Aspinall et al. (2021)	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	A
Blackley et al. (2019)	✓	✓	✓	✓	✓	*	✓	*	✓	✓	C
Chang and Jeong (2021)	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	A
Cheng et al. (2018)	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	A
Gauci et al. (2022)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A
Mao et al. (2021)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A
McIntosh et al. (2015a)	✓	✓	✓	✓	✓	X	✓	X	✓	✓	C
McIntosh et al. (2015b)	✓	✓	✓	✓	✓	X	✓	X	✓	✓	C
Rajacich et al. (2013)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A
Saleh et al. (2020)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A
Sayman, (2015)	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	A
Smith et al. (2020)	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	A
Stanley et al. (2016)	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	A
Twomey and Meadus (2016)	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	A
van der Heever and van der Merwe (2021)	✓	✓	✓	✓	✓	NA	✓	✓	✓	✓	A
Zahourek (2016)	✓	✓	✓	✓	✓	X	X	✓	✓	✓	C
Zeb et al. (2020)	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	A
Zhang and Tu (2020)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	A

Abbreviations: ✓, detailed coverage of screening question; *, screening question covered but not detailed; X, screening question not addressed. Overall quality rating: A, nil or few flaws, the study credibility, transferability, dependability, and confirmability is high; B, some flaws, unlikely to affect the credibility, transferability, dependability and/or confirmability of the study; C, some flaws which may affect the credibility, transferability and/or confirmability of the study; D, significant flaws which are very likely to affect the credibility, transferability, dependability and/or confirmability of the study.^{17,18} This checklist was adapted from Perez et al. (2019) and based on the CASP tool.

TABLE 2 Summary of included papers.

Author(s)/country	Aim	Method	Sample/ participants	Key findings related to gender discrimination
Achora (2016)/ Uganda	The aim of this study was to explore and describe the experiences of male nurses in a Uganda's hospital when they were treated differently because of gender	Qualitative phenomenological descriptive design Semistructured interview	11 male registered nurses	<ul style="list-style-type: none"> The participants revealed that male nurses were preferred over their female colleagues. They felt they were more polite/ more approachable, worked harder and spent more time with their pts. They felt they were also preferred by patients and other health professionals. The persistent stereotype that a nurse was always female was reflected in this study. Male nurses were often treated as doctors by the community and pts. This led to male nurses being treated as imposters and accused of wanting to dominate the nursing profession, particularly from female nurses. Male nurses found it difficult to work in midwifery settings, especially when intimate/personal care was involved. The participants reported gender bias in various forms from within and outside the profession. For example, being allocated difficult patients and procedures. The male nurses expressed being denied opportunities for career development and promotions because of their gender. They were denied opportunities for career progression, such as seminars and workshops. The participants felt they were seen as inferior and as of failed in life due to being male nurses and not doctors.
Asif (2019)/Pakistan	To explore the perceptions of male nurses about the nursing profession and to explore the reasons for pursuing nursing as a career, and to identify the barriers and factors in male nurses' practice.	Descriptive, qualitative design. Semistructured interviews	14 male nurses	<ul style="list-style-type: none"> Male nurses were ridiculed for choosing a feminine profession. Almost every participant stated that they are mocked for choosing this profession. Male nurses are judged as less manly and inferior. Difficult for male nurses to find jobs as there is no male quota. Participants stated that they often face favouritism issues because females favour females in the nursing profession. Female team leaders are preferred despite how competent a male nurse is. People think that doctors are the only one, who are well educated, and nurses just follow the orders of doctors'.
Aspinall et al. (2021)/ New Zealand	This study aimed to determine whether the culture within an acute care hospital empowers 'all' nurses to be leaders by exploring intersectionality and nursing leadership in the context of the social environment.	An embedded case study design. Semistructured interviews.	31 female nurses 5 male nurses	<ul style="list-style-type: none"> This study showed the pathway to leadership varies depending on intersecting social constructions. Hospitals are gendered spaces with nurses being down on the floor. This has negative connotations, that is nurses are viewed as factory workers. Women in nursing had to choose between being a mum or a leader. This was mainly due to the expectation to have postgraduate qualifications and the extra time required for study put pressure on family life. Women RNs felt the long hours required for full-time management positions meant they had to choose between family life and pursuing leadership positions. Male leaders' partners all reduced hrs or gave up work so their partner could concentrate on work role. No option for part-time management role. Nurses perceived they were often ignored and had little influence with the multidisciplinary team Existence of the glass escalator—acknowledged by male/female nurses. Male RNs know they are advantaged Being male is an advantage when pursuing leadership roles. According to Kevin (manager), males have a more consistent work history. Nurse practitioners were perceived as less expert than junior doctors. Nurses have a lack of power despite being the largest group of health professionals.

(Continues)

TABLE 2 (Continued)

Author(s)/country	Aim	Method	Sample/ participants	Key findings related to gender discrimination
Blackley et al. (2019) Australia	Aim—to explore the experiences of men working in the nursing profession.	Qualitative-Phenomenological research design. Semistructured interviews.	6 male nurses	<ul style="list-style-type: none"> Male nurses experience gender role conflict; however, the conflict experienced comes from being on the receiving end of comments expressed about them as opposed to how they perceive themselves ie will not discuss jobs with 'mates' and being mistaken for a doctor. Feeling excluded in regular social interactions, 'females are taking over and its like a Cacophony of noise'. Feelings of exclusion in female-dominated workplace. Those in acute care with more male nurses did not feel this way. Male participants described female-dominated workplace as toxic culture 'wards can have a toxic culture when there are only women on them'. The term 'male nurse' makes men in nursing feel uncomfortable Despite these challenges, participants reported that they experienced a great sense of satisfaction in their nursing careers. Apprehension providing personal care/ fear of being accused of inappropriate behaviour. Female patients rejecting their care Disproportionate assignment of 'masculine' tasks. That is, providing the role of security or being assigned heavy-lifting duties
Chang and Jeong (2021), South Korea	The purpose of this study was to explore male nurses' experiences of workplace gender discrimination and sexual harassment in South Korea.	Phenomenological qualitative methodology Semistructured interviews	10 male nurse	<ul style="list-style-type: none"> Male nurses perceived they experienced gender discrimination from colleagues, and from patients and patients' families. Experienced gender discrimination from other nurses (physical labour)/ pts (requesting female nurses)/pts families/organisational discrimination (unfair welfare and vacation/lack of facilities) Male nurses are perceived as slower/blunter and less sensitive. Stand out as a man rather than a nurse Worked more nights as pregnant colleagues Male nurses experienced sexual harassment from their female colleagues. However, they felt it was too subtle to report and felt it would be hard to be recognised as a victim.
Cheng et al. (2018), Taiwan	The purpose of this study was to explore the lived experience of novice male nurses when they first enter the workplace, as this may benefit future education and training of male nurses.	A qualitative descriptive study. Semistructured interviews	14 male nurses	<ul style="list-style-type: none"> Protected minority—felt treated differently due to being a minority, ie less blame when making a mistake compared with female nurses. Male nurses well supported by female colleagues. Most of the men thought they were treated differently because they were a minority. Male nurses face challenges in their interpersonal relationships in the workplace, which consists mainly of female nurses with their own clique culture. Difficulty for male RNs to take care of young female patients and provide intimate care.
Gauci et al. (2022), Australia	To explore the experiences of female registered nurses (RNs), who encounter workplace gender discrimination in nursing.	Qualitative exploratory design Semistructured interviews.	10 female RNs	<ul style="list-style-type: none"> Male nurses groomed for success Male nurses promoted with less experience and postgraduate qualifications Female senior nurses nurtured careers of male nurses Male nurses not reprimanded when mistakes made or expected to tidy / not scrutinised as much as women on daily tasks. Male nurses described for agentic qualities, female nurses described with maternal qualities. Female nurses' abilities devalued in the workplace Motherhood/ career breaks/ part-time work detrimental to women's career progression. Women reluctant to use gender as a reason for experiences. Gender discrimination was a normal part of life for women in nursing

