

**Project title: Training the next generation of leaders to deliver innovations in dignified sustainable care systems for older people**



**INNOVATEDIGNITY**

**Investigation of gender balance in leaders of nursing and directions for mediation to influence policy**

**June 2023**

**Emma Balkin, Jayme Tauzer & Lamprini Xiarchi**

**Early Stage Researchers**

## **Acknowledgements**

*This project has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 813928.*

*We would like to especially acknowledge the Royal College of Nursing's contribution and especially Dr. Dawne Garrett, our secondment supervisor, who supported us throughout this project with direct access to the RCN's library sources and through arranging a series of informational sessions with members of the RCN in key positions which directly contributed to our knowledge of policy making processes and inclusivity initiatives.*

## **Authors**

**Emma Balkin, Aalborg University**  
**Jayne Tauzer, Birmingham City University**  
**Lamprini Maria Xiarchi, University of Borås**

**Marie Skłodowska-Curie Action Innovative Training Network**

**INNOVATEDIGNITY — H2020-MSCA-ITN-2018**

## **Supervisors**

**Professor Fiona Cowdell, Birmingham City University**  
**Professor Mette Grønkjær, Aalborg University**  
**Dr Mette Kollerup, Post Doc. Aalborg University**  
**Dr Kristina Nässén, Senior Lecturer, University of Borås**

**Dr Dawne Garrett, Royal College of Nursing (RCN Secondment Supervisor)**

*Please note that this report has undergone thorough revisions in June 2023 to ensure the inclusion of precise and up-to-date statistics. These revisions were made in response to a sourcing discrepancy identified in the previous version of the report published in February 2023.*



## **Table of Contents**

Executive Summary	4
Introduction	7
Methods	9
<b>Findings</b>	<b>10</b>
National overview	10
Denmark	12
Germany	14
Greece	15
Poland	17
Spain	18
Nurses are legally considered auxiliaries to the doctor. Currently, there is a move to change the law to recognise nursing as an independent profession.	19
Sweden	19
United Kingdom	21
Contextualizing the Statistics	23
Structural barriers	23
Care or cure: Should 'soft' equal 'less'?	24
Education and Recruitment - A focus on gender balance in nursing	25
Masculinity and bodywork	25
Defining Leadership	26
A matter of authority and autonomy - interdisciplinarity of the healthcare sector	27
Gender beyond the binary	28
Further insights and recommendations	28
<b>Key Recommendations</b>	<b>29</b>
At the European Level	29
At the National Level	29
At an Institutional Level	30
Conclusion	31
For further reading	32
References	33



## Gender & Leadership

### A cross-national investigation of gender (im)balance in leaders of nursing and directions for mediation to influence policy

*The nursing profession is devalued as both a feminized and as a care profession. Cultural norms and values have a potential impact not only in the way nursing is seen by society, but which stretches all the way up to leadership roles. Gender-based barriers, in particular, play a significant role when it comes to leadership. In this report we examine current data on gender balance of leadership in the nursing profession, providing a transnational comparison of existing data on gender and the nursing workforce in selected European nations. In this way, we aim to highlight key issues and explore the potential for a focus on addressing cultural norms and values in reducing barriers to leadership roles for women in nursing.*

## Executive Summary

In the European Region, 57% of the health workforce are nurses; about 89% of all nurses are female, yet only 25% of leadership positions are held by women<sup>1</sup>. This report investigates gendered patterns of leadership participation in nursing across eight nations: **Denmark, Germany, Greece, Norway, Poland, Spain, Sweden and The United Kingdom**. Findings support that despite socioeconomic, cultural, and historical differences between nations, gender persists as a determining factor in advancement to nursing leadership. This report highlights the prevalence of cultural norms around gender that shape the nursing field, such as:

---

<sup>1</sup> World Health Organization. (2020). Nursing and midwifery. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/nursing-and-midwifery>.



- A set of culturally constructed values that women are *naturally* more suitable for roles of caring and bodywork, while men are better fit for tasks of leadership and decision-making. This culturally-constructed value promotes a gendered divide in roles within the nursing field.
- Gendered prejudices deter men from performing care or bodywork.
- A persistent gendering of the health professions, where nursing is considered feminine, or “women’s work” and medicine male, despite large numbers of women now entering medicine. This gendering process promotes inequality between professions and the devaluation of care work within the health care sector. *Cure*, traditionally associated with masculinity, is valued over *care*, a traditionally female domain.
- Structural issues which have been discussed in other professions are also relevant to the field of nursing, such as the double shift - where women are expected to provide informal care inside of the home while also working outside the home - prohibits women from advancing in their careers. Meanwhile, men are expected to work overtime and to advance more rapidly in order to financially support their families.

What this report reveals is the need for further investigation in the field of gender (in)equality in nursing leadership. There is a substantial amount of work still to be done to uncover the complexities and regional specificities of this problem. In this report we highlight some points of articulation and avenues for further research and development.

Drawing from recently published figures and statistical data on nursing and gender across the EU, Norway and the UK, and supported by a sociocultural analysis of the gender norms that underlie existing workforce statistics in nursing, this cross-national investigation supports the following key recommendations:

*At the European Level:*

- Conducting qualitative analysis to identify gender-related barriers in transition to leadership roles in nursing at a transnational level.
- Collaboration of governments with gender equality organizations and nursing organizations at a Europe-wide scale.
- Integrating international workforce data, allowing for comparable cross-national comparisons on gender and leadership in the nursing workforce.

*At the National Level:*

- Investing in inclusivity campaigns on a national level.
- Governmental commitment to gender equality policies.



- Investing in national surveys to gather data on the gender distribution in nursing leadership.
- Increasing remuneration to attract and retain highly qualified nurses of all genders.

*At an Institutional Level:*

- Investing in fostering appropriate work environments for all genders.
- Promoting horizontal leadership practices, beyond management-based leadership.
- Enhancing nurses' autonomy and interdisciplinarity within care systems.
- Change structures, not people.

**This has been an executive summary of our key findings and recommendations. For a more detailed report, please read on.**



## Introduction

**Nursing has traditionally been considered “women’s work”. But what exactly does women’s work mean, and which values are promoted by this concept?** Care work has long been linked with women’s “natural instincts” as an extension of their role as mothers. Nurses (assumed to be female) have long been seen as the assistants to doctors (assumed to be male), and not as professionals in their own right<sup>2</sup>. Though nursing has in recent decades become increasingly professionalized, the image of nursing as a woman’s occupation remains at the heart of the field’s identity<sup>3</sup>. In an extension of broader gender norms that value male over female, this image continues to contribute to a devaluation of the field, which has direct impacts on the persisting gender inequality in nurse leadership.

**Leadership in nursing reflects the stark paradox of gender disparity in the field.** On the one hand, the barriers associated with gender norms constrain women’s participation in leadership, on the other, men often do not see care work as a viable career choice, for a variety of gendered reasons. Consequently, while gender stereotypes limit the number of men who are trained to provide care, these same stereotypes paradoxically also propel the men who do enter the profession to the top.

**Across Europe, approximately 89% of working nurses are women.** Issues of gender are relevant to understanding the provision of care on a global scale. A WHO report found that across 104 nations, women represent around 70% of the health workforce, but earn on average 28% less than men<sup>4</sup>. The report *Investing in the Power of Nurse Leadership*, which addresses gender disparities in the nursing profession, makes several recommendations to improve inequalities in the nursing field<sup>5</sup>. The report identifies the perception of nursing as a soft science as one of the key contributors to persisting gender disparities in nurse leadership. In this report we will explore this issue, as well as other sociocultural factors, more closely in the European context.

---

<sup>2</sup> Ayala, R. (2020). *Towards a Sociology of Nursing* (1st ed. 2020.). Springer Singapore. <https://doi.org/10.1007/978-981-13-8887-3>

<sup>3</sup> Ayala, R. (2020). *Towards a Sociology of Nursing* (1st ed. 2020.). Springer Singapore. <https://doi.org/10.1007/978-981-13-8887-3>

<sup>4</sup> World Health Organization, Global Health Workforce Network and Women in Global Health. (2019). *Global health: Delivered by women, led by men: A gender and equity analysis of the global health workforce* (pp. 76). 86.

