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# From classroom to clinic: a qualitative study of gendered experiences among nursing students and educators in Türkiye

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## Abstract

**Background** Nursing has historically been perceived as a female-dominated profession due to deeply rooted gender norms. Although legal and social advancements have promoted gender equality, male nurses remain underrepresented worldwide. Gender-related stereotypes continue to shape nursing education and practice by influencing the roles, expectations, and opportunities for both male and female nurses. This study aimed to explore how gender norms impact the experiences of nursing students and educators in Türkiye.

**Methods** A qualitative descriptive design was employed, using semi-structured individual interviews with 14 nursing students and 15 educators. Participants were recruited from diverse academic and clinical settings through purposive sampling. Thematic analysis was used to identify patterns and key insights from the data.

**Results** Three main themes with eight subthemes emerged: (1) The Impact of Gender on Professional Identity Perception, (2) Gender-based Experiences in Educational and Clinical Settings, and (3) The Role of Gender in Professional Socialization. The findings revealed that gender norms significantly influenced perceptions, experiences, and interactions within both educational and clinical contexts.

**Conclusions** Participants described how gender influenced their perceptions, experiences, and professional socialization. Many reported that gender-based stereotypes and biases affected educational and clinical practices, posing challenges to equal participation. Targeted strategies, including curriculum reforms, gender-sensitive mentorship programs, and institutional policies, are essential for creating a more inclusive and equitable nursing education and practice environment in Türkiye.

**Keywords** Nursing education, Gender discrimination, Socialization

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## Background

The nursing profession has historically been perceived as a female-dominated field due to deeply ingrained gender roles and societal expectations [1–4]. This perception has been reinforced by historical narratives, particularly Florence Nightingale's emphasis on caregiving, which associated nursing with traditionally feminine traits such as compassion and nurturance [4]. However, contemporary discourse emphasizes the importance of gender equality, advocating that nursing practice should be free from gender discrimination [1, 5, 6].

According to the World Health Organization, women constitute approximately 70% of the global healthcare workforce and nearly 90% of the nursing workforce [7]. Similarly, in Türkiye, despite legal reforms allowing men to formally enter nursing through the 2007 Nursing Law, the proportion of male nurses remains significantly low [8]. Globally, the percentage of male nurses is approximately 10% in countries such as England, Canada, and the United States, reaching 16.4% in Spain [9, 10]. According to the Health Statistics Yearbook 2023, published by the Ministry of Health in 2025 and covering data from 2023, the total number of nurses in Türkiye was reported as 248,287. However, official gender-disaggregated data remain unavailable [11]. Although the representation of male nurses has gradually improved, the profession continues to reflect its historically gendered structure. In contrast, the medical profession in Türkiye remains male-dominated. As of 2020, 62.5% of physicians were male, while only 37.5% were female [12]. Moreover, studies have highlighted persistent gender disparities in healthcare settings, particularly for female healthcare professionals, who continue to face workplace discrimination, barriers to leadership positions, and a heightened risk of gender-based violence in clinical environments [12–14]. These disparities are reinforced by institutional dynamics and cultural norms that perpetuate gender-based occupational segregation across healthcare professions. The absence of comprehensive gender-specific data in nursing, despite their availability in other healthcare domains such as medicine, underscores the importance of qualitative inquiry. Such research is essential for capturing the nuanced ways in which gender norms influence the educational and professional experiences of nursing students and educators in Türkiye.

In Türkiye, gender norms are deeply embedded within cultural values and societal expectations [15, 16]. Traditional views have emphasized distinct gender roles, influencing career decisions and professional identity formation [17]. Caregiving is typically perceived as a feminine attribute, whereas technical skills and leadership roles are commonly associated with masculinity [18]. Such cultural dynamics contribute significantly to the underrepresentation of male nursing students and

professionals in nursing, reinforcing occupational segregation [19, 20]. Consequently, male nursing students and professionals frequently encounter societal biases and stigmatization due to gendered perceptions, facing skepticism regarding their suitability for caregiving roles and expectations to perform more technical tasks [3, 6, 21]. These gendered experiences affect their professional identity, opportunities, and career trajectories [1].

## Theoretical framework

This study employed the Gender Schema Theory [22, 23] and Professional Socialization Theory [24] to understand how gender norms shape the educational and professional experiences of nursing students and educators. Gender Schema Theory proposes that individuals internalize societal and cultural norms regarding gender roles, creating cognitive frameworks known as gender schemas [22, 23]. These schemas influence individuals' perceptions, expectations, and behaviors related to their own gender and the genders of others, thereby contributing to occupational segregation [22, 23]. In nursing, a field historically shaped by gendered assumptions linking caregiving with femininity, these schemas reinforce societal expectations and perpetuate occupational segregation. Consequently, male nursing students and professionals frequently encounter biases that influence their educational experiences, professional identity formation, and career opportunities [2].

Professional Socialization Theory emphasizes how individuals internalize professional norms, values, behaviors, and identities through interactions and experiences within educational and occupational environments [24]. This socialization process occurs through multiple factors, including faculty–student interactions, peer relationships, institutional policies, and societal perceptions [24–26]. In nursing education, male students often undergo a distinct socialization process compared to their female counterparts. Previous research has indicated that male nursing students are more likely to be assigned technical and procedural tasks, whereas female students are expected to engage in direct patient care [27]. These distinctions reinforce gendered divisions within the profession and may limit career development opportunities for male nurses. Additionally, male students may experience social stigma and misconceptions about their career choice, discouraging them from pursuing leadership roles or specialized fields [28].

Gender norms also influence the experiences of educators in nursing education. Educators may hold implicit biases that shape their interactions with students, reinforcing traditional gender roles within the profession [29, 30]. Male nursing educators may face skepticism regarding their expertise in a profession long shaped by caregiving norms and gendered expectations, whereas female

educators may be expected to conform to nurturing-oriented teaching styles [30]. These dynamics impact the learning environment and the professional development of both students and educators [31].

The present study aimed to explore how gender norms shape the experiences of male and female nursing students and educators. By examining the ways in which gender-based expectations influence educational and professional experiences, this study sought to identify strategies for promoting inclusivity in nursing curricula. Addressing gender disparities in nursing education is essential for fostering a more equitable professional environment. Our findings will contribute to the development of policies and educational models that challenge traditional gender roles and support diversity in nursing. By integrating gender-inclusive approaches, nursing education can better prepare future professionals to work in diverse and equitable healthcare environments.

## Methods

### Study design

A descriptive qualitative approach was employed in the present study, as it aligns with the principles of constructivist inquiry and embraces a naturalistic perspective. This design is particularly suitable for exploring topics related to healthcare and nursing [32]. Qualitative description seeks to provide a straightforward account of the experiences being investigated, reflecting participants' perspectives and interpretations within a specific context and timeframe. This approach is well-suited for exploring questions about the who, what, and where of experiences or events and for gaining insights into understudied aspects of practice. As such, we considered it an appropriate method for exploring the experiences of both educators and students in nursing programs, particularly regarding gender differences and perceptions. Furthermore, the present study adhered to the Consolidated Criteria for Reporting Qualitative Research guidelines [33], ensuring rigor in reporting the qualitative data collection and analytical processes.