TABLE 2 (Continued)

Author(s)/country	Aim	Method	Sample/ participants	Key findings related to gender discrimination
Mao et al. (2021), China	Aim—to investigate the advantages and disadvantages of being a male in nursing profession that male nurses and male nursing students experience in their professional development.	Descriptive qualitative Semistructured interviews	12 male nurses	<ul style="list-style-type: none"> Employment limitations—limited to ED, ICU, OT, haemodialysis etc. Male nurses were excluded from areas with only 1 nurse on at night. Refusal from female pts for care Male nurses perceived they were better at working machines/technology Male nurses stated they had to assist female nurses at times as pts listened more to men. Male nurses state they are advantaged in terms of career progression as women pay more attention to their families. They felt professional development was expected and would be encouraged by superiors.
McIntosh, McQuaid, & Munro (2015)/ United Kingdom	This purpose of this paper is to engage two enduring sets of assumptions within nursing: first, that woman with children should prioritise the care of children; and second, that nursing standards require nurses to put their profession above other priorities.	Qualitative Semistructured interviews	32 female RNs	<ul style="list-style-type: none"> Professional nursing values prioritise patient care, whereas gender perceptions associated with children and women's role as primary carer state 'family first'. This results in the gender perceptions of motherhood and childcare being a disadvantage for women. Participants perceived the job is the priority and you cannot do both (motherhood and work). It is women judging women with dependent children on harsh terms. Commitment in nursing is measured by the ability to work full-time and flexible days/hours. Nursing is informed by the need for continuity of care for the patients. However, this is opposite to the needs of female nurses with dependent children. The consequence of the conflict between gender perceptions and professional values is on career profession of women with children being hindered, in part due to resistance to change traditional employment practices.
McIntosh et al. (2015b)/ United Kingdom	The purpose of this study was to examine female nurse's access to training following a career break and the accumulation of human capital. Further, it examines whether full-time workers are given priority over nurse's returning from a career break and part-time workers in access to training.	Qualitative Semistructured interviews	32 female registered nurses	<ul style="list-style-type: none"> Participants believed career breaks impacted a nurse's skill base, this was more evident in acute care areas and less in areas such as aged care. Career breaks and gender affected career progression. Nurses who returned after a career break had less access to training opportunities and updating their skills. Nurses who returned from a career break and worked part-time had even less access. Because of less access to training female nurses are disadvantaged in their career following a career break.
Rajacich et al. (2013)/ Canada	This research explores issues surrounding recruitment, retention, and work-life satisfaction for men who are nurses working in acute care settings	A descriptive qualitative design Focus groups	16 male RNs	<ul style="list-style-type: none"> Visibility as a male nurse had benefits. People have different expectations of a white male/they are remembered/people remember what they say Due to being male RNs, men perceived that they owe it to themselves to prove they are smarter Male nurses believe the way they practise is under scrutiny as men, so they hold themselves to a higher standard Colleagues believe their standards are substandard, but these sorts of discriminatory behaviour are rare/ they seldom get negative feedback from female colleagues. Occasional resistance from patients, that is negative stereotypes/requesting female nurses/ issues of Called upon for tasks that require physical strength Do not like the gendered term male nurse Lack of role models Accusations of impropriety/ double standards

(Continues)

TABLE 2 (Continued)

Author(s)/country	Aim	Method	Sample/ participants	Key findings related to gender discrimination
Saleh et al. (2020)/ Jordan	The purpose of this study was to explore the Jordanian male nurses' experiences of their career within their Arabic community	Hermeneutic phenomenological Focus groups	22 male nurses	<ul style="list-style-type: none"> • Whilst male nurses recognised nursing is a female dominant profession, they viewed themselves through Arab male culture, thus they perceived all male nurses as more independent in decision-making and more productive than their female counterparts. They also perceived they had better ability in regulating their emotions. • Male nurses often sought for their perceived competence. • Male nurses cannot work with female pts for sensitive procedures • Male nurses do the heavy lifting/not viewed as negative. • More head nurses are men • Male nurses not able to work with kids or obstetrics or gynaecology. • Jordanian men prefer their daughters do not marry male nurses
Sayman, (2015)/USA	The purpose of this study was to discover the experiences of men in nursing, and to contribute to the literature the reasons why occupations develop a tradition of what is sex-role appropriate	Qualitative semistructured interviews	10 male nurses	<ul style="list-style-type: none"> • Participants stated they first encountered stereotyping in nursing school through interactions with their instructors, peers, and clinical supervisors. • Difficult obstetrics rotations • Participants often voiced stories where they placed themselves as the hero, that is I was the best shot giver in the hospital. • Stories in which they were more proficient and had greater expertise than their female counterparts. • Expected to do the heavy lifts and care for the heavy patients or restrain violent ones. • All men in this study engaged in a battle for their identity as nurse. Participants struggle with societal expectations of who is, and who should be, a nurse.
Smith et al. (2020)/ USA	The aim of this study was to investigate the lived experiences of male nurses in today's healthcare environment to understand the persistently low numbers of men in nursing.	Qualitative Semistructured interviews	11 male nurses	<ul style="list-style-type: none"> • Stereotypes which associate nursing with femininity have a negative impact on men in nursing and contribute to low numbers of men in nursing. • Need increased public visibility of male nurses • Male nurses depicted poorly on television • Nurses (m and F) being depicted as subservient to doctors, participants stated this was harmful to the profession • Male nurses were excluded from obstetrics and gynaecology • Participants felt they were respected and supported by their female peers. They were valued in the workplace. • They were more valued by upper management and doctors more so than their female colleagues. They felt their opinions were more valued by doctors and they were treated with more respect. • Male comradery • Male nurses had special treatment compared with female colleagues • Mistaken for doctors then degenerated by the doctor, when they realised, they were a nurse • Participants felt that it was a double standard that female nurses do not encounter the same concerns caring for male pts as they do when caring for female pts. • Patients perceive male nurses are more caring than female nurses • Participants discussed unearned respect given to male nurses • Female social cliques a source of isolation for men in nursing. • Participants referred to male social cliques as 'the brotherhood' and were aware that this may make females feel excluded. • Male nurses felt disadvantaged when intimate patient care is required

TABLE 2 (Continued)