<sup>5</sup> Newman, C., Stilwell, B., Rick, S., & Peterson, K. (2019). *Investing in the Power of Nurse Leadership Report*. Retrieved from [INVESTING IN THE POWER OF NURSE LEADERSHIP](#)



In the following report, we critically evaluate and compare recent workforce data from selected European nations in order to provide a transnational perspective examining gender imbalances in the nursing profession. Unearthing national similarities and differences in a seemingly universal phenomenon may help to understand the cultural influences that shape labor statistics in the nursing field. With a particular focus on gender imbalance in nurse leadership, we then contextualize our national findings to explore the ways in which cultural norms underpin gender disparities in the nursing field across national contexts.

Before we begin, it may be helpful to clarify a few key concepts. When we say *gender*, we are referring to the social role(s) ascribed to persons, often based on their biological sex. According to a WHO definition<sup>6</sup> ‘Gender’ refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.’ While we acknowledge the existence of many other non-binary gender identities, and ultimately recommend that the nursing profession become gender-equal across all genders, when working with existing data the masculine-feminine binary is the faultline along which gender is demarcated and that is reflected in this report.

Another key term in this report is *leadership*. Leadership is often used interchangeably with *management*. Much of the data included in this report refers to hierarchical structures of management, i.e. positions of power and direction. Leadership is in its essence, however, more about values, culture and taking responsibility<sup>78</sup>. Therefore, while the data contained in this report reflects management hierarchies, one of the goals of the report is to suggest a broadening of this particular understanding of leadership.

---

<sup>6</sup> Manandhar, M., Hawkes, S., Buse, K., Nosrati, E., & Magar, V. (2018). Gender, health and the 2030 agenda for sustainable development. *Bulletin of the World Health Organization*, 96(9), 644.

<sup>7</sup> Scully NJ. Leadership in nursing: The importance of recognising inherent values and attributes to secure a positive future for the profession. *Collegian*. 2015;22(4):439-44. doi: 10.1016/j.colegn.2014.09.004. PMID: 26775531.

<sup>8</sup> Horton-Deutsch S, Sherwood G. Reflection: an educational strategy to develop emotionally-competent nurse leaders. *J Nurs Manag*. 2008 Nov;16(8):946-54.





## Methods

This report compiles recent data from existing reports on nursing workforce data for each country through a review of gray literature, policy documents, and peer-reviewed literature. With the support of the Royal College of Nursing library and archive services, a search was carried out for literature on nursing leadership, yielding scant results. This apparent lack of data points to the importance of bringing this issue to the fore.

Once we gathered general data on nursing across European nations through recently published reports from WHO (2019) and Eurostat (2020), we sought data on specific nations: Denmark, Germany, Greece, Norway, Poland, Spain, Sweden, and the United Kingdom. In addition to selecting the five nations participating in the Marie Skłodowska-Curie Action INNOVATE DIGNITY Project, additional nations were selected based on availability of information, and in order to provide a broad scope of nursing across a variety of European contexts. We aimed to include nations that may broadly represent regional differences across Europe.

Finally, the collected data was supplemented with an analysis of recent media reports and research findings, which include qualitative findings from surveys and interviews, to provide a broader sociocultural perspective on the issue of gender inequality in nurse leadership. By grounding current workforce data in a contextual qualitative analysis, this report aims to highlight the ways in which the persisting gender disparities in nursing are underpinned by sociocultural factors.



# Findings

## National overview

In this section we present a snapshot of gender in nursing in Denmark, Germany, Greece, Norway, Poland, Spain, Sweden and the United Kingdom. With particular focus on issues of leadership and remuneration within the nursing profession, this section provides a current snapshot of nursing labor statistics on a national level.

	Europe	Denmark	Germany	Greece	Norway	Poland	Spain	Sweden	UK
<b>Workforce in nursing</b>	2,2%	2,4%	3,4%	1,4%	4.3%	1,4%	1,5%	2,4%	2,2%
<b>Female nurses</b>	89%	96,5%	88%	86,3%*	90%	98%	84,2%	87-88%	89%
<b>Male nurses</b>	11%	3,5%	12%	16,4%*	10%	2%	15,8%	12-13%	11%

Table 1: Europe workforce data <sup>9</sup>

For each national example, we provide the EU Gender Equality Ranking Index<sup>10</sup> if in the European Union. We also share the term for “nurse” in that nation’s official language in order to provide further possible insight into the gendering of the professional identity of nurses. We provided a brief snapshot of workforce data on gendered patterns of participation in nursing, pay gaps, and leadership participation.

<sup>9</sup> These statistics have been compiled from various reputable sources and aim to offer a fundamental analysis of workforce trends. It is important to acknowledge that due to the lack of a singular unified source, some discrepancies may exist. These discrepancies arise from the challenges associated with consolidating information from diverse and independent sources.

\* Please note that comprehensive statistics regarding the Greek nursing workforce are not currently available. The data presented herein pertains exclusively to the population of nurses actively employed within hospital settings.

<sup>10</sup> <https://eige.europa.eu/gender-equality-index/2020/country/UK>



Since there are significant differences between nations in terms of how the nursing workforce is structured and organized, the format and depth of findings for each nation are not uniform. Though this limitation warrants some consideration, the fact that there are disparities in the amount of information on gender and nurse leadership available nationally is an important data point in itself.



## Denmark

EU Gender Equality Index ranking: 2

Terminology: The very word for ‘nurse’ in Danish - *sygeplejerske* - denotes its female status. Though a male version - *sygeplejer* - exists, it is rarely used. This linguistic gendering itself deters many men from even considering it as a career option<sup>11</sup>

In Denmark, which is often considered egalitarian and ranks second on the EU gender equality index<sup>12</sup>, approx. 96,5% of all nurses are female, and 3,5% are male. It is thus an overwhelmingly feminized profession. There is an obvious paradox here. Despite great advances in overall gender equality, the cultural norms underpinning the nursing profession persist. While women are increasingly gaining equal representation in traditionally masculine fields, such as medicine<sup>13</sup> men are still held back from entering the feminine field of nursing.

. But there are small signs of change, as 7% of students entering a nursing degree in 2020 were male.

In terms of leadership positions, 94-95% are held by women (depending on whether you look at a regional or municipal level). At first glance, there thus appears to be little gender discrepancy in the ability to rise through the ranks. However, when we interrogate those numbers, it will become apparent that it is not quite so simple.

In Denmark, nurses may be employed at the municipal, regional or state level or in the private sector. If we look at the municipal level to take one example, the gender division looks like this:

	Female	Male
Total Nurses	97%	3%
Nurse leaders	95%	5%

These numbers may not look alarming. However, when we break it down, we will see that for every female nurse leader there are 7,1 female non-leaders, whereas for every male nurse leader there are 4 male non-leaders. This means that a male nurse has a 20% chance of becoming a leader, whereas for a female nurse that chance is 12.1%. A male nurse is thus 62% more likely to

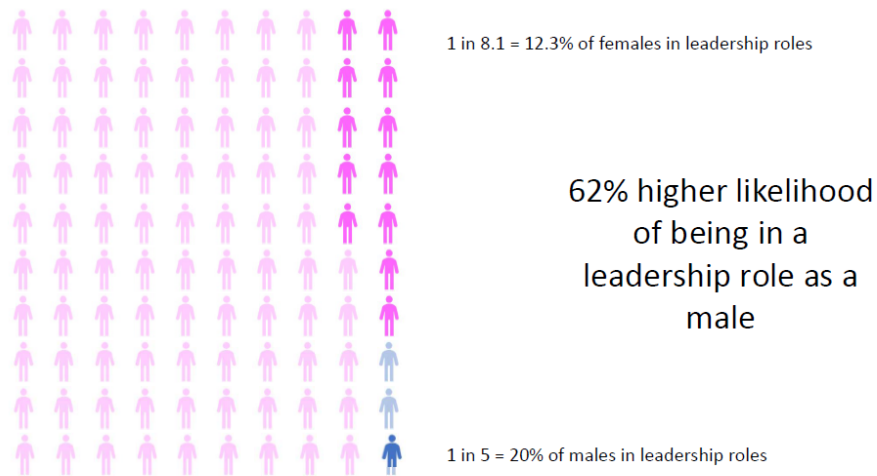
<sup>11</sup> <https://tidsskrift.dk/tidsskrift-for-arbejdsliv/article/view/108189/157604>