### Sample and setting

For the purposes of this study, participants were described using binary gender terms ("male" and "female") as reported by the participants themselves during recruitment. These terms were used to reflect self-identified gender and not necessarily biological sex. We acknowledge that gender identity is diverse and exists on a spectrum beyond binary categories. However, no participants in this study self-identified as non-binary or gender-diverse. The present study analyzed data from nursing students enrolled in the nursing education programs of two foundation universities located on the Anatolian side of Istanbul, as well as from educators teaching

in these programs. To ensure participant representation and heterogeneity, we employed purposive sampling [33]. The sample size was determined based on the principle of data saturation. In qualitative research, data saturation is reached when no new insights emerge from additional data, and further data collection does not contribute to the development of new themes or patterns [34]. Accordingly, the present study enrolled a total of 29 participants, comprising 14 nursing students and 15 educators. The inclusion criteria were as follows: being a nursing student or educator in a nursing program and voluntarily participating in the study. The exclusion criteria included foreign students and educators due to language barriers, as well as first-year students who had not yet been exposed to clinical areas.

### Data collection

Data were collected from nursing students and educators through semi-structured individual interviews conducted between May 15 and December 25, 2024. The interview content was developed using a semi-structured interview form prepared by the researchers, which was refined through three pilot interviews. As a result of the pilot interviews, some questions were clarified, and additional questions were added to encourage participants to elaborate on their experiences. The pilot interviews were not included in the study. Semi-structured individual interviews were conducted face-to-face by SSO, a Doctor of Philosophy (PhD) graduate in nursing education, and BK, a PhD student, with participants' written and verbal consent. Audio recordings were made, and all interviews were transcribed verbatim. The average interview duration was 38.06 min. The interviews focused on participants' experiences regarding gender differences in nursing education. Semi-structured interviews were conducted to allow participants to openly share their experiences regarding gender-related issues in nursing education. Open-ended questions were employed to explore their responses in more detail. To ensure neutrality and avoid influencing participants' answers, neutral and exploratory language was used, with follow-up questions for clarification when needed. To maintain confidentiality, all data were coded and anonymized. Instead of participant names, codes such as "Student 1" and "Educator 1" were assigned. The semi-structured interview questions are provided in Table 1. Separate semi-structured interview guides were developed for students and educators to reflect their distinct roles and experiences. While the overarching themes were aligned (e.g., perceptions of gender in nursing, clinical experiences), question phrasing and probes were adapted accordingly. For example, students were asked, "Have you ever felt your gender affected your learning experience in clinical practice?" followed by probes such as "Can you recall a

**Table 1** Semistructured interview form**Semi-structured interview form (educators)**

1. What are the main differences you have observed between the male and female students in terms of nursing education?
2. What is your opinion on the impact of gender on student success in nursing education?
3. Have you observed any differences in the learning processes of male and female students? If so, can you provide examples?
4. Do you think male and female students exhibit differences in their clinical skills? If yes, how do they differ?
5. What challenges do male and female students encounter during clinical practice? How do these challenges affect their professional development?
6. How might gender influence students' interactions with the patients and their approach to providing care?
7. What are the biggest challenges that gender differences create in the learning process?
8. What strategies can be implemented to minimize the effects of gender differences in nursing education?

**Semi-structured interview form (student)**

1. At the beginning of your nursing education, did you feel that your gender gave you any advantages or disadvantages? Could you explain why?
2. What differences between female and male students have you perceived?
3. During your education, did you experience any positive or negative discrimination related to your gender? Can you provide an example?
4. Did you face any advantages or challenges related to your gender during clinical practice?
5. Do you think your gender will have an impact on your nursing career? Why?
6. What do you think is the public perception of male and female nurses in the field of nursing?

specific situation?" and "How did you respond?" Educators, on the other hand, were asked, "Do you observe differences in how male and female students are treated in clinical settings?" with follow-up questions like "Can you give an example from your supervision experience?"

**Data analysis**

The collected data were analyzed using Braun and Clarke's [35] thematic analysis method, which involves systematically coding the data, identifying the themes, and interpreting the findings. The analytical process was conducted in six phases. The first phase was Familiarization with the Data. In this initial phase, the researchers thoroughly read the interview transcripts to gain a comprehensive familiarity with the data. During this process, significant statements and key concepts were highlighted and noted. This step ensured a comprehensive understanding of the participants' experiences and the context surrounding the data. Researchers also made initial reflections and jotted down possible patterns to be further explored in subsequent phases. The second phase was Generating Initial Codes. In this phase, the data were systematically coded using an inductive approach. A line-by-line coding technique was employed, scrutinizing every piece of data for patterns, recurring ideas, and

significant concepts. Initial codes were developed independently by multiple researchers to enhance reliability and minimize bias. These codes represented the raw data in a manageable form, allowing for further analysis and categorization. The third phase, Searching for Themes, involved grouping the initial codes into potential themes based on their similarities and relationships. The codes were organized and examined for broader thematic connections. The researchers also created thematic maps to visualize and structure the data, helping to identify overarching themes and subthemes. This phase focused on understanding how different codes were connected and contributed to the broader context of the research. The fourth phase was Reviewing Themes. This involved refining and categorizing the identified themes into the following three main themes: (1) The Impact of Gender on Professional Identity Perception, (2) Gender-based Experiences in Educational and Clinical Settings, and (3) The Role of Gender in Professional Socialization. Each theme was evaluated for consistency and coherence with the data. Any inconsistencies or overlaps were discussed and resolved through group consensus. This iterative process ensured that the themes accurately reflected the experiences shared by the participants. The researchers also reviewed the relationships between themes and subthemes to ensure they were distinct yet complementary. The fifth phase was Defining and Naming Themes. During this phase, each theme was clearly defined and elaborated upon by linking it to the participants' experiences. Themes were given descriptive names that captured their essence and were further supported by relevant subthemes. These subthemes provided deeper insights into the data and helped describe the range of participants' experiences in relation to gender. For example, under the theme "Gender-based Experiences in Educational and Clinical Settings," subthemes like "Gender-based Discrimination in Educational Processes," "Gender-based Differences in Clinical Settings," and "Patients and Gender Perception" were identified to reflect the nuances of gendered interactions. Finally, in the Reporting the Findings phase, the final themes were presented with direct quotes from participants to enhance credibility and provide context to the analysis. The findings were carefully structured to highlight the key insights derived from the data. Each theme was critically examined, and any inconsistencies or gaps were addressed through further analysis and discussion among the researchers. This process ensured that the findings accurately represented the participants' voices and experiences. Throughout the analysis, discrepancies in coding and theme identification were resolved through discussions and further consensus-building, ensuring a rigorous and transparent analysis of the qualitative data. This structured approach allowed for a detailed and comprehensive understanding of the

participants' gendered experiences in nursing education and professional socialization. All four researchers participated in the coding process. Initially, each researcher independently coded selected transcripts, after which the team collaboratively developed and refined a shared codebook. Coding disagreements were discussed in regular team meetings and resolved through consensus, ensuring analytic rigor and reflexivity.