Author(s)/country	Aim	Method	Sample/ participants	Key findings related to gender discrimination
Stanley et al. (2016)/ Australia	Aim: to establish a profile of men in nursing in Western Australia and gather information about how men in nursing perceive themselves and are perceived by their female colleagues	Quantitative—nonexperimental, comparative, descriptive research design Survey—multiple choice	1055 (247 male nurses and 808 female nurses)	<ul style="list-style-type: none"> Common misperceptions of men in nursing included: most male nurses are gay; men are not suited to nursing and men are less caring and compassionate than women. Men in nursing were seen as lazy by female nurses Challenges faced by men—seen as muscle/difficult being the gender minority/reluctance of female pts to be cared by male RNs/lack of role models/seen as a failed doctor/difficulties communicating with women/nursing is seen as more suitable for women/they are marginalised and victimised.
Twomey and Meadus (2016)/ Canada	To investigate why men choose nursing as an occupation, barriers they experienced in practice, career satisfaction and career path.	Descriptive design Questionnaire	239 male nurses	<ul style="list-style-type: none"> Being seen as muscle Sexual stereotypes No role models Nursing is a female-orientated profession
van der Heever and van der Merwe (2021)/ South Africa	To report findings of discriminatory behaviour among nurses regarding race, gender, sexual orientation, age, disability, religion and marital status.	A cross-sectional descriptive study. Survey (containing open- and close-ended questions)	573 RNs	<ul style="list-style-type: none"> A statistically significant difference was found in the responses to gender—more males than female nurses reported discriminatory behaviour. Males employed in the public nursing sector in the WC, experienced more upward mobility regardless of experience or qualifications. Males in the private sector experienced less upward mobility but were better remunerated Male RNs are less receptive to instructions coming from females Having children meant it was difficult to obtain study leave. Nurses were required to state marital status and number of dependents when applying for leave.
Zahourek (2016)/ USA	The purpose of this study was to evaluate, potentially modify, and/or expand a previously developed theory—IMH—using a sample of men in nursing.	Grounded theory Semistructured interviews	12 male nurses	<ul style="list-style-type: none"> Participants discussed prejudices and stereotypes experienced by men in nursing. They were criticised by female colleagues for their use of touch/for crying when a patient died. Several felt they needed to justify their decision to be a nurse rather than a doctor. They felt they were perceived as not quite masculine for choosing nursing as a career. Participants believed that their colleagues expected them to be 'tough and strong enough to do the heavy lifting'. They were also expected to be emotionally strong. Believed they were often asked to be in charge due to being male. Issues providing intimate care to both sexes. Perceived female nurses were often robotic and uncaring
Zeb et al. (2020)/ Pakistan	To explore and develop a deeper understanding of the lived experiences of male nurse educators.	Interpretive phenomenology Semistructured interviews	12 male nurse educators	<ul style="list-style-type: none"> Participants stated discrimination against male nurses was common in the workplace, this prompted them to seek educator roles. Mistaken for doctors and experienced rejection from pts. Female nurses were hired rather than more qualified men. Female educators preferred over male educators. Rigid belief that nursing is for women/do not like the term male nurse educator
Zhang and Tu (2020)/ China	To understand the working experiences and career trajectories of male nurses in China.	Qualitative descriptive design Semistructured interviews	25 male nurses	<ul style="list-style-type: none"> Chinese male nurses had better career prospects and promotion chances compared with female nurses. Male nurses given more training opportunities. Male nurses thought they were more decisive and rational when dealing with emergencies. Male nurses perceived they were more competent with operating machinery, that is ICU Disadvantaged as no maternity leave Discrimination from pts and families, as they were rejected by them for care Low status of male nurses affected the marriage status for men

Source	Career progression	Career interruption	Positioning of men in nursing	Positioning of women in nursing
Achora (2016)	*		*	*
Asif (2019)	*		*	*
Aspinall et al. (2021)	*	*	*	*
Blackley et al. (2019)			*	*
Chang and Jeong (2021)		*	*	
Cheng et al. (2018)	*		*	*
Gauci et al. (2022)	*	*	*	*
Mao et al. (2021)	*	*	*	*
McIntosh et al. (2015a)		*		*
McIntosh, Prowse, and Archibong (2015)		*		*
Rajacich et al. (2013)	*		*	*
Saleh et al. (2020)	*	*	*	*
Sayman, (2015)			*	*
Smith et al. (2020)	*		*	*
Stanley et al. (2016)				
Twomey and Meadus (2016)			*	
van der Heever and van der Merwe (2021)	*	*	*	
Zahourek (2016)	*		*	*
Zeb et al. (2020)	*			
Zhang and Tu (2020)	*	*	*	*

TABLE 3 Themes and data extraction summary.

Saleh et al., 2020; van der Heever & van der Merwe, 2021; Zahourek, 2016; Zhang & Tu, 2020). Participants perceived that male nurses were promoted and offered opportunities based on gender rather than being earned by merit. For example, one of the female participants discussed a male RN with <2-year clinical experience and no postgraduate qualifications being offered an acting clinical nurse educator (CNE) role in an acute specialty ward.

Eighty percent of the other staff on the ward are probably better qualified and have better experience. How can you guide other people in that area, if you do not have the right experience? How can you expect someone who has just walked into the ward who has only just got himself orientated maybe a year back to whatever happens on the floor, to actually be a leader for everybody else, as an educational leader?

(Gauci et al., 2022, p. 6)

The idea of a culture in nursing where the success and progression of male nurses was prioritised, resonated with the majority of participants. Male participants were aware of the benefits their gender afforded them, and most agreed it was unfair to their female colleagues (Aspinall et al., 2021; Cheng et al., 2018; Rajacich et al., 2013; Smith et al., 2020; Zhang & Tu, 2020). For example, a male nurse manager in Aspinall et al. (2021) stated:

I'm very aware that to some extent, because I am a male, I might have had the opportunities to climb up the ladder faster than maybe what a female counterpart might have had

(p. 1936).

In contrast, three studies reported that female nurses were favoured for career progression rather than men in nursing (Achora, 2016; Asif, 2019; Zeb et al., 2020). Two of these studies were conducted in Pakistan, where, as reported by the authors, society was very conservative and male nurses were not tolerated culturally. Additionally, male nurses were not supported by the government in Pakistan (Asif, 2019; Zeb et al., 2020). The third study was conducted in Uganda, where according to the authors, society did not accept men as nurses (Achora, 2016). However, overall, the studies in this review highlighted a patriarchal culture which valued the achievement of men over women.

5.2 | Career interruption

Evidence from nine studies suggested that caring responsibilities and career interruption due to caring responsibilities adversely affect women's career outcomes in nursing. Four of these studies were exclusively from the perspective of male participants

(Chang & Jeong, 2021; Mao et al., 2021; Saleh et al., 2020; Zhang & Tu, 2020), three from the perspective of female participants (Gauci et al., 2022; McIntosh, et al., 2015a; McIntosh, et al., 2015b), and two a mix of male and female participants (Aspinall et al., 2021; van der Heever & van der Merwe, 2021). Female participants perceived their skills and knowledge were not given the same recognition once they became mothers and that working part-time and taking career breaks due to caring responsibilities further exacerbated this issue (Aspinall et al., 2021; Gauci et al., 2022; McIntosh, et al., 2015a; McIntosh, et al., 2015b). One of the female participants in McIntosh, et al. (2015b) discussed her experience of returning from a career break:

Nursing skills have to be upgraded if returning nurses are to be allowed to perform the whole task. They need the former to complete the latter. When I returned, I was given no opportunity to update my skills. It was as if I was worthless—it was a steep descent from valued to undervalued.

(p. 71)

In the only study which included nurse managers, male leaders also perceived that taking a career break to have children was disadvantageous for women in regard to career progression (Aspinall et al., 2021). One of the male nurse managers in Aspinall et al. (2021) stated:

A lot of nurses are male now, especially as you get up to the more senior ranks. Looking after kids... it's more likely to be the female. So, the male nurses have got more of a consistent career history; they don't have to put it on pause and come back, and maybe come back with a different way, in terms of contracted hours.

(p. 1936)

However, male participants, regardless of position, were aware of the impact of motherhood on the careers of their female counterparts and specifically the impact of maternity leave (Aspinall et al., 2021; Mao et al., 2021; Saleh et al., 2020; Zhang & Tu, 2020).