<sup>12</sup> <https://eige.europa.eu/gender-equality-index/2020/country/DK>

<sup>13</sup> <https://dagensmedicin.dk/kvinder-saetter-sig-paa-jobbet-som-ledende-overlaege/#:~:text=Hos%20Yngre%20L%C3%A6ger%20er%20st%C3%B8rstedelen,m%C3%A6nd%20og%2041%2C6%20pct.>



become a leader than a female nurse. Adding to this is the fact that feminized professions overall have fewer leadership roles than other professions, meaning that there are fewer opportunities to advance in nursing than there are in other fields in Denmark<sup>14</sup>.



There is also still a pay gap such that male nurses earn 5,8%<sup>15</sup> more than female nurses. While the bulk of a nurse’s salary is determined by a collective bargaining agreement that is supposed to be gender neutral, the top-up of the salary is determined by the employer. This is to allow the employer to reward certain highly-skilled, high performing nurses. However, it often results in male employees receiving higher pay than female employees. In Denmark, a male nurse can expect to earn DKK 1,5 million (Approx. Euro 200.000) more over a lifetime than a female nurse<sup>16</sup>. The pay gap thus does not relate to women’s lack of ability to negotiate salary, but other more tacit factors, such as the fact that male nurses tend to take on nursing positions that incur higher allowances, for example in emergency care, and employers offering retention bonuses to male nurses.<sup>17</sup>

On the whole, the earning power of the nursing profession is considerably less than other more male-dominated professions. This dates back to a reform in 1969, when women started to enter the workforce and their pay at the time was considered to be only a supplement to their

<sup>14</sup> <https://socialpaedagogen.sl.dk/arkiv/2015/ledelse-koennet-spiller-ind-paa-din-lederfremtid/>

<sup>15</sup> Danmarks Statistik: <https://www.statistikbanken.dk/LIGELI2>

<sup>16</sup> <https://www.information.dk/debat/2018/10/kvinderne-taber-naar-loennen-forhandles-lokalt-dybt-uretfærdigt>

<sup>17</sup> <https://dsr.dk/sygeplejersken/arkiv/sy-nr-2001-9/ny-loen-favoriserer-maendene>



husbands' incomes. This outdated view of gender roles continues to be embedded in the pay gap affecting feminized professions such as nursing and midwifery to this day.

Danish nurses of both genders report a perceived inferiority in their role vis-a-vis the doctor.<sup>18</sup> This means that they experience a lack of autonomy, influence and decision-making power and often have to defer to the doctor in the care of patients.

In recent years, however, duties that were previously in the purview of doctors have increasingly been reassigned to nurses. This means greater variety in working tasks and more autonomy in the nursing role. For some, this measure has brought renewed motivation and “work joy”, evening out some of the perceived inferiority in the nurse-doctor relationship<sup>19</sup>. However, this off-loading of more medical tasks does not address the perceived inferiority of care work, and as such serves to promote the idea that hard science (*cure*) is more valuable than soft science (*care*).

## **Germany**

EU Gender Equality Index ranking: 12

Terminology: ‘Nurse’ in German is traditionally *Krankenschwester*, which is a feminized noun, but the word *Krankenpfleger* refers to men and can also be used as a gender neutral term.

Germany’s structure for nursing is quite different from other EU nations. There is no official national registration for nurses practicing in Germany, which made it more difficult to gain clear insight on the current situation on gender and nurse leadership. Making up about 12%<sup>20</sup> of the nursing workforce, Germany boasts a comparatively high percentage of male nurses. However, a pay gap favoring male remuneration persists: in a representational survey of Germany’s nurse workforce, male nurses were reported to earn an adjusted average of 9.3% more per month than female nurses<sup>21</sup>.

Germany’s labor force accounts for 33% of all practicing nurses and midwives in the EU<sup>22</sup>. This is partially due to the large population, but proportionately, Germany reports a comparatively large percentage of nurses and midwives in Europe (3,4%). This number appears to be increasing: over the past decade, the number of nurses in Germany has increased by nearly

---

<sup>18</sup> <https://dsr.dk/sygeplejersken/arkiv/sy-nr-2006-19/i-audiens-hos-laegen>

<sup>19</sup> <https://dsr.dk/sygeplejersken/arkiv/sy-nr-2017-12/laegeopgaver-glider-over-i-sygeplejen> and <https://dsr.dk/sygeplejersken/arkiv/sy-nr-2017-12/grafik-flytning-fra-laeger-til-sygeplejersker>

<sup>20</sup> Schwamm, C. (2019). “A Normal Amount of Masculine Hardness”: Representations of Male Nurses in 1960s West Germany. *Canadian Bulletin of Medical History* 36(2), 413-443.

<sup>21</sup> Muench, U & Dietrich, H. (2019). The male-female earnings gap for nurses in Germany: A pooled cross-sectional study of the years 2006 and 2012, *International Journal of Nursing Studies*. 89,125-131.

<sup>22</sup> Eurostat. (2020). Number of nurses and midwives on the rise. Accessed on 21 January 2021. Retrieved from <https://ec.europa.eu/eurostat>



150,000. This number represents all professionals working in nursing, and not only those who would elsewhere be registered as nurses.

In looking into gender and leadership roles, there is literature on management versus leadership in nurse training in Germany, arguing that there is not much in the way of leader development<sup>23</sup>. Just 1% of practicing nurses in Germany have a university degree, most are vocationally trained<sup>24</sup>. Those with a degree are in teaching or research and often separate from care provision.

## *Greece*

EU Gender Equality Index ranking: 27

Terminology: The word for 'nurse' in Greek is 'νοσηλεύτρια' /no.si'lef.tri.a/ (feminine) or 'νοσηλευτής' /no.si.le'ftis/ (masculine). It is worth mentioning that there is another outdated term 'νοσοκόμος' /no.so'ko.mos/ (masculine) or 'νοσοκόμα' /no.so'ko.ma/ (feminine) that is still used even in news media, although it is considered degrading for the professional title and scientific role of nurses, according to the Hellenic Regulatory Body of Nurses (HRBN), which made a relevant statement on this during the COVID-19 pandemic.<sup>25</sup> The word 'αδελφή' (means 'sister') was originally used in conjunction with the female 'νοσοκόμα' /no.so'ko.ma/, denoting the female status of nurses.

In Greece, the nursing workforce is predominantly represented by women: 83.6% of nurses are female compared to 16.4% of male nurses.<sup>26</sup> However, like in other South-European countries (e.g. Spain) there is a reversed pay gap with women currently earning 10% more than men.<sup>27</sup> Currently precise statistical data on gender in nurse leadership do not seem to exist in the Greek context.

Taking a closer look at the disparities in the Greek healthcare system, it is important to highlight the lack of autonomy that characterizes the nursing workforce in the healthcare sector, especially when it comes to management. In accordance with the medical-focused model that is followed in the Greek healthcare sector, the majority of care decisions are made by doctors, leaving very little opportunity for other healthcare professionals -among them nurses- to assume leadership

---

<sup>23</sup> Tewes, R. & Fischer, T. (2017). Too busy to lead? Current challenges for German nurse leaders. *Journal of Nursing Management*. 25(1). P1-3

<sup>24</sup> Simon M. (2012) *Beschäftigte und Beschäftigungsstrukturen in Pflegeberufen. Eine Analyse der Jahre 1999 bis 2009.* Fachhochschule Hannover, Hannover.