### **Rigor and reflexivity**

The study's validity and reliability were ensured through credibility, transferability, dependability, and confirmability. To achieve this, a semi-structured interview form was developed based on the current literature. The interview questions were designed to be unbiased and open-ended, allowing participants to freely express their experiences. The data were checked twice through audio recordings. The researchers independently analyzed the data, and the original dataset was reanalyzed after coding to compile all coded elements and verify the themes. Final decisions were made through consensus. For data triangulation, the results were compared with the existing literature. Additionally, the fact that all researchers were women significantly influenced the analysis of gender-based experiences in nursing education. As female researchers, our awareness of gender roles and discrimination enabled us to listen empathetically to the participants' narratives, which in turn helped us develop a deeper understanding. However, we were conscious that our own gender identity might introduce potential biases, particularly when interpreting the views of male participants. To minimize potential bias, several strategies were employed. First, peer debriefing was conducted regularly within the research team to ensure consistency and clarity in data interpretation. Additionally, an external academic with no direct involvement in data collection reviewed a sample of transcripts and codes to enhance analytical rigor. While no male researchers participated in the core analysis, feedback on preliminary findings was sought from a male nursing faculty member during manuscript preparation to consider alternative gendered perspectives. Acknowledging that we may hold certain assumptions due to the historical gender dominance in the profession, we made a concerted effort to question these assumptions throughout the data collection and analysis processes. For example, while listening to the experiences of male students or educators, we employed open-ended questions to encourage the participants to fully express their perspectives and endeavored to interpret their responses impartially. Furthermore, we observed that being female researchers facilitated more intimate communication with female participants, allowing them to express their experiences more openly. However, this may imply that some expressions during interviews with

male participants could have been presented differently. To address these potential limitations, we reviewed the data multiple times during the analytical process and requested an independent evaluation from a colleague to ensure that the findings reflected diverse perspectives. This process helped minimize the influence of our gender identities on the data analysis. As a result, our position as female researchers not only enhanced our empathy and sensitivity toward gender-based experiences in nursing education but also strengthened our awareness of how our perspectives could impact the research process. This awareness reinforced our commitment to maintaining the ethical and scientific integrity of the study. To further enhance confirmability and trustworthiness, multiple researchers were actively involved in the coding and theme development process. Discrepancies in coding were resolved through iterative discussion until full consensus was achieved. Additionally, an external academic colleague—who was not part of the research team—reviewed selected transcripts and emerging codes to ensure analytical transparency. While member checking was not formally employed, repeated transcript reviews and cross-validation of themes with raw data were conducted to maintain alignment between participant narratives and analytical interpretations. All interviews were conducted in Turkish, and relevant quotes were translated into English by the authors, who is fluent in both Turkish and English. To preserve the original meaning and cultural nuances, a back-translation process was carried out in collaboration with a bilingual academic colleague with qualitative research experience. Translations were reviewed for semantic and contextual accuracy. When discrepancies arose, the research team discussed and agreed on the most accurate English rendition.

### **Ethical considerations**

**Ethical approval** for this study was obtained from the Yeditepe University Non-Interventional Clinical Research Ethics Committee (19.04.2024/202303Y0588). Additionally, the necessary permissions were secured from the institutions where the study was conducted. Verbal informed consent was obtained from all participants prior to the interviews. This approach was considered appropriate due to the minimal-risk nature of the study and the use of audio-recorded, one-on-one interviews. Participants were informed about the study's purpose, their voluntary participation, confidentiality, and their right to withdraw at any time. The study was conducted in accordance with the principles stipulated in the Helsinki Declaration.

### **Results**

Among the nursing student participants, 57.14% were male, with a mean age of  $22.36 \pm 1.01$  years. Among the educators, 33.33% were male, with a mean age of  $33 \pm 6.70$

**Table 2** Sociodemographic characteristics of the students

Participant no.	Age	Sex	Academic year	Graduated from high school
Student 1	23	Male	2	Anatolian High School
Student 2	21	Female	2	Anatolian High School
Student 3	23	Female	2	Anatolian High School
Student 4	21	Male	2	Anatolian High School
Student 5	21	Female	3	Anatolian High School
Student 6	23	Male	3	High School
Student 7	21	Male	3	Anatolian High School
Student 8	22	Female	3	Anatolian High School
Student 9	22	Male	3	Anatolian High School
Student 10	23	Male	4	Anatolian High School
Student 11	23	Female	4	High School
Student 12	23	Female	4	Anatolian High School
Student 13	23	Male	4	Anatolian High School
Student 14	24	Male	4	Anatolian High School

years. The sociodemographic characteristics of the study participants are presented in Tables 2 and 3.

The analysis of the participants' experiences revealed the following three main themes and eight subthemes (Fig. 1): Theme 1: The Impact of Gender on Professional Identity Perception; Theme 2: Gender-based Experiences in Educational and Clinical Settings; and Theme 3: The Role of Gender in Professional Socialization.

### Theme 1: the impact of gender on professional identity perception

#### *The perception of nursing as a "women's profession"*

The gender schemas constructed by society are internalized by individuals and play a significant role in career choices, perceptions of professional identity, and professional experiences. The participants stated that nursing is perceived as a "women's profession" in line with societal gender schemas, and this perception is

reinforced by social beliefs that women are emotional and compassionate.

*To be honest, I used to see nursing as a women's profession. (Student 14, Male, Year 4).*

The majority of participants emphasized the need to change the perception of nursing as a profession exclusively for women. They also stated that society attributes nursing to the traditionally feminine roles of compassion and caregiving, which contributes to the underrepresentation of men in the profession.