Harmful gender perceptions associated with motherhood were evident from both male and female participants across the studies reviewed. Women who were mothers were perceived to have less commitment to nursing than those who were not mothers. Consequently, female participants felt they needed to choose between family life and career progression (Aspinall et al., 2021; Gauci et al., 2022; McIntosh, et al., 2015a; McIntosh, et al., 2015b). The idea that women's career progression was constrained by responsibilities to their families was evident across studies, irrespective of culture. For example, in the Jordanian study by Saleh et al. (2020) participants indicated that women were 'obliged' to take care of their families in addition to their work as a nurse which may affect performance. Similar sentiments were expressed in a New Zealand study, with women stating family responsibilities impacted their ability to apply for leadership positions. Male nurse leaders stated their

female partners worked part-time to focus on their family, so they could focus on their careers (Aspinall et al., 2021). Decreased access to career development opportunities for women in nursing, after they had children was a significant problem (Aspinall et al., 2021; Gauci et al., 2022; McIntosh et al., 2015b; van der Heever & van der Merwe, 2021). For some women participants, the extra pressure on family life was a deterrent to obtaining the postgraduate qualifications required for career progression (Aspinall et al., 2021). However, in many cases, decreased access to training was the result of explicit discriminatory practices. In a study by van der Heever and van der Merwe (2021), female nurses were required to state marital status and number of dependents when applying for study leave, this was not required from male nurses. According to a female participant 'The moment you get too much children and they don't want to send you to go and learn' (van der Heever & van der Merwe, 2021, p. 185).

5.3 | Positioning of men in nursing

There was widespread consensus in the literature reviewed that male nurses held a privileged position within nursing, largely as a result of gender expectations. Male and female participants perceived that male nurses were given unearned respect simply for being male and afforded special treatment (Achora, 2016; Aspinall et al., 2021; Blackley et al., 2019; Cheng et al., 2018; Gauci et al., 2022; Mao et al., 2021; Saleh et al., 2020; Smith et al., 2020). Participants did not clarify the terms they used such as 'unearned respect' or 'special treatment' but reported that male nurses were more highly valued by medical professionals and other health professionals (Achora, 2016; Smith et al., 2020) and senior team leaders and management (Aspinall et al., 2021; Cheng et al., 2018; Gauci et al., 2022; Rajacich et al., 2013; Saleh et al., 2020; Zahourek, 2016; Zhang & Tu, 2020). Gauci et al. (2022) discussed a patriarchal culture where male RNs were subject to fewer rules and regulations in the workplace and daily tasks were scrutinised less. Rajacich et al. (2013) noted that people were more likely to remember your name if you were a male nurse, and Smith et al. (2020) stated male participants felt their opinions were respected more by the medical profession. Whilst subtle, and likely unintentional, these acts increase men's authority in the workplace and therefore women's subordination.

In the one study which focussed exclusively on women in nursing and gender discrimination, it was reported that women themselves nurtured and facilitated the careers of male nurses to the detriment of their own careers (Gauci et al., 2022). Male participants were aware of the value attributed to them from their female colleagues, acknowledging that they were responsible for much of their success (Aspinall et al., 2021; Cheng et al., 2018; Smith et al., 2020). They perceived they were a protected minority and reported that female colleagues rarely gave negative feedback to male RNs and attributed less blame to them when errors were made (Cheng et al., 2018; Gauci et al., 2022; Rajacich et al., 2013). One of the male nurses in the study by Cheng et al. (2018, p. 49), said:

When I make a mistake, there's always less blame for me than others from female senior nurses. So I have the courage to ask if I don't know ... Sometimes they're a little bit wordy, but mostly they encourage me in positive ways, so I think it's kind of a great job for a male.

Male nurses also experienced challenges from their female colleagues, including the disproportionate assignment of heavy lifting/physical labour and being used as security (Achora, 2016; Blackley et al., 2019; Chang & Jeong, 2021; Mao et al., 2021; Rajacich et al., 2013; Sayman, 2015; Stanley et al., 2016; Twomey & Meadus, 2016; Zahourek, 2016). Whilst many participants felt this was unfair, others felt it was a fair trade for when men required assistance with personal care and female patients (Rajacich et al., 2013).

Male participants' experiences with patients were mixed and situation dependent. Many participants reported positive experiences with patients and perceived that patients listened to male nurses more and thought of them as more competent (Achora, 2016; Cheng et al., 2018; Mao et al., 2021; Saleh et al., 2020; Smith et al., 2020). As stated by a male participant in the study by Achora, (2016, p. 26):

In most cases male nurses are more approachable and less rude than the female nurse, this makes the male nurses to spend more time with the patients than the other health care workers hence they are popular with the patients.

Only one study reported that patients preferred female nurses; however, this study was conducted in Pakistan where it was identified by the authors that it was not culturally tolerable to have male nurses (Asif, 2019). Male participants across several studies experienced tension when providing personal care to female patients, in regard to how they were perceived. The persistent association of nursing as women's work meant male nurses were often positioned as questionable caregivers. In the reviewed articles, male nurses were apprehensive in providing personal care and intimate touch to female patients, mainly due to the risk of being accused of inappropriate behaviour. One of the male nurses in Smith's et al. (2020, p. 1215) study stated:

I am kinda, handicapped in part of my job, in that what I am doing with a female patient. I can't, nor will I, be alone in a female's room and perform any kind of procedure that requires anything below the waist. I mean, that's asking to end my profession and maybe my life.

The majority of male participants across studies had been refused care by a female patient at some point in their career (Blackley et al., 2019; Chang & Jeong, 2021; Cheng et al., 2018; Mao et al., 2021;

Rajacich et al., 2013; Saleh et al., 2020; Smith et al., 2020; Stanley et al., 2016; Zahourek, 2016). Consequently, male nurses reported being excluded from or found it difficult to work in midwifery settings/obstetrics and gynaecology (Achora, 2016; Mao et al., 2021; Saleh et al., 2020; Sayman, 2015; Smith et al., 2020; Stanley et al., 2016). Male nurses in the study by Mao et al. (2021) were not permitted to work in areas where only one nurse was rostered for night duty. Participants felt this was a double standard, as women in nursing did not face the same concerns when caring for male patients. Male participants also felt disadvantaged when providing care to male patients, as this could also have been viewed as inappropriate. This was due to the concern that they may be perceived as homosexual or sexually deviant (Zahourek, 2016).

Gender expectations that nurses are female meant that male nurses were often mistaken for and treated as medical professionals (Achora, 2016; Blackley et al., 2019; Smith et al., 2020; Stanley et al., 2016; Zeb et al., 2020). Whilst this initially meant they were treated with more respect than their female colleagues, they struggled with the degradation that often followed once it was realised, they were a nurse. Moving into female-dominated professions was perceived as a step down in status for men. As stated by a participant 'like I lowered myself or something by choosing nursing instead of medicine' (Smith et al., 2020, p. 1215). Participants reported similar sentiments from friends and family; they were positioned as inferior and perceived as having failed in life for choosing a feminised profession. As a result, male nurses were sometimes reluctant to discuss their choice of occupation with those outside of health care (Achora, 2016; Asif, 2019; Blackley et al., 2019; Smith et al., 2020; Zhang & Tu, 2020).