<sup>25</sup> E.N.E:Να χρησιμοποιείται ορθά ο όρος "νοσηλευτής - νοσηλεύτρια" <https://www.cretalive.gr/ygeia/enena-hrisimopoitaitai-ortha-o-oros-nosileytis-nosileytria>

<sup>26</sup> Τζιάλλας, Δημήτριος, Ευάγγελος Γκούτζιας, Ελένη Ξ. Κωνσταντινίδου, Γεώργιος Δημακόπουλος, and Φώτιος Αναγνωστόπουλος, 2018, "Ποσοτική και Ποιοτική Καταγραφή του Νοσηλευτικού Προσωπικού στα Δημόσια Νοσοκομεία του ΕΣΥ." *Nosileftiki* 57, no. 4

<sup>27</sup> Nursing Average Salaries in Greece 2022 <http://www.salaryexplorer.com/salary-survey.php?loc=84&loctype=1&job=12&jobtype=2>



positions.<sup>28</sup> The distinction between the work of medical and nursing personnel in Greek hospitals is clearly defined and the lack of collaboration between nurses and doctors clearly reflects a medically oriented health care system that is also doctor-dominated in leadership positions. This reflects a prioritization of *cure* over *care*, a theme which appears in other European national contexts as well.

It is important to note that since 2010 Greece has experienced a profound economic crisis, which still affects public sector spending and services in health care and education. As a result of the unstable economy of the past decade, there is a significant lack of nurses in the Greek healthcare system, making Greece one of the countries with the lowest ratio of nurses per 1000 inhabitants in the EU.

To a degree, this low level may also in part be associated with the doctor-dominated healthcare management and the view of nursing participation in leadership as secondary. In Greece, nursing organizations and trade unions connect nurses to policy-makers. However, previous attempts for reform in the profession have lacked a common and well-defined strategy. There is a need for Greek nurses to position themselves at the forefront of policy changes engaging more in health care leadership in order to proactively prepare themselves for the challenges that lie ahead, in a system in need of crucial reforms and reconstruction.

## *Norway*

EU Gender Equality Index ranking: N/A

Terminology: In Norwegian, 'nurse' is *sykepleier* (*gender neutral*).

Women constitute a large proportion of the nursing workforce in Norway, with gender distribution appearing to be relatively stable and with men representing almost 10% of the workforce. In Norway, women nurses earn 4% more than their male colleagues.<sup>29</sup>

In addition, when considering the gender split among students entering into the healthcare sector, 90% of nursing students are female, compared to 62% of medical students. Efforts to reach a more equitable distribution in occupations dominated by one gender seem to have been most successful in attracting women to male-dominated areas, rather than men to female-dominated

---

<sup>28</sup> Rafferty, Anne M., Reinhard Busse, Britta Zander-Jentsch, Walter Sermeus, Luk Bruyneel, and World Health Organization. *Strengthening health systems through nursing: Evidence from 14 European countries*. World Health Organization. Regional Office for Europe, 2019.

<sup>29</sup> Nurse Average Salary in Norway 2022 <http://www.salaryexplorer.com/salary-survey.php?loc=162&loctype=1&job=865&jobtype=3>





areas. Norway has a system that allocates “gender points” to applicants to higher education programs that are dominated by one gender. Through the points system some nursing programs have increased their male student population to 25%<sup>30</sup>.

As for leadership in the health care sector, findings specific to gender representation in Norwegian nurse leadership were scant. According to the Norwegian Nurses Organization (NNO) and in line with recommendations by the European region of WHO<sup>31</sup> nursing services should be managed by nurses, in a front line to national level scale. There is no chief nursing officer in Norwegian hospitals, and there is no national nursing officer. The leadership position on the county medical officer board known as ‘county nurse’ is increasingly held by non-nurses. In hospitals, 67% of managerial positions at department level were held by physicians, 28% by nurses and 5% by persons from other professional backgrounds.<sup>32</sup> Despite a minority representation at department level, nurses make up about 89% of ward leadership positions, the scope of their work determined by decisions made at a higher level of management. . This distribution is a result of the implementation of the Specialist Health Services Act (2004)<sup>33</sup>- before which, most hospital wards had a dual nurse- physician leadership for each sector.

The Specialist Health Services Act of 2004 allows for the establishment of sub-units led by managers of a lower-level. Opening leadership positions up to any professional background was met with controversy due to a fear of the possible lack of medical accountability in departments that were not led by doctors, reflecting a cultural valuation of doctor expertise over nurse expertise, despite the overwhelming representation of nurse leaders at the ward level.

## ***Poland***

EU Gender Equality Index ranking: 24

Terminology: Nurse in polish is *pielęgniarka*, which is a feminized term. The male version, *pielęgniarsz*, is said to sound strange, as the feminized term is much more commonly used<sup>34</sup>.

Poland reports a highly-feminized nurse workforce; 98% of nurses registered by the Central Chamber of Nurses and Midwives are women; just 2% of nurses in Poland are male. There is a

---

<sup>30</sup> <https://khrono.no/123-studietilbud-med-kjonnspoeng-det-virker-men-ikke-overalt/560311>

<sup>31</sup> World Health Organization. Geneva: World Health Organization; 2002. Strategic Directions for Strengthening Nursing and Midwifery Services.

<sup>32</sup> Rafferty, Anne M., Reinhard Busse, Britta Zander-Jentsch, Walter Sermeus, Luk Bruyneel, and World Health Organization. Strengthening health systems through nursing: Evidence from 14 European countries. World Health Organization. Regional Office for Europe, 2019.

<sup>33</sup> Lov om spesialisthelsetjenesten m.m. (spesialisthelsetjenesteloven) <https://lovdata.no/dokument/NL/lov/1999-07-02-61>

<sup>34</sup> Polish Language: Gender and Occupations. Retrieved from <https://blogs.transparent.com/polish/gender-and-occupations-continued/>. Accessed 13 March 2022



significant gender pay gap, with men earning more than women at every level of nursing. The pay gap is larger when it comes to nurses in managerial positions (men +16%) compared to nurses in direct services (men +3%). In-depth data on nurse leadership in Poland was difficult to locate.

At just 1,4.%, Poland has some of the lowest numbers of nurses in the EU. Over the past few decades, there has been an impending near disaster-level shortage of nurses in Poland. To address this, there was a national initiative to educate and train approximately 53,000 new nurses across Poland. However, despite these efforts, Poland anticipates a continued nursing shortage. With many nurses nearing retirement, and much fewer nurses in training, the country expects to see a widening generational gap within the field<sup>35</sup>. Polish nurses (mostly those under the age of 35) may also be drawn to migrating to western European nations (namely, Germany and the UK) to find higher wages. However, the Chamber of Nurses and Midwives and the Polish branch of the RN4CAST (2011) study has identified lack of autonomy, poor working conditions, and low pay (in Poland, workers in the health sector earn 30% less than those employed in other sectors) as the main contributing reason that young people are not choosing nursing as a career<sup>36</sup>. The field is simply not attracting as many new trainees.

According to a WHO report (2019) high-quality care requires improvement in the working conditions of nurses, as well as strengthening leadership among nurse-managers. In Poland the unsatisfactory working environment is associated with low investment and the relatively weak position of managing nurses in the health system, despite the existing regulations and relatively organized system which enables lobbying and policy conversations to be held by nurses. The Central Chamber of Nurses and Midwives works with regional groups of nurses and midwives to negotiate issues within the profession. It is obligatory for registered nurses to become members of the regional chamber. Thus, a system is in place to engage in decision-making and to organize the occupation. In addition to the regional and national chambers, nurses may unionize and form interest groups.

When looking at the specifics of nurse leadership, in the hospital setting nurses do not have an autonomous budget and must go to the ward manager to make decisions on staffing, budget, equipment, and education, which is typically a position held by a physician. This thus echoes the care vs cure divide of decision making power in the healthcare sector seen in other nations across the European context.