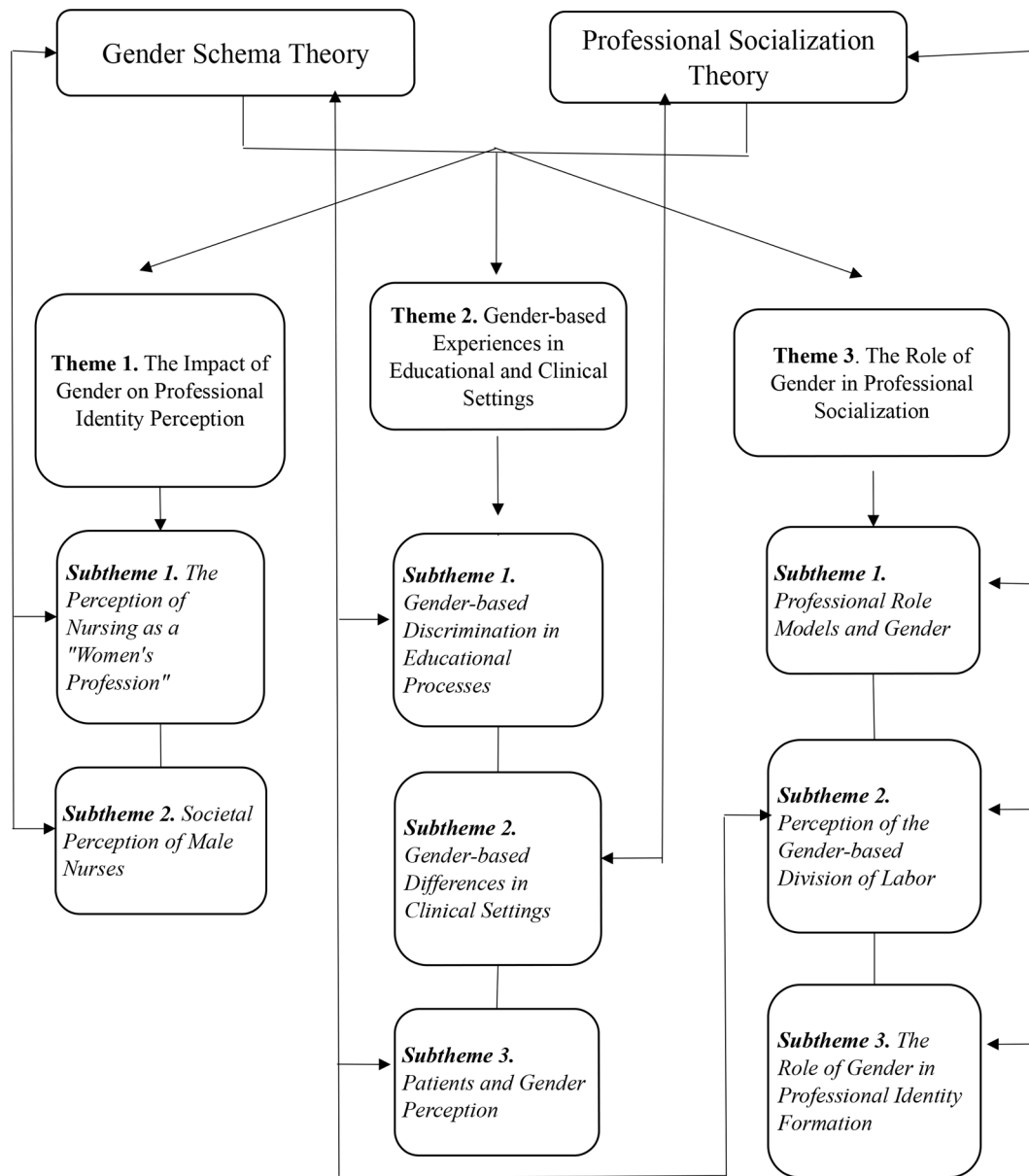
*I am aware that they are a minority in our profession, and I believe the reason is societal stereotypes—such as 'nursing is a woman's job' or 'women are more compassionate and therefore more suitable for nursing'. (Student 11, Female, Year 4).*

Female participants, in particular, opposed the association of nursing with traits such as "compassion," which are socially attributed to women, and noted that this perception is reinforced by gender schemas. Most participants stated that the widespread beliefs about women having an innate sense of compassion influence their professional identities.

*In our society, caregiving is unfortunately considered a duty and responsibility assigned to women. A woman gives birth, then cares for the child, and later takes care of her aging parents. With sayings like 'compassion suits women,' men have long been seen as tough and women as compassionate. (Student 2, Female, Year 2).*

**Table 3** Sociodemographic characteristics of the nurse educators

Participant no.	Age	Sex	Title	Education	Area
Educator 1	25	Female	Research Assistant	PhD student	Child Health and Disease Nursing
Educator 2	28	Female	Research Assistant	PhD	Surgical Nursing
Educator 3	30	Male	Research Assistant	PhD	Fundamentals of Nursing
Educator 4	27	Male	Research Assistant	PhD student	Fundamentals of Nursing
Educator 5	31	Male	Research Assistant	PhD	Medical Nursing
Educator 6	31	Male	Lecturer	PhD	Public Health Nursing
Educator 7	28	Male	Research Assistant	PhD	Child Health and Disease Nursing
Educator 8	32	Female	Lecturer	PhD student	Education in Nursing
Educator 9	40	Female	Faculty Member	PhD	Psychiatric Nursing
Educator 10	45	Female	Faculty Member	PhD	Surgical Nursing
Educator 11	28	Female	Lecturer	PhD student	Women's Health and Diseases Nursing
Educator 12	33	Female	Faculty Member	PhD	Women's Health and Diseases Nursing
Educator 13	48	Female	Faculty Member	PhD	Women's Health and Diseases Nursing
Educator 14	37	Female	Faculty Member	PhD	Medical Nursing
Educator 15	32	Female	Lecturer	PhD	Fundamentals of Nursing



**Fig. 1** Theoretical framework and main themes illustrating the gendered experiences of nursing students and educators in Türkiye

Male participants also voiced the common belief that female students are inherently more compassionate than their male counterparts. Nevertheless, participants emphasized that nursing should not be viewed as a profession exclusive to female individuals and highlighted the importance of changing this perception.

*I think this perception needs to be broken. (Student 10, Male, Year 4).*

Gender roles and societal expectations can influence individuals' career choices and serve as determining factors in the development of their professional identities. Female educators have reported that female students

often choose nursing because it is perceived as a "suitable" profession for female individuals within the societal context, and that their families play a role in guiding them toward this career path.

*I have observed that female students often choose nursing based on family influence, as it is considered 'more appropriate for women,' whereas male students tend to choose it as a secure job opportunity. (Educator 1, Female, PhD student).*

**Societal perception of male nurses**

Gender schemas lead to the association of certain professions with specific genders, shaping individuals'

attitudes toward these professions. Male students stated that the association of nursing with women results in their minority status within the profession and causes difficulties in adopting professional roles. Additionally, gender stereotypes have been emphasized to negatively affect the respect that male students have for the nursing profession.

*I believe male nursing students do not show enough respect for this profession and have difficulty adopting nursing roles. (Student 12, Female, Year 4).*

Some male students reported experiencing difficulties in gaining societal acceptance for their profession due to the association of nursing with women, and this impacts the development of their professional identity. They stated that their choice of profession is sometimes met with negativity from society, and being seen as a male nurse can be challenging.

*When a procedure needs to be done, the immediate question is whether a female nurse can help, as she is perceived to have a gentler touch and to be better suited for it. (Student 4, Male, Year 2).*

Additionally, male students mentioned that they evaluate the profession from different perspectives and possess different viewpoints compared to female students.

*While female nurses may adopt a more holistic approach, male nurses tend to be more solution-focused and practical. In my opinion, male and female nursing students view patients and the profession from different perspectives. (Student 6, Male, Year 3).*

Moreover, male students highlighted that, during their nursing education, they sometimes experience discrimination due to gender roles, and being male in the nursing profession creates certain disadvantages.

*Sometimes, there are subtle implications. For example, we may be urged by female colleagues with remarks like, 'You're a man, so go ahead and do it.' (Student 1, Male, Year 2).*

Gender schemas are not only reflected in the students' perceptions but also in the observations of educators, who stated that male students are not accepted and feel excluded because nursing is seen as a profession predominantly associated with women.

*This profession is still not widely accepted for men, as it is generally perceived as a female profession. (Educator 2, Female, PhD).*

*Of course, male students report feeling somewhat excluded because they are in a profession dominated by the female gender. (Educator 5, Male, PhD).*

## **Theme 2: Gender-based experiences in educational and clinical settings**

### **Gender-based discrimination in educational processes**

Educators have stated that there is a need to raise awareness of gender equality in the profession, but sufficient progress has not been made in this regard. They also emphasized that students should receive more education on the gender-based barriers they may encounter in their profession.