Some male participants within this review held the belief that they possessed greater skill and capability in comparison with their female counterparts. Boastful storytelling from men in nursing was a common thread throughout the studies in this review (Achora, 2016; Cheng et al., 2018; Mao et al., 2021; Rajacich et al., 2013; Saleh et al., 2020; Sayman, 2015; Zhang & Tu, 2020). As stated by one male participant 'I tried to be the best at everything I did. I tended to be seen as real good at everything I did.' (Sayman, 2015, p. 14). Male participants perceived they worked harder (Achora, 2016; Saleh et al., 2020), were more rational and decisive in emergencies (Sayman, 2015; Zhang & Tu, 2020), more independent when making decisions (Saleh et al., 2020), more competent with technical skills (Mao et al., 2021; Zhang & Tu, 2020), held better management skills (Saleh et al., 2020), had greater overall expertise (Cheng et al., 2018; Rajacich et al., 2013; Sayman, 2015) and were more polite (Achora, 2016) than their female colleagues. As stated by a participant in the study Rajacich et al. (2013, p. 76) 'men hold themselves to a higher level' and from the study by Saleh et al. (2020, p. 318), 'Departments that are headed by a male nurse are well organized and work is fairly distributed, you know, men have more management skills'. Whilst some male participants from the articles included in this review also emphasised their more feminine qualities, they again positioned themselves as 'better than' their female colleagues. They perceived they were more caring than women

and more approachable (Achora, 2016; Cheng et al., 2018; Smith et al., 2020; Zahourek, 2016).

5.4 | Positioning of women in nursing

The positioning of nursing as a feminised profession and women's work was evident across many of the studies in this review. There was consensus that nurses (predominately women) were perceived as subservient to the medical profession and that their knowledge and skills were not respected (Achora, 2016; Asif, 2019; Aspinall et al., 2021; Saleh et al., 2020). For example, Aspinall et al. (2021) reported that nurses were often ignored within the multidisciplinary team and had little influence or power. Male nurses in this review positioned women and what they did as second best (Achora, 2016; Cheng et al., 2018; Mao et al., 2021; Rajacich et al., 2013; Saleh et al., 2020; Sayman, 2015; Zhang & Tu, 2020). A male head nurse in the emergency department explained his perception of the differences between male and female nurses (Zhang & Tu, 2020, p. 444):

Overall, male nurses are bolder and calmer when handling emergencies. When we encounter emergency rescue, there may be some young (female) nurses who start to panic and have shaky hands. For some female nurses, when they feel nervous, they do not know what to do.

The abilities of women nurses were devalued in the workplace, with difficult procedures and complex patients being assigned to men (Achora, 2016; Cheng et al., 2018; Gauci et al., 2022; Mao et al., 2021; Sayman, 2015). Negative stereotypes were used to describe women and women's workplaces. Male participants perceived women were competitive and engaged in workplace politics (Blackley et al., 2019; Mao et al., 2021). Male nurses described female workplaces as toxic, one participant in the study by (Blackley et al., 2019, p. 693) stated:

Um I've seen some wards that can get quite a toxic culture when they only have women on them, and I don't know if that's just because they are so female-dominated or other factors, but I think throwing a few guys into the mix somehow it just changes the atmosphere in a good way.

There are only four articles in this review where women's views on gender discrimination in the workplace are voiced (Aspinall et al., 2021; Gauci et al., 2022; McIntosh, et al., 2015a; McIntosh, et al., 2015b). Women in nursing perceived themselves to be at the bottom of the healthcare hierarchy where they have little influence with the multidisciplinary team and hold minimal power (Aspinall et al., 2021; Gauci et al., 2022). Women participants situated women with children as unsuitable for management positions as the 'job should come first' (Gauci et al., 2022; McIntosh, et al., 2015a; McIntosh, et al., 2015b).

Women perceived they were invisible in the workplace and that what they do is less valued than what men in nursing do. Additionally, they perceived that they must work harder than men in nursing and were held to higher standards (Aspinall et al., 2021; Gauci et al., 2022). Interestingly, women nurses primarily situated themselves as carers; however, whilst maintaining they were happy to be on the floor working with patients (Aspinall et al., 2021; Gauci et al., 2022), there was an element of passive acceptance of this role (Gauci et al., 2022). This could be explained in part by their own intrinsic systems of norms and experiences, and their inability to see themselves as leaders, as stated by a participant, 'In the roles of managers and executive positions I think they (male RNs) have a stronger personality to do that role' (Gauci et al., 2022, p. 6). In all four studies where we hear from women, participants minimised the gendered issues they experienced, inadvertently perpetuating their own subordination (Aspinall et al., 2021; Gauci et al., 2022; McIntosh, et al., 2015a; McIntosh, et al., 2015b). Participants viewed workplace gender discrimination as systemic and culturally ingrained, yet they were conditioned to beliefs of the patriarchy, as stated by a female participant, 'Not that the women were discriminated against, it's more that the men are highlighted to go up the ladder quicker' (Gauci et al., 2022, p. 10).

6 | DISCUSSION

The aim of this review was to critically synthesise the literature that explores the experiences of workplace gender discrimination from the perspective of the registered nurse workforce. This review has highlighted that although men are a minority in nursing, their status as the dominant patriarchal group means they do not suffer the same consequences as other minority groups in regard to career success. Whilst women in male-dominated professions experience a 'glass ceiling' that prevents them rising above a certain level, men in female-dominated professions experience a glass escalator to career success (Williams, 2013). This integrative review adds support to previous research on men in female-dominated professions, where opportunities and promotion are based on gender rather than being earned by merit (Cousins, 2019; Wilson et al., 2018). Nicolson (2015) argues that the cultural tradition of professional power being held by men serves to validate it. However, Williams (2013) makes an important observation regarding the vertical segregation of individuals into gender-appropriate roles within organisations. Men are promoted in female-dominated professions because it is considered unsuitable for them to be doing care work (Williams, 2013). The positioning of nursing as a feminised profession and women's work was evident across many of the studies in this review. Despite the work of feminist scholars, socialisation into appropriate gender roles and stereotypical role expectations is firmly embedded in society (Nicolson, 2015).

Congruity models of gender discrimination have been widely used to explain the underlying mechanisms of bias against women and leadership (Manzi, 2019). Eagly and Karau (2002) explain discrimination towards women and leadership through 'role congruity

theory'. This theory considers the congruity between gender roles and leadership roles; discrimination occurs as women are not rated highly on the agentic qualities required for successful leadership. Stereotyped-based expectations can result in the belief that women lack competence, thus resulting in discrimination in the workplace (Nicolson, 2015). This was evident in the current review, for example women perceived their knowledge and skills were not respected (Achora, 2016; Asif, 2019; Aspinall et al., 2021; Saleh et al., 2020) and difficult procedures were assigned to male nurses (Achora, 2016; Cheng et al., 2018; Gauci et al., 2022; Mao et al., 2021; Sayman, 2015). Clow et al. (2015) contend that congruity models of discrimination can also be applied to men in female-dominated professions. However, Manzi (2019) argues that if men are perceived as less competent in female-dominated professions, there should be evidence of bias against men in selection processes and/or career progression. This review shows that predominately, male nurses do not experience bias in regard to career progression (Aspinall et al., 2021; Gauci et al., 2022; Mao et al., 2021; Rajacich et al., 2013; Saleh et al., 2020; van der Heever & van der Merwe, 2021; Zahourek, 2016; Zhang & Tu, 2020). This is consistent with other research, for example, as reported in the UK, male nurses hold two-thirds of leadership positions in the health sector, despite only making up 10% of the workforce (Clayton-Hathway et al., 2020). However, in this review, findings differed in the studies from low-income and lower middle-income countries, with men in nursing perceiving they were being discriminated against in terms of career progression (Achora, 2016; Asif, 2019; Zeb et al., 2020).