---

<sup>35</sup> Kózka M, Brzostek T, Ksykiewicz-Dorota A, et al. Poland. In: Rafferty AM, Busse R, Zander-Jentsch B, et al., editors. Strengthening health systems through nursing: Evidence from 14 European countries [Internet]. Copenhagen (Denmark): European Observatory on Health Systems and Policies; 2019. (Health Policy Series, No. 52.) 10.

<sup>36</sup> Chamber of Nurses and Midwives. 2015. Report of the Chief of the Council of Nurses and Midwives. Protection society in the provision of Polish nurses and midwives. Warsaw.



## *Spain*

EU Gender Equality Index ranking: 8

Terminology: In Spanish, ‘nurse’ is enfermera (feminine) or enfermero (masculine).

In Spain, the nursing workforce has become increasingly feminized over the last four decades. Today 84,2% of registered nurses are female, in 1978 that figure was only 68,5%. While the number of men choosing a career in nursing has remained steady, the number of women entering the profession continues to increase year on year<sup>37</sup>. Also interesting to note is the reversal in the pay gap. In Spain, female nurses earn on average 4% more than their male counterparts<sup>38</sup>.

In Spain, as well as in the rest of Europe, men hold more leadership positions than women in nursing<sup>39</sup>. At the regional level, only 5 out of 15 chairpersons on nursing boards are women.<sup>40</sup> In the nursing union El Sindicato de Enfermería (SATSE) 58% of leadership roles are occupied by women, even though women make up 84% of the workforce.

As a feminized profession, nursing in Spain, as elsewhere, is undervalued and underrecognized<sup>41</sup>. In terms of the health sector as a whole, only 5% of health leadership positions are held by nurses, despite nurses making up the vast majority of the health workforce<sup>42</sup>. The inferiority of the feminine thus has a double effect: it is harder for the individual female to advance; it is also harder for the feminized profession as a whole to gain influence. In Spain the nursing profession is characterized by a very hierarchical structure with little opportunity to progress vertically.

---

<sup>37</sup> <https://feminismo.maldita.es/articulos/enfermeria-profesion-mujeres-cada-vez-mas/#:~:text=En%20Espa%C3%B1a%2C%20hay%206%20enfermeras,de%20Murcia%2C%20con%20s%C3%B3lo%204.>

<sup>38</sup> <http://www.salaryexplorer.com/salary-survey.php?loc=203&loctype=1&job=865&jobtype=3>

<sup>39</sup> [https://idus.us.es/bitstream/handle/11441/40647/Pages%20from%20Investigacion\\_Genero\\_103-681-1256-3.pdf?sequence=1](https://idus.us.es/bitstream/handle/11441/40647/Pages%20from%20Investigacion_Genero_103-681-1256-3.pdf?sequence=1)

<sup>40</sup> file:///C:/Users/g7e2/Downloads/Escasa\_presencia\_de\_la\_mujer\_enfermera\_en\_puestos\_.pdf

<sup>41</sup> <https://diarioenfermero.es/solo-3-enfermeras-ocupan-cargos-directivos-sanitarios/>

<sup>42</sup> <https://www.epdata.es/datos/sanitarios-espana-estadistica-datos-graficos/535>



Nurses are legally considered auxiliaries to the doctor. Currently, there is a move to change the law to recognise nursing as an independent profession<sup>43</sup>.

## *Sweden*

EU Gender Equality Index ranking: 1

Terminology: ‘Nurse’ in Swedish is *sjuksköterska*, a feminine term.

Over the past two decades, the composition of the nursing workforce in Sweden has undergone significant changes, with an increase in the proportion of registered nurses. With regards to gender participation within the profession, men make up 12–13% of nurses.<sup>44</sup> Although nursing in Sweden continues to be highly female-represented, male registered nurses have increased from 10% of the total nursing workforce in 2005 to 12% in 2015. From 2004 to 2015, a significant increase in employment of male registered nurses was reported (40% over nine years), compared to that of female registered nurses which was 12% over the same period.<sup>45</sup> Despite representing 88% of the Swedish nursing workforce, female nurses earn 2% less than their male co-workers<sup>46</sup>. Thus confirming a pay gap persists in a country which has greatly invested in laws and regulations to promote gender equality in the workforce.

In general, Swedish nurses’ participation in leadership positions has only recently begun. Until the late 1990s only doctors were allowed to lead health care units or facilities, and after a 1997 reform which permitted other professionals to enter the leadership field, there has been a significant increase in nurses’ participation in leadership. As a result, 40% of primary health care centers were run by registered nurses in 2005. Furthermore, when it comes to gender in leadership, women occupied 78% of managerial positions across the Swedish healthcare sector according to a 2018 survey.<sup>47</sup> Figures specific to nurse leadership were scant.

---

<sup>43</sup> <https://www.redaccionmedica.com/autonomias/valencia/la-enfermeria-exige-cambiar-la-ley-que-las-considera-ayudante-del-medico--5477>

<sup>44</sup> Socialstyrelsen. Statistikdatabas för hälso- och sjukvårdspersonal [Statistical database for healthcare professionals] 2018

<sup>45</sup> Rafferty, Anne M., Reinhard Busse, Britta Zander-Jentsch, Walter Sermeus, Luk Bruyneel, and World Health Organization. *Strengthening health systems through nursing: Evidence from 14 European countries*. World Health Organization. Regional Office for Europe, 2019.

<sup>46</sup> Sweden, Statistics. "Women and men in Sweden 2018, Facts and Figures", 2018

<sup>47</sup> Gender distribution of managers in Sweden 2018 by sector, Statista Research Department, Jul 24, 2020



Despite Sweden's long history of promoting equality, and while gender equality is prioritized in many areas of national and regional policy-making, this is not specifically addressed in national health care workforce planning. Looking at women's general engagement in leadership positions in Sweden, there is a lack of women leaders in the private sector, which is an important fact that has given rise to a school of thought called the "*Nordic Gender Equality Paradox*". This started in Norway, when the Norwegian State Television aired a documentary called the "*Gender Equality Paradox*" (2011) which addressed the fact that Nordic countries still have many more male engineers than female engineers, and significantly fewer male nurses compared to female nurses. The documentary and its supporters attributed this imbalance to women typically preferring less technical and more people-oriented work (like nursing), because of their lack of financial incentive to pursue technical jobs. This leads women to take up more stereotypically female jobs. The documentary also drew criticism to Sweden's actions to increase the presence of women in education, government, STEM and entrepreneurial fields<sup>48</sup>. These debates are important to consider when it comes to women's participation in nurse leadership and an ongoing discussion should be raised, in order to move towards actual gender equality in this sector.

### ***United Kingdom***

EU Gender Equality Index ranking: 6

Terminology: Nurse is a gender neutral term in the English language. However, nurses are still referred to as '*ward sisters*' or '*matrons*', instead of '*charge nurses*' and this is something that '*puts men off joining the profession*' according to the RCN's previous chief executive.<sup>49</sup>

In the United Kingdom, nursing is a predominantly female occupation (89%)<sup>50</sup>, while men hold one in five of the best paid jobs in nursing<sup>51</sup>. Though statistics on nurse leadership were scant for the UK, there are continued and significant barriers to women advancing to leadership roles within the nursing profession in the UK.

Since the introduction of the UK Equal Pay Act (1970), it has been unlawful to offer workers different pay or conditions based on gender identity, an effort extended and made more explicit

---

<sup>48</sup> Bhatia J. (2017, February 23), Bhatia: Sweden hasn't achieved gender equality, *The Daily Free Press*

<sup>49</sup> Nurses should not be referred to as sisters or matrons 'because it puts men off joining the profession'  
<https://www.dailymail.co.uk/health/article-5729055/Nurses-not-referred-sisters-puts-men-joining-profession.html>

<sup>50</sup> Eurostat. (2020). Number of nurses and midwives on the rise. Accessed on 21 January 2021. Retrieved from  
<<https://ec.europa.eu/eurostat>>

<sup>51</sup> NHS (2018) NHS Workforce Statistics. Available at: [www.digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/june-2018](http://www.digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/june-2018)



by the Equality Act (2010), which requires employers to offer the same level of pay to male and female workers providing the same services. However, despite these legislative commitments to gender equality in the workplace, a notable pay disparity persists. Men are disproportionately represented in higher NHS pay bands<sup>52</sup>.