*They need to approach everyone in their profession openly and know that this is completely normal, but we haven't been able to instill that yet. (Educator 13, Female, PhD).*

Male educators have emphasized that the nursing curriculum is not gender-neutral and that both the curriculum and societal perceptions must be transformed together to reduce gender-based discrimination.

*I believe the curriculum is not equal. (Educator 3, Male, PhD).*

*Both the curriculum and societal perceptions need to be changed together, in my opinion. (Educator 4, Male, PhD student).*

Some female educators observed that female students generally demonstrate more empathetic and caring approaches, whereas male students tend to be more solution-focused.

*Women may instinctively have a mindset like, 'I should go, I should be there for the patient,' or something related to helping. Perhaps men, in the case of need, will do what is necessary quickly, but women, being more thoughtful, may question things more. (Educator 15, Female, PhD).*

Female educators have also pointed out that female students view courses on child care as knowledge they can apply in their future professional lives, whereas male students consider these courses more as academic requirements.

*However, because pediatrics inherently involves the details of child care and considering gender*

*roles, since child care is traditionally associated with women, female students approach the information as something they can use in their future lives, while for male students, this course rarely goes beyond being an academic requirement. (Educator 1, Female, PhD student).*

Additionally, educators have noted that when male students come together, the group dynamics can be negatively affected.

*When two male students are together, the dynamics of that group can be negatively impacted. (Educator 4, Male, PhD student).*

Furthermore, most students have stated that female nursing students are highly motivated and proactive in their learning.

*Female nursing students are more open to acquiring knowledge and more proactive compared to male nursing students. (Student 5, Female, Year 3).*

Female educators have expressed that gender inequality affects women at different levels until they reach university, and they have suggested that education aimed at empowering women regarding their values and roles could be beneficial.

*Although I try to break this as a guide, unfortunately, I think gender inequality affects every woman born in this country at various levels until they come to university, so I believe it's not possible to break away from this effect in just a few years. However, I think empowerment programs related to women's values and roles, and courses that address these issues, could be beneficial. (Educator 1, Female, PhD student).*

In this context, participants emphasized the need for elective courses where gender equality issues could be addressed more comprehensively. It was particularly mentioned that courses like women's studies would help students gain a deeper understanding of the role and impact of women in society.

*For example, I would like to see elective courses such as women's studies being offered, so that our students graduate with a better understanding of how women's place in society affects individual, family, and community health. (Educator 15, Female, PhD).*

Additionally, participants highlighted the importance of introducing gender equality topics earlier, specifically in the first year of university.

*Actually, within the university context, maybe we can start working on this adaptation from the first year, even if we can't implement it in primary or secondary school. Maybe a gender studies course. (Educator 14, Female, PhD).*

#### **Gender-based differences in clinical settings**

The adoption of professional roles, development of professional identity, and internalization of the norms, values, and attitudes required by the profession are key stages of this process. For nursing students, this process is shaped by the experiences they gain in clinical practice, alongside theoretical education. The majority of participants expressed that students encounter gender-based barriers in the clinical environment, which negatively affect the adoption of professional roles.

*...As a male nursing intern, I was not accepted by the patient and their relatives when I wanted to observe the catheterization of a female patient (Student 6, Male, Year 3).*

*...I didn't even want to go to my internship anymore, let alone gain anything from it. I had reached that point. Because I had not learned anything worthwhile during the internship. Sometimes I thought, 'I wish we could just take the theoretical part of this course and never go to internships.' (Student 14, Male, Year 4).*

Female educators have stated that male students are often hesitant in performing physical interventions with female patients, making it difficult for them to acquire certain clinical skills. "...Men can be a bit more hesitant in the clinic because, for example, after childbirth, they have to expose the woman's breast or genital area to check for bleeding. However, we all try to do it together because they are hesitant as well. They say, 'I performed the physical examination, but I couldn't do these things.'" (Educator 12, Female, PhD).

*...A male student can also perform perineal care, but because he is hesitant to touch that area, especially the vaginal area, and because he worries about the patient's reaction and thinks it may be negative, he does not want to do it. (Educator 13, Female, PhD).*

Educators also noted that male students tend to lag behind in basic skills such as data collection and patient communication, which can affect the quality of care.

*...In terms of communication, I think there is a deficiency due to men withdrawing from communication during the care process. (Educator 11, Female, PhD student).*

Educators have emphasized the need to take steps to ensure that male students are more actively involved in clinical training.

*...The foundations of a curriculum that will ensure our male students actively participate in education and practice should be established. (Educator 2, Female, PhD).*

An individual's professional identity is shaped directly by their clinical experiences and the feedback they receive during this process. However, gender-based discrimination hinders male students from developing their professional roles and skills, negatively affecting their learning outcomes. Particularly, the limitation of opportunities for male students to work with female patients prevents them from developing fundamental nursing skills, while the exclusion of female students from tasks requiring physical strength undermines their perceptions of professional competence. Contrarily, some educators have stated that they resort to alternative teaching methods, such as simulation, to address these gaps.

*...For example, if a male student is going to observe postpartum care, we want them to observe pregnancy. In the lesson content, if we are doing a simulation, we include something related to breastfeeding so that it is not left out, but some students have not been able to see this in the hospital. (Educator 13, Female, PhD).*

#### **Patients and gender perception**

Male nursing students have stated that they are often not accepted by female patients and their relatives to care for them, and that they are excluded from certain clinical practices. It has been emphasized that this situation makes it difficult for students to gain professional skills and leads to a loss of motivation.

*...I explained the situation to the female patient, but because she was not convinced, I couldn't enter the examination room. That day, I can honestly say it was the breaking point of my internship. (Student 13, Male, Year 4).*

*...When patients went to the examination chair for a vaginal examination, they didn't want me there. I clearly remember hearing these words directly from the patient: 'Will this one come too?' (Student 10, Male, Year 4).*

Additionally, male nursing students have reported that they are often perceived as doctors by the patients and their families.

*...When I went on internship, I observed that while my female classmates were seen as nurses, the patients mistook me for a doctor when they saw me with them. When addressing the female interns as 'nurse,' they would call me 'hodium' or 'doctor.' (Student 6, Male, Year 3).*

Female nursing students have stated that they are perceived as less competent or professionally inadequate by patients, which causes them to feel a sense of insecurity.

*...Patients perceive women as delicate, unable to do hard tasks, and despite studying for so many years, they don't trust the information we provide and go to ask male nurses instead. This makes me feel strange, as they do not see us as competent in this regard... (Student 11, Female, Year 4).*

Both male and female nursing students have emphasized that they are met with perspectives based on traditional gender norms by patients, which complicates their professional socialization processes.