There are, however, disadvantages for men in fulfilling a role which is thought to be incompatible for their gender. These disadvantages stem from the traditional masculine role conflicting with the nursing role. Men are expected to maintain a socially acceptable performance of masculinity whilst simultaneously enacting a professional role which is synonymous with femininity (O'Lynn et al., 2020). Although multiple masculinities exist, hegemonic masculinity is considered the socially dominant and ideal form of masculinity. Hegemonic masculinity centres on characteristics such as leadership, authority, strength and heterosexuality, and most significantly it is considered superior to femininity (Connell, 1987). Men in nursing are often questioned why they did not pursue a career in medicine, a profession assigned greater patriarchal importance, and more aligned with haemogenic masculinity, rather than nursing (O'Lynn et al., 2020). Male nurses in this review reported they were often mistaken for and treated as medical professionals (Achora, 2016; Blackley et al., 2019; Smith et al., 2020; Stanley et al., 2016; Zeb et al., 2020). The degree to which individuals internalise masculinity ideology differs. Gender role conflict is a framework for understanding the harmful effects gender norms have on an individual's psychological well-being (O'Lynn et al., 2020). In a seminal paper, O'Neil (1981) defined gender role conflict as 'a psychological state that negatively affects an individual as a result of the individual's excessive internalisation of their expected gender role' (p. 203). According to O'Neil (1981), gender role conflict results from socialisation to restrictive gender role norms and learned sexism. Role conflict can manifest in feelings of embarrassment, discomfort or shame and is linked to mental health

issues for men (O'Lynn et al., 2020). Male nurses in this review experienced gender role conflict in their nursing role. Providing personal care to patients was a source of tension for male participants, due to the perceived risk of being accused of inappropriate behaviour (Blackley et al., 2019; Chang & Jeong, 2021; Cheng et al., 2018; Mao et al., 2021; Rajacich et al., 2013; Saleh et al., 2020; Smith et al., 2020; Stanley et al., 2016; Zahourek, 2016). Negative reactions from family and friends were also a source of tension, and participants perceived they were judged as inferior and having failed in life for choosing a career in nursing. It has been argued that men encounter greater social costs for violating gender norms than women, due to more stringent prescriptions of masculinity (Manzi, 2019). It is perhaps not surprising that some participants reported they were reluctant to discuss their choice of occupation with those outside of health care (Achora, 2016; Asif, 2019; Blackley et al., 2019; Smith et al., 2020; Zhang & Tu, 2020).

In research on men and masculinities, it is widely accepted that men perform for other men; masculine identities are continuously negotiated and renegotiated, both in the workplace and elsewhere (O'Lynn et al., 2020). A strategy used by men in female-dominated professions to maintain and emphasise their masculinity is to create boundaries to separate themselves from women. This strategy involves defining the work of men and women in female-dominated occupations as being different (McDowell, 2015). For example, male participants in this review reported that their jobs involved a disproportionate amount of heavy lifting (Achora, 2016; Blackley et al., 2019; Chang & Jeong, 2021; Mao et al., 2021; Meadus & Twomey, 2011; Rajacich et al., 2013; Sayman, 2015; Stanley et al., 2016; Zahourek, 2016), and they were often assigned the more difficult and complex patients (Achora, 2016; Cheng et al., 2018; Gauci et al., 2022; Mao et al., 2021; Sayman, 2015). The purpose of this strategy is to show that even within the same occupation, men have abilities that women cannot offer (McDowell, 2015). However, at its core, its purpose is to separate the masculine from the feminine, suggesting that femininity is of lesser value (Cottingham, 2019). Another strategy is supporting perceived conventional and stereotypical masculine values (McDowell, 2015). Male participants in this review accentuated qualities such as 'rationality', 'technical skills' and 'decisiveness'. It is widely acknowledged that men and qualities associated with masculinity are considered superior to women and femininity (Williams, 2013). Consequently, the use of normative cultural schemas maintains the dominant gender order that ensures the subordination of women to men in the workplace. Notions of masculinity cause men to behave in ways which enhance their superior social status (Cottingham, 2019); however, women also participate in a form of hegemonic femininity (Connell, 1987).

The concept of hegemonic femininity, also known as 'emphasised femininity', centres on women's compliance to patriarchy (Connell, 1987). Emphasised femininity is the most culturally valued and ideologically supported form of femininity (Hamilton et al., 2019) and is focussed on subordination and accommodation to the interests of men (Connell, 1987). In this review, female nurses facilitated the careers of their male colleagues (Gauci et al., 2022) and treated them as a protected minority (Cheng et al., 2018; Gauci et al., 2022; Rajacich et al., 2013), thus perpetuating their own subordinate

position in the gender order. Additionally, women in this review positioned themselves as carers and considered women with children as unsuitable for management positions (Gauci et al., 2022; McIntosh, et al., 2015a; McIntosh, et al., 2015b). Hamilton et al. (2019) make an important point when asking why women participate in emphasised femininity when this leads to their own oppression. It is believed that women 'invest in femininity because they internalise men's interests while suppressing their own, failing to recognise that they have little to gain and much to lose by complying with the gender order' (Hamilton et al., 2019, p. 320). Additionally, it is this femininity which is given the most cultural support, and it has benefits for individual women in terms of social rank and being liked (Kincaid et al., 2022).

This is the first review to synthesise the literature on workplace gender discrimination from the perspectives of men and women in nursing. There are limitations to this review. First, the majority of papers in this review explored discrimination from the perspective of men. Despite an extensive search of the literature, few papers were located that addressed this issue from the perspective of women in nursing. However, the databases searched yielded papers from a range of journals across the disciplines of nursing, psychology and sociology. We also conducted an additional hand search to compensate for this issue. Another potential limitation of this review is the lack of an intersectional approach, and gender is only one aspect of inequality. Whilst studies were from 12 different countries, which allowed for an understanding of the issue from a broad cultural perspective, there could have been other factors at play such as ethnicity and age that contributed to participants' perception of workplace discrimination. This review included studies from high-, middle- and low-income countries, and Western and Eastern countries; however, it was beyond the scope of this review to explore the social and cultural influences of gender discrimination. During thematic analysis, there is always the risk that researcher bias will affect the interpretation of the literature. To address this issue, the authors reflected on their own beliefs and subjective perspectives. Additionally, to ensure credibility of theme development, all four authors were actively involved. Finally, the integrative review method itself is a potential limitation; the complexity in combining diverse methodologies is challenging and can result in a lack of rigour and bias (Whittemore & Knafl, 2005). However, the five-stage framework described by Whittemore and Knafl (2005) and used in this review was designed to enhance rigour and decrease the potential for bias.

7 | CONCLUSION

This review exploring the experience of workplace gender discrimination for the registered nurse workforce found that most studies, thus far, have focussed on men in nursing. This review has highlighted the implications for men choosing a nontraditional career pathway on their gendered identity. Whilst contentious, it is worth considering if many of the negative outcomes for men in nursing are a result of discrimination or if this is due to the perpetuation of socialised normative expectations of masculinity. This review suggests men in nursing are by and large, given preferential treatment in career progression

and are accepted by managers, patients and other health professionals. The narrative regarding men's success in female-dominated professions has persisted for over three decades. As such, it is important that the pursuit of greater representation of men in nursing does not result in strengthening patriarchal advantage. The majority of articles in this review were from the perspective of men. However, men's perspectives and awareness of their own positioning and authority in the workplace also contribute to an understanding of subordination for women in the workplace. Considering the critical shortage affecting the profession globally, fostering workplace environments that do not discriminate against women is fundamental to improving job satisfaction and the retention of experienced nurses. The time has come to alter restrictive gender norms and to challenge notions of hegemonic masculinity and femininity.