The Royal College of Nursing *Gender and Nursing as a Profession 2020* report<sup>53</sup> compiled interview data from nurses in the field as well as key stakeholders to explore existing barriers to women's advancement in nursing and to engage with working nurses' concerns and priorities. With specific regard to issues of vertical mobility, a lack of time and funding to pursue educational and training opportunities was identified as a key issue. Structural factors, such as the requirement for working people to take time off from their paid employment, or to reduce working hours in order to provide unpaid informal care in the home contribute to a gender pay gap. These factors, in combination with cultural norms, such as the belief that women specifically should provide these informal care services, position women nurses to be less likely to assume leadership positions in the field.

Furthermore, interviewees in the RCN report described existing leadership positions as being too inflexible and stressful, as well as taking nurses away from hands-on roles, thus deterring nurses from advancing to leadership roles in the field. This issue speaks to the complexity of nursing leadership. Care and body work is culturally undervalued as unskilled work. Promotion into leadership often means that nurses who are skilled in providing quality care to patients are expected to move up and away from direct care and body work, and into more administrative and hands-off roles. This may, in turn, appeal more to male nurses who are culturally pressured to avoid care work. To impact this inequality further, low wages for care work are set by societal norms, which undervalue these roles.

At present, there are many structural and legislative measures in place to address gender inequality. However, without more effort to address the cultural norms deterring men from providing care work, and the structural issues which position women to work less and in lower positions of power, the issue of gender inequality, especially in feminized sectors such as nursing, will endure.

---

<sup>52</sup> Punshon G, Maclaine K, Trevatt P, Radford M, Shanley O, Leary A. Nursing pay by gender distribution in the UK - does the Glass Escalator still exist? *Int J Nurs Stud.* 2019 May;93:21-29.

<sup>53</sup> Royal College of Nursing (2020). *Gender and Nursing as a Profession.*



In this section we overviewed national workforce data in nursing to explore some of the existing transnational patterns and trends in gender and nursing leadership. We supplemented statistical data with information from reports on gender equality and/or the nursing field for each national example. Findings from this section will now be synthesized into a transnational comparison which further explores sociocultural aspects to help explain the gender disparities highlighted in these national examples.



## Contextualizing the Statistics

In the following section we will further explore some of the sociocultural factors impinging on gender norms in the nursing profession. The aim of this section is to highlight patterns among the national examples provided in the previous section to consider some of the underlying gender norms that influence the professional landscape for nurses across Europe.

### Structural barriers

There are structural factors which position men to earn more, and to fill a disproportionate ratio of leadership roles, within the nursing profession. Many of the structural issues causing this disparity have been well-documented and theorized across professions. The double shift - working long hours both in and outside the home - contributes to the “sticky floor” effect, keeping women from ever getting anywhere near the so-called “glass ceiling”, while their male colleagues, often comparatively free of such responsibilities, quickly rise up the “glass escalator”<sup>54</sup>. One Danish study found that men have to actively resist the glass escalator, so ingrained is the expectation that they will rise to management<sup>55</sup>. The “double shift” is topical in Spanish debates on the nursing sector, where this problematic is discursively referred to as the “double femininity” bind. Nursing work is demanding physically, emotionally, and mentally. In addition to undertaking these tasks in a professional capacity, female nurses are also to assume caring responsibilities at home, exacerbating stress and exhaustion<sup>56</sup>.

With specific regard to issues of vertical mobility, a lack of time, funding, and managerial support to pursue training opportunities is a barrier for many nurses to enter leadership roles. According to the Global Health 50/50 Report (2018)<sup>57</sup>, the under-representation of women in management and leadership positions is often due to a lack of interventions to foster a supportive organizational culture and to support women’s career pathways. This is more important at key transition points (e.g. during motherhood or when in need of other informal caring roles). For example, many Norwegian nurses are in their child-bearing years, about 55% of working nurses are younger than 44 years old<sup>58</sup>. Research shows that domestic duties associated with raising a family typically position women at disadvantage to men when competing for career

<sup>54</sup> Williams, C. The Glass Escalator: Hidden Advantages for Men in the “Female” Professions, *Social Problems*, Volume 39, Issue 3, 1 August 1992, Pages 253–267.

<sup>55</sup> <https://tidsskrift.dk/tidsskrift-for-arbejdsliv/article/view/108189/157604>

<sup>56</sup> <https://www.redaccionmedica.com/secciones/enfermeria/-las-enfermeras-tienen-una-doble-desigualdad-social-y-de-genero--2529>

<sup>57</sup> Global Health 50/50, Towards Gender Equality in Global Health (2018). The Global Health 50/50 Report

<sup>58</sup> (National Institute of Occupational Health, 2011)





advancement. To mitigate this disadvantage, Norway has invested in the participation of nurses in the labor force through the implementation of several social welfare agreements and daycare possibilities.

As for leadership in the nursing field, efforts have been made to promote women's participation, especially in Scandinavian nations. *The Nordic Gender Effect at Work* (2019)<sup>59</sup>, as the Nordic prime ministers' flagship project, promotes gender equality as a goal in its own right. The project emphasizes the importance of fostering the appropriate environment, where both women and men can hold top management positions in order to promote female-representation and inclusivity in the leadership field.

### Care or cure: Should 'soft' equal 'less'?

The gender disparity in nursing leadership is underpinned by sociocultural norms that hold that women are *naturally* more nurturing and therefore an obvious fit for "softer" and more "basic" caring roles, while men are more suited to the "harder" tasks of leadership, and should not be involved in too much bodywork. For example, Burguete Ramos et al (2010) found that in Spain even among nursing students a majority felt that women were naturally more caring, while men were naturally more intelligent and suited to leadership<sup>60</sup>. Thus, entrenched cultural norms around gender appear to further impact disparities in nursing.

As men continue to be promoted into leadership roles at a faster pace than women, the pervasive notion that men are more suited to and better qualified for leadership positions is amplified. Men find it easier to climb these career ladders in feminized professions such as preschool teaching or nursing than women entering male-dominated careers<sup>61</sup>. To further explore the feminization of the field of nursing itself, we must critically consider how recommendations to draw nursing in under the STEM (abbreviation used to refer to the fields of Science, Technology, Engineering and Math) umbrella in order to attract a male workforce might also bolster normative masculinity in the field.

We must address the issue of gender in nursing without feeding into the stigma of nursing as a "soft" science. How do societal and cultural perceptions of "hard vs soft" sciences impact the authority that researchers and leaders in nursing may have in health care discussions? How does

---

<sup>59</sup> Nordic Council of Ministers (2019), Nordic experiences on parental leave, childcare, flexible work arrangements, leadership and equal opportunities at work, *Nordic Information on Gender (NIKK)*

<sup>60</sup> [http://culturacuidados.ua.es/article/view/2010-n28-actitudes-de-genero-y-estereotipos-en-enfermeria#:~:text=Las%20mujeres%20se%20consideran%20m%C3%A1s,mandonas%20\(P%3D0%2C018\).s](http://culturacuidados.ua.es/article/view/2010-n28-actitudes-de-genero-y-estereotipos-en-enfermeria#:~:text=Las%20mujeres%20se%20consideran%20m%C3%A1s,mandonas%20(P%3D0%2C018).s)

<sup>61</sup> Savage M. (2019, September 5), The 'paradox' of working in the world's most equal countries, *The Nordic Way*



this impact policy recommendations? It is important to promote training and norms which value the “soft aspects” of care sciences within the nursing field. Instead of simply emphasizing the STEM elements of nursing, we must also elevate the status of care tasks. The status-quo of nursing leadership sees healthcare designed by men and delivered by women. By evening up this imbalance we will improve the overall quality of healthcare to the benefit of all.