*...Patients usually thought I was a doctor. After I clarified that I wasn't a doctor, they were surprised to find out I was a male nurse. If a procedure is to be performed, the question immediately arises whether a female nurse can assist, based on the perception that her hands are gentler and she is better suited for the task. (Student 4, Male, Year 2).*

#### **Theme 3: the role of gender in professional socialization** **Professional role models and gender**

Through academic and clinical experiences, individuals are facilitated in adapting to their profession. In this process, gender-based norms and expectations play a significant role. The study participants mentioned that the scarcity of male role models in the nursing profession negatively affects the sense of professional belongingness of male students and causes them to feel isolated in the professional socialization process. It was suggested that this situation might change with an increase in the number of male nurses, and societal perceptions could be transformed. The presence of male nurses was emphasized as providing guidance and being helpful in facilitating the adaptation of male students to the profession.

*...There are more female workers than male ones, and I feel more isolated in that environment. (Student 7, Male, Year 3).*

*...Unfortunately, people have the idea that a nurse equals a woman. I hope that as the number of male nurses increases, this judgment in society will gradually disappear. (Student 10, Male, Year 4).*

*...Both of us being male, I think he knows a bit about the paths I've walked. Since there are so many women in the profession, as nurses and female workers, he kind of understands my psychology. (Student 13, Male, Year 4).*

*...But I don't think I can achieve the same level of closeness as I do with a male nurse. I felt more comfortable sharing my problems with him. (Student 14, Male, Year 4).*

### **Perception of the gender-based division of labor**

Female students are more inclined to take on roles that require emotional intelligence, such as empathy, care, and patient relationships, whereas male students are seen as more suitable for tasks that demand physical strength.

*...Female students tend to spend more time with patients and enjoy it. Their communication skills are higher. For example, without having a data collection form in hand, they can easily talk to the patient, keep the entire system in mind, and evaluate it. However, male students tend to do this more in a questionnaire mode. (Educator 5, Male, PhD).*

*When we look at emotional intelligence or clinical decision-making, I observe that the female gender tends to be more dominant, but in terms of practical tasks such as positioning or physically demanding tasks, especially in invasive procedures that require a bit more courage, I can say that males are more assertive. (Educator 5, Male, PhD).*

Educators have stated that female students establish stronger communication with patients and show more empathy, whereas male students engage in more limited interactions with patients. Additionally, educators have noted that male students demonstrate more courage and confidence in clinical practice but tend to be more passive when it comes to taking on educator roles.

*...Regarding the educator role, I can say that males tend to be a bit more passive. As I mentioned, they are usually more focused on invasive tasks. (Educator 5, Male, PhD).*

Most participants have indicated that male nursing students are more comfortable and confident when communicating with patients and performing invasive procedures, and they appear more willing to learn new

skills. Contrarily, female nursing students are seen as more meticulous when preparing nursing care plans.

*...I've observed that male nursing students are more relaxed and better at communicating with patients during their internships. (Student 3, Female, Year 2).*

*...Male students are more willing to perform treatments and improve their practical skills by learning new things, but when preparing case files, female students tend to be more detailed in their nursing care, and therefore, I think female students prioritize providing information to patients more than male students do. (Student 7, Male, Year 3).*

### **The role of gender in professional identity formation**

The participants have expressed that gender is a determining factor in the process of professional identity development and have evaluated these differences from various perspectives. Students have mentioned that due to the historical association of nursing with women, they believed that female students were more successful and competent in the profession. Particularly, female students have several advantages, such as empathy and emotional management, and male students viewed female students as the cornerstone of the nursing profession.

*...Emotionally, we don't have feelings as developed as women. Empathy skills are higher in women. Therefore, women do their job better, and they are the ones who make nursing visible and sacred, making it important. (Student 10, Male, Year 4).*

*...Nursing has been seen as a profession predominantly practiced by women historically, and this may have reflected in perceptions and the language used in the curriculum. (Student 8, Female, Year 3).*

Additionally, the students have mentioned that the perceptions and motivations toward the nursing profession vary depending on gender. Male students generally displayed a more logical and practical approach, whereas female students focused more on detailed and emotional care.

*...Women seem more disciplined to me. In a clinical setting, women are definitely more disciplined. (Student 13, Male, Year 4).*

*...Female nursing students are more open and proactive in gaining knowledge compared to male nursing students. They can approach patients with more emotional care. Male patients, on the other hand, are more focused on work and approach in a logical way. (Student 5, Female, Year 3).*

Some male students have expressed that they struggle with societal perceptions in the nursing profession and try to adopt an authoritative stance while constructing their professional identity. Male educators have also observed that, due to society viewing nursing as a female profession, male students tend to appear as doctors when forming their professional identity.

*...For example, male students never wanted to be seen as nurses. They wanted to appear like doctors. They wear stethoscopes and try to look more serious. (Educator 6, Male, PhD).*

Female educators have stated that viewing nursing within the framework of “holiness” and “societally attributed compassion and caregiving role” may overshadow the profession’s identity. They emphasized that this perception leads to nursing being defined by the public as a profession “reduced to emotional labor and feminine caregiving roles.”

*...Nursing is one of the professions with the highest number of women. This situation leads to nursing being viewed by the public not as a professional occupation, but rather as a ‘holy nurse’ or a ‘motherly/angelic profession’ that takes care of all our needs. (Educator 14, Female, PhD).*

## Discussion

### The impact of gender on professional identity perception

The present research explored gender dynamics in nursing education by examining the experiences of both faculty members and students. Our findings suggest that many participants perceived gender as influential in shaping their professional identity and experiences in education and clinical practice.

According to Gender Schema Theory, individuals learn gender norms from an early age, and these norms shape their professional identity formation [22, 23]. Our study findings indicated that gender perceptions and stereotypes influence nursing students’ experiences and motivations related to their profession, while faculty members have developed various strategies to transform these perceptions. Male students often feel less accepted during their nursing education, whereas female students tend to approach the profession with the belief that it is “naturally” suited to them. This situation is further reinforced in Türkiye, where societal gender roles associate the nursing profession with female individuals. Traditionally, female individuals are expected to take on caregiving roles, whereas male individuals are assigned technical or leadership roles. In the nursing educational process, male students are forced to combat these stereotypes. Previous literature has revealed that male nurses are less

accepted by patients and their families and are sometimes excluded from the care process by female patients [18, 21, 36]. In this context, societal norms in Türkiye influence the perception of the nursing profession and the professional identity development of students. Similarly, earlier studies have highlighted that the perception of nursing as a female profession has varying effects on professional satisfaction and commitment [2, 3, 17, 37–40]. Romem and Rozani emphasized that the role of gender in nursing is a significant issue in the healthcare sector, drawing attention to the impact of traditional gender stereotypes on nursing practices. Furthermore, the expectation that female nurses provide compassion and empathy, while male nurses are expected to exhibit leadership and technical expertise, can affect how nurses are perceived, their care practices, and task distribution [27]. These findings underscore the need for a more in-depth examination of gender-based experiences in nursing education and the importance of restructuring educational programs to promote gender equality in this field.