8 | RELEVANCE TO CLINICAL PRACTICE

Health organisations need to implement frameworks to support equitable human resource management practices. Many organisations already have gender equality policies in place; the issue is adherence to policy. Health managers should be accountable for decisions, and decisions on who receives a promotion should be based on merit. One recommendation is transparency during the promotion process, with decision-makers required to demonstrate that successful applicants have met essential selection criteria. Nurse leaders may lack knowledge and expertise on managing gender discrimination, as such, ongoing professional development and training on the promotion of equal opportunities for women and men and unconscious bias training is recommended. From a broader sociocultural perspective, addressing the perception of nursing as women's work is paramount. Nursing must be promoted as gender neutral, as caring does not belong to only one gender. The promotion of nursing as a career for men and women should begin at school level, and undergraduate nursing education must cultivate a gender-neutral environment. Patriarchal culture where women are undermined, and what they do is positioned as second best to what men do, must be challenged by all nurses, regardless of gender. However, it is difficult to challenge something that is often subtle, unconscious and at times culturally accepted. As such, it is recommended that nurses also participate in professional development on gender discrimination and unconscious bias. Our findings demonstrate a gap in the literature on the experiences of workplace gender discrimination from the perception of women in nursing; the majority of studies in this review focussed on the experiences of men in nursing. This provides an avenue for future research, only once we have a more thorough understanding of the barriers to progression that women encounter in a female-dominated profession can we develop strategies and more effective gender equality policies.

AUTHOR CONTRIBUTIONS

All authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE*): (1) substantial contributions to conception and design, acquisition of data, or

analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content.

ACKNOWLEDGMENT

Open access publishing facilitated by Western Sydney University, as part of the Wiley - Western Sydney University agreement via the Council of Australian University Librarians.

FUNDING INFORMATION

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

CONFLICT OF INTEREST STATEMENT

No conflict of interest has been declared by the authors.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ORCID

Patricia Gauci  <https://orcid.org/0000-0003-1800-1151>

Lauretta Luck  <https://orcid.org/0000-0002-7411-8277>

Kate O'Reilly  <https://orcid.org/0000-0001-8644-3803>

Kath Peters  <https://orcid.org/0000-0001-5299-2863>

TWITTER

Patricia Gauci  @GauciTrish

Kate O'Reilly  @kateoreilly20

Kath Peters  @kathleenfpeters

REFERENCES

- Achora, S. (2016). Conflicting image: Experience of male nurses in a Uganda's hospital. *International Journal of Africa Nursing Sciences*, 5, 24–28. <https://doi.org/10.1016/j.ijans.2016.10.001>
- Asif, H. (2019). Men in female dominated professions. *Indian Journal of Humanities and Social Sciences*, 7(1), 29–42.
- Aspinall, C., Jacobs, S., & Frey, R. (2021). The impact of intersectionality on nursing leadership, empowerment and culture: A case study exploring nurses and managers' perceptions in an acute care hospital in Aotearoa, New Zealand. *Journal of Clinical Nursing*, 30(13–14), 1927–1941. <https://doi.org/10.1111/jocn.15745>
- Australian College of Nursing. (2019). *Men in nursing*. Australian College of Nursing. <https://www.acn.edu.au/men-in-nursing>
- Bishu, S. G., & Alkadry, M. G. (2017). A systematic review of the gender pay gap and factors that predict it. *Administration & Society*, 49(1), 65–104. <https://doi.org/10.1177/0095399716636928>
- Blackley, L. S., Morda, R., & Gill, P. R. (2019). Stressors and rewards experienced by men in nursing: A qualitative study. *Nursing Forum*, 54(4), 690–697. <https://doi.org/10.1111/nuf.12397>
- Boniol, M., Mclsaac, M., Xu, L., Wuliji, T., Diallo, K., & Campbell, J. (2019). *Gender equity in the health workforce: Analysis of 104 countries*. World Health Organization.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77 – 101. <https://doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and psychotherapy research*, 21(1), 37–47. <https://doi.org/10.1002/capr.12360>
- Buccheri, R. K., & Sharifi, C. (2017). Critical appraisal tools and reporting guidelines for evidence-based practice: Critical appraisal tools and reporting guidelines. *Worldviews on Evidence-Based Nursing*, 14(6), 463–472. <https://doi.org/10.1111/wvn.12258>
- Celebi Cakiroglu, O., & Baykal, U. (2021). Development and psychometric properties of the attitude scale towards female workers in the healthcare settings. *Journal of Advanced Nursing*, 77(7), 3238–3253. <https://doi.org/10.1111/jan.14859>
- Chang, H. E., & Jeong, S. (2021). Male nurses' experiences of workplace gender discrimination and sexual harassment in South Korea: A qualitative study. *Asian Nursing Research*, 15(5), 303–309. <https://doi.org/10.1016/j.anr.2021.09.002>
- Cheng, M. L., Tseng, Y. H., Hodges, E., & Chou, F. H. (2018). Lived experiences of novice male nurses in Taiwan. *Journal of Transcultural Nursing*, 29(1), 46–53. <https://doi.org/10.1177/1043659616676318>
- Clayton-Hathway, K., Humbert, A. L., Schutz, S., Mclroy, R., & Griffiths, H. (2020). *Gender and nursing as a profession: Valuing nurses and paying them their worth* (pp. 007–954). Royal College of Nursing.
- Clow, K. A., Ricciardelli, R., & Bartfay, W. J. (2015). Are you man enough to be a nurse? The impact of ambivalent sexism and role congruity on perceptions of men and women in nursing advertisements. *Sex Roles*, 72(7–8), 363–376. <https://doi.org/10.1007/s1119-9-014-0418-0>
- Connell, R. W. (1987). *Gender and power: Society, the person and sexual politics*. Blackwell.
- Cottingham, M. D. (2019). The missing and needed male nurse: Discursive hybridization in professional nursing texts. *Gender, Work and Organization*, 26(2), 197–213. <https://doi.org/10.1111/gwao.12333>
- Cousins, T. A. (2019). Collegiality vs role models: Gendered discourses and the 'glass escalator' in English primary schools. *Early Years (London, England)*, 40(1), 37–51. <https://doi.org/10.1080/09575146.2019.1619671>
- Eagly, A. H., & Karau, S. J. (2002). Role congruity theory of prejudice toward female leaders. *Psychological Review*, 109(3), 573–598.
- Gauci, P., Peters, K., O'Reilly, K., & Elmir, R. (2022). The experience of workplace gender discrimination for women registered nurses: A qualitative study. *Journal of Advanced Nursing*, 78(6), 1743–1754. <https://doi.org/10.1111/jan.15137>
- Hamilton, L. T., Armstrong, E. A., Seeley, J. L., & Armstrong, E. M. (2019). Hegemonic femininities and intersectional domination. *Sociological Theory*, 37(4), 315–341. <https://doi.org/10.1177/0735275119888248>
- Health Workforce Australia. (2014). *Australia's future health workforce - nurses overview*. Commonwealth of Australia. [https://www1.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/\\$File/AFHW%20-%20Nurses%20overview%20report.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/34AA7E6FDB8C16AACA257D9500112F25/$File/AFHW%20-%20Nurses%20overview%20report.pdf)
- Heise, L., Greene, M. E., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., Zewdie, D., Darmstadt, G. L., Greene, M. E., & Hawkes, S. J. T. L. (2019). Gender inequality and restrictive gender norms: Framing the challenges to health, 393(10189), 2440–2454.
- Kincaid, R., Sennott, C., & Kelly, B. C. (2022). Doing and redoing emphasized femininity: How women use emotion work to manage competing expectations in college hookup culture. *Sex Roles*, 86(5–6), 305–319. <https://doi.org/10.1007/s11199-022-01275-4>
- Manzi, F. (2019). Are the processes underlying discrimination the same for women and men? A critical review of congruity models of gender discrimination. *Frontiers in Psychology*, 10, 469. <https://doi.org/10.3389/fpsyg.2019.00469>
- Mao, A., Cheong, P. L., Van, I. K., & Tam, H. L. (2021). "I am called girl, but that doesn't matter" -perspectives of male nurses regarding gender-related advantages and disadvantages in professional