### **Education and Recruitment - A focus on gender balance in nursing**

A gender imbalance in nursing is well-documented in the UK and many initiatives to address this issue have been, or are currently being, undertaken. For example, the Queens University in Northern Ireland engaged in an advertising campaign to include images of male nurses in recruitment materials, titled ‘Operation Male Nurse’<sup>62</sup>. The Scottish Funding Council’s Gender Action Plan aims for all Scottish colleges and universities to ensure that no subject has a gender imbalance with less than 25% of one gender by 2030<sup>63</sup>.

Men are also more likely to drop out of a nursing degree once started, often because they feel that they do not fit in<sup>64</sup>. Those who qualify and commence a nursing career are often met with more gendered prejudices that put them at odds with performing bodywork.

However, though universities and nurses organizations have begun to take action, these efforts need further support, and the impacts of existing initiatives need to be better understood through future research. While a focus on the cultural aspects of feminization of nursing are important, without a stronger focus on the structural injustices which disproportionately impact nurses, inequalities will persist in the UK nursing field.

### **Masculinity and bodywork**

Male care workers undertake a gendered role that is at odds with their expected gender identity<sup>65</sup>. In Denmark and Norway, male nurses report experiencing prejudice around assumed sexual orientation. There is a pervasive assumption that male nurses must be homosexual, since they want to take on “women’s work”<sup>66</sup>. In Germany, men were given the option to join the army or serve as nurses; the association of nursing with being unpatriotic continues to have lasting

---

<sup>62</sup> <https://pure.qub.ac.uk/en/clippings/operation-male-nurse>

<sup>63</sup> <https://www.sfc.ac.uk/access-inclusion/equality-diversity/gender/gender.aspx>

<sup>64</sup> O’Connor T. Men Choosing Nursing: Negotiating a Masculine Identity in a Feminine World. *The Journal of Men’s Studies*. 2015;23(2):194-211.

<sup>65</sup> Twigg, J. (2000). Carework as a form of bodywork. *Ageing & Society*, 20, 389-411.

<sup>66</sup> Warming, K. (2018). Mandearbejde i kvindefag. *Tidsskrift for Arbejdsliv*, 20(2), 56–72.



impacts on male nurse stereotypes. These prejudices deter some men from entering the profession. Interestingly, this is not a pronounced issue in Spain<sup>67</sup> (2010).

Masculinity is culturally constructed as potentially predatory and this may cause apprehension in the care relationship. Male nurses are therefore more often promoted away from bodywork roles into more managerial positions. Men are also more likely to actively pursue roles that are less nurturing, more technical or fast-paced, which also have the most “danger money” allowances attached (bonuses or higher pay for riskier roles), further fueling the gender disparity in both earning power and leadership. There are thus many intertwining factors contributing to this problem.

There have been some efforts addressing discrimination against male participation in the care sector in the UK. For example, to celebrate gender diversity in the workforce, the ‘My Dad is a Nurse’ children’s book is meant to encourage children to view nursing in a positive light and as a viable career path for men. Such efforts to reduce cultural biases must include narratives celebrating women’s participation in leadership as well as encouraging the inclusion of men in the nursing field.

## Defining Leadership

Leadership was the most difficult aspect to find and compare systematically. In conducting this investigation, it became clear that “leadership” does not have a fixed definition, and that some nations (UK, Denmark, Sweden) have collated more documentation on this concept, whereas others (Germany, Poland, Greece) did not report many figures on leadership in nursing. This brings up the point that there are some significant limitations to conducting a transnational comparison of the nursing profession - nursing management is structured differently in each nation, and there appears to be significant variation in the way leadership is defined and organized.

Leadership as a term is often used interchangeably with management. In this sense, it is understood as a vertical concept, where power and influence is situated hierarchically. However, leadership may also be practiced informally, where influence is achieved through the setting of a good example and inspiring others to follow<sup>68</sup>. In horizontal leadership, autonomy in one’s role and collaboration is valued over hierarchical positioning.

---

<sup>67</sup> [https://culturacuidados.ua.es/article/view/2010-n28-actitudes-de-genero-y-estereotipos-en-enfermeria#:~:text=Las%20mujeres%20se%20consideran%20m%C3%A1s,mandonas%20\(P%3D0%2C018\).](https://culturacuidados.ua.es/article/view/2010-n28-actitudes-de-genero-y-estereotipos-en-enfermeria#:~:text=Las%20mujeres%20se%20consideran%20m%C3%A1s,mandonas%20(P%3D0%2C018).)

<sup>68</sup> Downey M, Parslow S, Smart M. (2011). The hidden treasure in nursing leadership: informal leaders. *J Nurs Manag.* 19(4):517-21. doi: 10.1111/j.1365-2834.2011.01253.x. Epub 2011 Apr 6. PMID: 21569148.



Nurses must be supported to define their distinct professional identity and train and design a leadership model that reflects these differences from other industries. If nursing does not have its own pedagogy of leadership, the current overrepresentation of male leaders does not come as a surprise as imported models from the market economy will only replicate gendered trends which are prevalent in other professions<sup>69</sup>.

We must support nurses to understand and define what effective nurse leadership means and how this may differ from managerial duties. There may be different types of leadership, such as formal or legal leadership and voices in activism or advocacy. Pedagogies of nurse leadership may include a valuation of traits such as reflection<sup>70</sup>, emotional intelligence<sup>71</sup>, and flexibility and adaptation as nursing operates within rapidly changing healthcare models<sup>72</sup>. Since it appears necessary to think about leadership in new ways, there have also been attempts to understand leadership as something beyond a role, external structures, and financial outcomes. The term *responsible leadership* as explored through an ontological theoretical model has directed leadership responsibility towards human substance.<sup>73</sup> Furthermore, as these pedagogies continue to develop, it is vital to further understand how nurse leadership programs may be effective in addressing structural inequalities.

### **A matter of authority and autonomy - interdisciplinarity of the healthcare sector**

Nurses of all genders report a lack of authority and autonomy within the healthcare system as a problem<sup>74</sup>. From our findings, nurses in Denmark, Greece and Poland highlight a lack of autonomy in the field, despite a diversity in context and large discrepancies between these healthcare systems. This specifically relates to the role of the nurse vis-a-vis the doctor. Nurses are often seen as assistants to doctors, rather than as a profession in its own right. In fact, in Spain, nurses are legally defined as assistants to doctors, thus this is not merely a cultural valuation, but a structural reality. There is currently a push to repeal this categorization to

<sup>69</sup> Rhee, K.S. and Sigler, T.H. (2015), "Untangling the relationship between gender and leadership", *Gender in Management*, 30 (2), pp. 109-134.

<sup>70</sup> Horton-Deutsch S, Sherwood G. (2008) Reflection: an educational strategy to develop emotionally-competent nurse leaders. *J Nurs Manag.* 16(8):946-54

<sup>71</sup> Akerjordet K, Severinsson E. (2008) Emotionally intelligent nurse leadership: a literature review study. *J Nurs Manag.* 16(5):565-77. doi: 10.1111/j.1365-2834.2008.00893.x. PMID: 18558927.

<sup>72</sup> Huston C. (2008) Preparing nurse leaders for 2020. *J Nurs Manag.* (8):905-11. doi: 10.1111/j.1365-2834.2008.00942.x. PMID: 19094101.

<sup>73</sup> Foss, Berit & Näden, Dagfinn & Eriksson, Katie. (2014). Toward a New Leadership Model: To Serve in Responsibility and Love. *International Journal for Human Caring*. 18. 43-51. 10.20467/1091-5710-18.3.43.