The Professional Socialization Theory emphasizes that individuals internalize the norms and values of their profession during the educational process [24, 25]. Previous studies have demonstrated that male students may experience a greater sense of exclusion during this socialization process compared to female students, particularly when gender-based perceptions of patient care roles come into play. In Türkiye, the adoption of professional roles by male nurses is not only related to academic and clinical education but also directly tied to societal acceptance [16, 17]. Indeed, some male students have expressed being rejected by female patients or steered more toward technical skills compared to their female colleagues. This situation may impact male nurses’ sense of belonging to their profession [21, 41, 42]. Educators have pointed out that the societal definition of nursing as a female profession negatively affects male students and that there is a need for support to transform these perceptions. Although students individually struggle with societal stereotypes, educators argue that breaking these perceptions is possible through educational policies and curriculum changes. This situation suggests that individual awareness and institutional changes should support each other. Previous literature has also highlighted that the perception of nursing as a female profession creates a significant barrier to the choice of profession among male students [1, 18, 39, 43, 44]. The theme “Perception of Nursing as a ‘Women’s Profession’” reflects how societal gender schemas are internalized by both students and educators, aligning with Bem’s (1981) Gender Schema Theory. These internalized beliefs shape how students perceive appropriate gender roles within the nursing profession. This dynamic was reflected in how male students described feeling misaligned with caregiving

expectations, which they associated with femininity. This internal conflict illustrates how gender schemas can hinder the integration of male students into the professional identity of nursing, thereby complicating their socialization process. These findings emphasize the importance of reevaluating the nursing profession through the lens of societal perceptions and gender stereotypes. Incorporating program content that supports gender equality into educational curricula could be a critical step in both transforming societal perceptions and increasing students' professional motivation. Furthermore, creating guidance and mentoring programs to support male nursing candidates in adjusting to their profession could help them overcome the barriers they encounter in their career choices. These changes are believed to make a positive long-term contribution to reducing gender-based divisions within the profession.

#### **Gender-based experiences in educational and clinical settings**

In Türkiye, nursing has historically been seen as a female-dominated profession, and this perception has influenced nursing education as well [17, 18]. Female students are generally more accepted in both academic and clinical settings, whereas male students may face challenges due to their gender. For example, traditional family structures and gender norms often make it difficult for male students to participate in caregiving processes, especially in areas such as women's health and pediatrics. This not only limits professional development opportunities but also delays the adaptation process of male nurses to the profession. The biases held by patients and families toward male nurses are directly related to the societal perception of the profession [42, 45]. Male nurses are often excluded from patient care processes during clinical practice and redirected to perform more technical tasks, particularly in situations requiring close patient care, which are usually handled by their female colleagues [18, 21, 36, 46, 47]. This situation limits the development of professional skills among male nurses and increases the workload of female nurses, creating an unequal division of labor. To enable male nurses to become more actively involved in clinical settings, it is essential to break down gender stereotypes and biases [48]. Several participants described experiences of gender-based discrimination in clinical practice, which they perceived as impacting their professional development. While the study revealed broadly consistent patterns in gendered experiences, certain findings reflected diverging perspectives between students and educators. A case in point is the contrast between an educator's description of male students as passive in educational roles and a student's observation that male peers were more eager to engage and acquire new skills. Similarly, whereas some educators suggested that

male students withdrew from communication, student accounts emphasized their effectiveness in interacting with patients. These divergent perspectives may indicate a discrepancy between educator perceptions and student experiences or, alternatively, highlight the complex and context-dependent application of gender stereotypes, as articulated in Gender Schema Theory. Addressing such inconsistencies contributes to a more nuanced understanding of professional socialization and underscores the importance of fostering reflective dialogue between students and educators to bridge perception gaps. To address these challenges and promote a more inclusive learning environment, educational institutions should develop various strategies to encourage male nursing students to participate more actively in patient care processes and reduce societal biases. Additionally, mentor-supported practices could be implemented to ensure that male students gain sufficient experience in women's health areas during clinical rotations. Awareness-raising seminars on gender equality in nursing education could also be organized to increase awareness among both students and educators. Furthermore, informational campaigns targeted at patients and their families could help create a more positive public perception of the role of male nurses in healthcare services.

Several male students have reported feeling less competent compared to female students, whereas female students believed they had better clinical skills. However, male students were more visible in leadership roles. Male educators acknowledged the gender-based inequalities present in the educational process but mentioned that these issues were not adequately addressed in educational programs. Some male educators emphasized the need to provide more support to male students to change the perception of nursing as a "female profession." These findings suggest that students' perceptions of professional competence vary and that gender-based stereotypes are reflected in both their perceptions of professional competence and their clinical practices. Female students were perceived to be more aligned with feminine roles, whereas male students appeared to struggle with these perceptions. In Younas et al.'s study, which reviewed 16 qualitative articles, male nurses were found to continuously struggle with the gendered nature of the nursing profession in both educational and clinical environments [6]. According to Romen and Rozani [27], female nurses play a more active role in patient education and counseling, aligning with traditional perceptions of femininity [27]. Participants reflected on how gender stereotypes appeared to influence perceptions of professional roles in nursing. In Carlsson's study, female students demonstrated higher competence in value-based nursing care, whereas male students showed higher competence in development and leadership areas [49]. Relevant studies

have suggested that providing equal opportunities for both male and female students to support their professional development can strengthen their professional identity perceptions [46, 47]. Younas et al. have argued that institutions should create more supportive environments to de-genderize nursing and increase the visibility of male nurses [6]. Other studies have also highlighted the importance of developing student-specific educational approaches to balance these perceptions [50, 51]. Gender-based biases can affect both academic and clinical performance [16, 46], highlighting the necessity for educators to make strategic changes in the curriculum and clinical practices to ensure gender equality. In this context, educators must develop greater awareness of gender-based biases and make strategic adjustments in their teaching processes to provide equal opportunities to students. Creating inclusive and supportive learning environments in educational institutions is critical for promoting gender equality in nursing education and for supporting the professional identity development of students. Some educators indicated that simulation-based learning was used when male students were excluded from direct patient care involving female patients. While this approach may offer an immediate pedagogical solution, it requires critical reflection. Relying on simulation to compensate for clinical exclusion can unintentionally validate patient bias and perpetuate gendered divisions in caregiving roles. Moreover, such practice may lead to inequities in hands-on clinical training, with male students graduating with fewer real-world experiences in fundamental aspects of nursing care. This discrepancy risks affecting their clinical confidence, perceived competence, and integration into the profession. Rather than accepting exclusion as inevitable, educational programs should adopt proactive measures to challenge discriminatory practices and promote equal clinical opportunities for all students. According to Luhanga et al. [52], an effective approach may include implementing structured workshops that incorporate interactive learning exercises, peer collaboration, expert panels, and community-building initiatives, all of which have been shown to foster inclusive learning environments and empower marginalized student groups.