- development. *BMC Nursing*, 20(1), 24. <https://doi.org/10.1186/s12912-021-00539-w>
- McDowell, J. (2015). Masculinity and non-traditional occupations: Men's talk in Women's work. *Gender, Work and Organization*, 22(3), 273–291. <https://doi.org/10.1111/gwao.12078>
- McIntosh, B., McQuaid, R., & Munro, A. (2015). The impact of gender perceptions and professional values on women's careers in nursing. *Gender in Management: An International Journal*, 30(1), 26–43. <https://doi.org/10.1108/GM-12-2013-0135>
- McIntosh, B., Prowse, J., & Archibong, U. (2015). The psychology of transference: Gender and access to training—The mechanisms of disadvantage. *Journal of Psychological Issues in Organizational Culture*, 6(2), 63–80. <https://doi.org/10.1002/jpoc.21178>
- Meadus, R. J., & Twomey, J. C. (2011). Men student nurses: The nursing education experience. *Nursing Forum*, 46(4), 269–279. <https://www.scopus.com/inward/record.uri?eid=2-s2.0-84857219569&partnerID=40&md5=5bc581d2785ea14538362ed8c6cf0224>
- Newman, C. (2014). Time to address gender discrimination and inequality in the health workforce. *Human Resources for Health*, 12(1), 25. <https://doi.org/10.1186/1478-4491-12-25>
- Nicolson, P. (2015). *Gender, power and organization: A psychological perspective on life at work*. Taylor & Francis Group.
- O'Connor, T. (2015). Men choosing nursing: Negotiating a masculine identity in a feminine world. *The Journal of Men's Studies*, 23(2), 194–211. <https://doi.org/10.1177/1060826515582519>
- O'Lynn, C. E., O'Connor, T., Herakova, L. L., & Kellett, P. (2020). Men's decision-making to become nurses: Gendered influences and fit with gender role conflict theory. *Advances in Nursing Science*, 43(3), 251–265. <https://doi.org/10.1097/ANS.0000000000000310>
- O'Neil, J. M. (1981). Patterns of gender role conflict and strain: Sexism and fear of femininity in Men's lives. *The Personnel and Guidance Journal*, 60(4), 203–210. <https://doi.org/10.1002/j.2164-4918.1981.tb00282.x>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ (Online)*, 372, n71. <https://doi.org/10.1136/bmj.n71>
- Perez, D., Peters, K., Wilkes, L., & Murphy, G. (2019). Physical restraints in intensive care—an integrative review. *Australian Critical Care*, 32(2), 165–174. <https://doi.org/10.1016/j.aucc.2017.12.089>
- Punshon, G., MacLaine, K., Trevatt, P., Radford, M., Shanley, O., & Leary, A. (2019). Nursing pay by gender distribution in the UK – Does the glass escalator still exist? *International Journal of Nursing Studies*, 93, 21–29. <https://doi.org/10.1016/j.ijnurstu.2019.02.008>
- Rajacich, D., Kane, D., Williston, C., & Cameron, S. (2013). If they do call you a nurse, it is always a “male nurse”: Experiences of men in the nursing profession. *Nursing Forum (Hillsdale)*, 48(1), 71–80. <https://doi.org/10.1111/nuf.12008>
- Saleh, M. Y. N., Al-Amer, R., Al Ashram, S. R., Dawani, H., & Randall, S. (2020). Exploring the lived experience of Jordanian male nurses: A phenomenological study. *Nursing Outlook*, 68(3), 313–323. <https://doi.org/10.1016/j.outlook.2019.10.007>
- Sayman, D. M. (2015). Fighting the trauma demons: What men in nursing want you to know. *Nursing Forum*, 50(1), 9–19. <https://doi.org/10.1111/nuf.12073>
- Smith, C. M., Lane, S. H., Brackney, D. E., & Horne, C. E. (2020). Role expectations and workplace relations experienced by men in nursing: A qualitative study through an interpretive description lens. *Journal of Advanced Nursing*, 76(5), 1211–1220. <https://doi.org/10.1111/jan.14330>
- Stanley, D., Beament, T., Falconer, D., Haigh, M., Saunders, R., Stanley, K., Wall, P., & Nielson, S. (2016). The male of the species: A profile of men in nursing. *Journal of Advanced Nursing*, 72(5), 1155–1168. <https://doi.org/10.1111/jan.12905>
- Twomey, J. C., & Meadus, R. (2016). Men nurses in Atlantic Canada: Career choice, barriers, and satisfaction. *The Journal of Men's Studies*, 24(1), 78–88. <https://doi.org/10.1177/1060826515624414>
- van der Heever, M. M., & van der Merwe, A. S. (2021). Discriminatory behavior in nursing persist regardless of antidiscriminatory legislation. *Policy, Politics & Nursing Practice*, 22(3), 180–190. <https://doi.org/10.1177/15271544211011942>
- Whittemore, R., & Knaf, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing (Wiley-Blackwell)*, 52(5), 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>
- Williams, C. L. (2013). The glass escalator, revisited: Gender inequality in neoliberal times, SWS feminist lecturer. *Gender & Society*, 27(5), 609–629. <https://doi.org/10.1177/0891243213490232>
- Wilson, B. L., Butler, M. J., Butler, R. J., & Johnson, W. G. (2018). Nursing gender pay differentials in the new millennium. *Journal of Nursing Scholarship*, 50(1), 102–108. <https://doi.org/10.1111/jnu.12356>
- World Economic Forum. (2021). *Global gender gap report 2021*. Author is the publisher World Economic Forum. <https://www.weforum.org/reports/global-gender-gap-report-2021>
- World Health Organisation. (2016). *Global strategy on human resources for health: Workforce 2030*. World Health Organization. <https://apps.who.int/iris/bitstream/handle/10665/250368/9789241511131-eng.pdf?sequence=1>
- World Health Organization. (2019). *Delivered by women, led by men: A gender and equity analysis of the global health and social workforce*. World Health Organization.
- Younas, A., Ali, N., Sundus, A., & Sommer, J. (2022). Approaches of male nurses for degendering nursing and becoming visible: A metasynthesis. *Journal of Clinical Nursing*, 31(5–6), 467–482. <https://doi.org/10.1111/jocn.15958>
- Zahourek, R. P. (2016). Men in nursing: Intention, intentionality, caring, and healing: Emphasis on the results of a grounded theory study. *Holistic Nursing Practice*, 30(5), 247–256. <https://doi.org/10.1097/HNP.0000000000000162>
- Zeb, H., Younas, A., Rasheed, S. P., & Sundus, A. (2020). Lived experiences of male nurse educators: An interpretive phenomenological inquiry. *Journal of Professional Nursing*, 36(3), 134–140. <https://doi.org/10.1016/j.profnurs.2019.10.005>
- Zhang, H., & Tu, J. (2020). The working experiences of male nurses in China: Implications for male nurse recruitment and retention. *Journal of Nursing Management*, 28(2), 441–449. <https://doi.org/10.1111/jonm.12950>

SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Gauci, P., Luck, L., O'Reilly, K., & Peters, K. (2023). Workplace gender discrimination in the nursing workforce—An integrative review. *Journal of Clinical Nursing*, 32, 5693–5711. <https://doi.org/10.1111/jocn.16684>