### **The role of gender in professional socialization**

According to the Professional Socialization Theory, students acquire attitudes and values related to the profession throughout their education and experience different integration processes into the profession [24, 25]. Both male and female students have reported that gender plays a decisive role in developing their professional identity during the educational process. Male students are often directed toward areas requiring more leadership and technical skills, whereas female students are seen as more

aligned with caregiving roles. When viewed in the context of the Gender Schema Theory, this process shapes students' individual career paths and their progress within the profession [22, 23]. Male nurses are encouraged to pursue areas such as management and education, whereas female nurses are more frequently placed in direct patient care roles, suggesting that gender stereotypes not only influence the educational process but also affect career progression within the profession. In Türkiye, nursing is generally perceived as a female profession. With this perception, male students tend to encounter societal biases during the career selection process. Due to the prevailing gender roles associated with the nursing profession in society, male students may prefer to be assigned to leadership- and management-oriented areas. However, this can complicate the integration of male nurses into the profession and limit their development within the nursing field. Similarly, female nurses are more often associated with caregiving roles, empathy, and sacrifice due to gender norms, which can hinder women from occupying higher professional positions such as leadership and management roles. Moreover, one female participant expressed that "male students do not show enough respect for the profession," reflecting a perception that may stem from deeper sociocultural dynamics. Rather than viewing this solely as a matter of individual attitude, such a statement may be interpreted as a manifestation of internalized gender norms or as a defense mechanism against the social stigma male students may face when entering a female-dominated field. This perception could also reflect a form of internalized bias, where male students distance themselves from a profession traditionally associated with femininity, thereby undervaluing its core principles. Exploring these psychological and sociological underpinnings provides deeper insight into the gendered dynamics that shape professional identity formation and highlights the need for reflexive and inclusive educational practices.

Male students have stated that they do not find enough male role models in the nursing field, and this lack of representation negatively affects their professional identity development. Educators have emphasized the importance of role models in the professional development of both male and female students; however, the low number of male faculty members has been noted as a barrier to the adaptation of male students to their chosen profession. Furthermore, female role models should support an approach that is sensitive to gender equality. The low representation of male nurses in the profession also negatively impacts their perceptions of the profession and their identity development processes [16, 39, 41]. This situation suggests that it can be addressed not only through individual efforts but also by ensuring equality in both academic staffing and professional representation

[28, 53]. It has also been emphasized that increasing the visibility of male nurses in the profession will have positive effects on both societal perceptions and professional identity development [19, 54]. These findings suggest that increasing the representation of male role models may help support the professional development of male nursing students. The presence of more male role models, alongside female role models promoting gender equality, can strengthen the development of professional identity and facilitate the adaptation of male nurses to the profession.

The study findings indicate that both students and educators agree that gender-based inequalities in nursing education negatively impact professional development. Although students report that these inequalities directly affect their individual experiences, educators have emphasized the need for more structural changes to address the issue. Ensuring gender equality in educational processes will not only contribute to the transformation of students' experiences but also positively affect their overall perception of the profession. Previous literature suggests that integrating gender equality policies into the education system and clinical practices can positively change the societal perception of the profession and create a fairer learning environment for both male and female students [39, 55]. Adopting approaches in educational processes that strengthen the professional identities of students, transform gender stereotypes, and provide equal opportunities could contribute to making the nursing profession more inclusive. Additionally, creating supportive and awareness-raising environments for both students and educators can accelerate this transformation process.

## Conclusion

The present study conducted an in-depth examination of gender-based experiences among nursing students and educators. Students reported that the nursing profession is influenced by societal stereotypes, that there is a shortage of professional role models, and that gender-based discrimination frequently occurs in clinical settings. Moreover, educators acknowledged their efforts to promote gender equality within educational processes but also highlighted ongoing challenges due to societal perceptions and inherent gender biases. The study findings suggest that gender perceptions influence nursing education and clinical practice, potentially creating barriers to professional development.

In this regard, it is crucial to integrate gender equality-based courses into the nursing education curriculum. These courses should focus on raising students' gender awareness and include program content that strengthens their professional identity. In line with the study's findings, it may be beneficial to consider introducing such

courses as mandatory and credit-bearing in the early years of nursing education, to more systematically support gender-sensitive professional development. Additionally, revisiting the scope and title of courses such as "Women's Health and Diseases Nursing" could be explored to ensure inclusivity and avoid reinforcing gendered assumptions about caregiving roles.

To prevent students from encountering gender-based discrimination during clinical placements, sensitivity training should be organized in educational hospitals. Clinical mentors and educators should equally support the professional experiences of both female and male students. Furthermore, greater attention should be paid to ensuring that male students are not disproportionately excluded from fundamental areas of care such as obstetrics and gynecology. While simulation-based practices are sometimes used to compensate for limited clinical access, it is important to critically reflect on whether this practice unintentionally reinforces patient bias or contributes to unequal clinical preparedness. Additionally, events should be organized to highlight the success stories and experiences of both female and male nurses. Role models of different genders should also be presented to students. Moreover, an equality-based academic environment should be established to reduce the impact of gender-based differences between female and male educators on the educational process. Training programs should also be organized to raise educators' gender awareness. These strategies may also help bridge perception gaps between students and educators, as noted in the divergent views expressed in this study regarding communication skills, motivation, and leadership.

Finally, quantitative and qualitative studies examining the impact of gender-based differences in the nursing profession should be increased. Cross-cultural comparisons could be conducted in the future to explore the effect of gender perceptions on the profession within different social structures. These types of studies will contribute to the development of more comprehensive and effective strategies for achieving gender equality in the nursing profession.

## Strengths and limitations

One of the strengths of this study is its multidimensional perspective on gender-based experiences, as it combined the views of both students and educators. The collection of qualitative data through in-depth individual interviews allowed for a detailed analysis of the participants' experiences, thereby expanding the scope of the study. Addressing the experiences of both male and female students with an approach covering different clinical fields enhanced the transferability of the study findings to similar educational contexts. However, the study also has certain limitations. First, as with most qualitative studies

using interviews, there is a risk of social desirability bias, where participants may have presented their experiences in a favorable light or aligned with perceived expectations. Second, although the sample included a balanced representation of students by gender, only 5 out of 15 educators were male, which may limit the depth and diversity of male educator perspectives. Third, the study was conducted in two foundation universities located in a single urban region of Türkiye. Therefore, the findings may not be transferable to public institutions or rural settings, where educational environments and gender dynamics may differ. Finally, the study did not include participants who identified outside the gender binary, and thus the findings are limited to those who identified as male or female. Despite these limitations, the consistency of our findings with existing literature supports their trustworthiness and underscores the relevance of our conclusions.

This study focused on participants who identified as either male or female, and thus the findings may not reflect the experiences of non-binary, transgender, or gender-diverse individuals. Future research should explore how gender identity beyond the binary influences' professional identity formation, discrimination, and clinical experiences in nursing education. Greater inclusivity in participant recruitment and analysis would help broaden the understanding of gendered experiences in nursing.

#### Abbreviations

PhD Doctor of Philosophy

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#### Author contributions

SŞO, BK made substantial contributions to the study design and data analysis. SŞO, BK, EU, HAÖ drafted the paper and critically revised it. All authors read and approved the final manuscript and also share responsibility for the accuracy and integrity of the work.

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#### Data availability

The datasets generated and/or analyzed during the current study are not publicly available due to confidentiality agreements and the privacy of participants, but are available from the corresponding author on reasonable request.

#### Declarations

##### Ethics approval and consent to participate

Ethical approval for this study was obtained from the Yeditepe University Non-Interventional Clinical Research Ethics Committee (19.04.2024/202303Y0588). Additionally, the necessary permissions were obtained from the institutions where the study was conducted. Informed verbal consent was obtained from all participants. The study was conducted in accordance with the principles of the Helsinki Declaration.

#### Consent for publication

Not applicable.

#### Competing interests

The authors declare no competing interests.

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