<sup>74</sup> Newman, C., Stilwell, B., Rick, S., & Peterson, K. (2019). *Investing in the Power of Nurse Leadership Report*. Retrieved from <https://www.intrahealth.org/sites/ihweb/files/attachment-files/investing-nurse-leadershipreport.pdf>



acknowledge nursing as an independent profession<sup>75</sup>. There are further signs of change, however, as nurses in Denmark are increasingly taking over previously doctor-only responsibilities<sup>76</sup>. This example shows that it is possible to create more balance in the nurse-doctor relationship, and in doing so more motivation for nurses. However – representing the evolution of nurses’ autonomous roles in the care sector as ‘taking over’ doctors’ tasks reinforces the nurse-physician divide – rather, we should focus on nurses developing a repertoire of skills to underpin autonomous practice.

The gendering of the health professions, where nursing is considered feminine and medicine male, thus carries over some of the problems of the patriarchy. In this sense the problem of gender moves beyond the individual person to the level of the profession as a whole. There is thus still a strong tendency for nursing to be associated with outdated notions of “women’s work”.

### **Gender beyond the binary**

Statistics do not always reflect the full complexity of our lived realities. Existing data and use of existing definitions reveal a binary understanding of gender disparities in nursing. In order to reflect the lived realities of people, gender analysis will need to move beyond the male/female dichotomy to include all genders. Moving beyond a binary logic of gender categorization may also help to address existing cultural values which are influenced by pervasive and pervading norms, such as hard versus soft sciences and care versus leadership which fuel disparities in the nursing field and beyond.

## **Further insights and recommendations**

- This snap shot reveals a significant gap in European reports and statistics on nurses’ participation in leadership, therefore much more data is needed. While data on the gender breakdown of the nursing workforce is generally accessible for each country, specific data on gender in nursing leadership is scant.
- Following from the above point, we need to employ an interdisciplinary approach to move beyond documenting statistical trends to interpret data. Qualitative research which highlights the voices of nurses and which aims to complicate and nuance existing

---

<sup>75</sup> [Enfermería pide que no se les considere 'ayudante del médico' \(redaccionmedica.com\)](http://redaccionmedica.com)

<sup>76</sup> [Lægeopgaver glider over i sygeplejen | Sygeplejersken, DSR | Sygeplejersken 2017, nr. 12](#)



statistics will be necessary if we want to better understand the cultural and structural issues which lead to these disparities.

- We need an intersectional approach to addressing inequality in the nursing profession. Gender is far from the only factor determining inequality in nursing. In The UK, BAME (Black, Asian, and Minority Ethnic) nurses earn 10% less than white colleagues, when other factors such as working hours are considered.
- It is vital to encourage horizontal leadership styles so that nurses of all genders can advance in their careers, while maintaining their clinical roles and contact with patients. Leadership does not necessarily have to be distant from care service. On the contrary, such an approach may be more applicable in this sector, away from new public management models that have been most influential in recent decades. In line with this, it is also important to ensure that nurses are supported in their professionalism, such that they can engage with doctors and other health professionals on an equal footing.
- We need to elevate the status of care and bodywork, at the same time enhancing a person-centered approach in healthcare. While technology and STEM skills are also integral to the profession, relegating the actual nurturing care work to a subservient position perpetuates inequalities of leadership and power in the world of health care. A focus on care outcomes for the patient must remain central to the field.

## Key Recommendations

### At the European Level

- Conducting qualitative analysis to identify gender-related barriers in transition to leadership roles in nursing at a transnational level.
- Collaboration of governments with gender equality organizations at a Europe-wide scale.
- Integrating international workforce data, allowing for comparable cross-national comparisons on gender and leadership in the nursing workforce.

### At the National Level

- Investing in inclusivity campaigns on a national level.
- Governmental commitment to gender equality policies.



- Investing in national surveys to gather data on the gender distribution in nursing leadership.
- Increasing remuneration to attract and retain highly qualified nurses of all genders.

### **At an Institutional Level**

- Investing in fostering appropriate work environments for all genders.
- Promoting horizontal leadership practices, beyond management-based leadership.
- Enhancing nurses' autonomy and interdisciplinarity within care systems.
- Change structures, not people.



## Conclusion

This brief transnational comparison on gender and nursing leadership illustrates that even with cultural, socioeconomic, and structural differences, gender determines vocational inequality in the nursing field across the European context. This report provides a snapshot of current workforce statistics which points to some salient issues of gender inequality in nurse leadership. This report has provided and supported some key recommendations at the European, national, and institutional levels. In order to gain better insight and understand the situation of nursing leadership in more detail, these issues must be investigated further and research with an interdisciplinary approach involving qualitative measures are needed to truly expose the multifaceted influences leading to persisting gender disparities within nursing and across the healthcare sectors.





## For further reading

Berkery, E., Tiernan, S., & Morley, M. (2014). The relationship between gender role stereotypes and requisite managerial characteristics: The case of nursing and midwifery professionals. *Journal of Nursing Management*, 22(6), 707–719.

Betron, M., Bourgeault, I., Manzoor, M., Paulino, E., Steege, R., Thompson, K., & Wuliji, T. (2019). Time for gender-transformative change in the health workforce. *The Lancet*. Lancet Publishing Group.

Ellis C. (2014). Review: Nursing leadership in the European landscape: influence, reality and politics. *Journal of Research in Nursing*. 19(7-8):647-648.

Gobbi M. (2014). Nursing leadership in the European landscape: influence, reality and politics. *Journal of Research in Nursing*. 19(7-8):636-646.

Stevanin, S., Voutilainen, A., Bressan, V., Vehviläinen-Julkunen, K., Rosolen, V., & Kvist, T. (2020). Nurses' Generational Differences Related to Workplace and Leadership in Two European Countries. *Western Journal of Nursing Research*, 42(1), 14–23.

Socialstyrelsen. (2018). Statistikdatabas för hälso- och sjukvårdspersonal [Statistical database for healthcare professionals]

World Health Organization, Global Health Workforce Network and Women in Global Health. (2019). Global health: Delivered by women, led by men: A gender and equity analysis of the global health workforce (pp. 76). 86.

---



## References

Burguete Ramos, D., Martinez Riera, J., Martin Gonzalez, G. Actitudes de Genero y Estereotipos en Enfermeria. *Cultura de los Cuidados* 28 (2) 39-48.

([https://rua.ua.es/dspace/bitstream/10045/16329/1/CC\\_28\\_06.pdf](https://rua.ua.es/dspace/bitstream/10045/16329/1/CC_28_06.pdf))

Byron, Reginald A, & Roscigno, Vincent J. (2014). Relational power, legitimation, and pregnancy discrimination. *Gender & Society*, 28(3), 435-462.

Eurostat. (2020). Number of nurses and midwives on the rise. Accessed on 21 January 2021. Retrieved from <<https://ec.europa.eu/eurostat>>

The Health Foundation (2018). Large drop in the number of new nurses coming from the EU to work in the UK. Accessed on 18 Jan 2021. Retrieved from <<https://www.health.org.uk/chart/chart-large-drop-in-the-number-of-new-nurses-coming-from-the-eu-to-work-in-the-uk>>.

Global Health 50/50, Towards Gender Equality in Global Health (2018). The Global Health 50/50 Report

Harding, T. North, N. and Perkins, R. (2008), 'Sexualizing men's touch: male nurses and the use of intimate touch in clinical practice', [Online] *Research and theory for nursing practice*, 22(2) 88-102.

Nordic Council of Ministers (2019), Nordic experiences on parental leave, childcare, flexible work arrangements, leadership and equal opportunities at work, Nordic Information on Gender (NIKK)

Rafferty, Anne M., Reinhard Busse, Britta Zander-Jentsch, Walter Sermeus, Luk Bruyneel, and World Health Organization. Strengthening health systems through nursing: Evidence from 14 European countries. World Health Organization. Regional Office for Europe, 2019.

Ross, D. (2017) Challenges for Men in a Female Dominated Environment. *Links to Health and Social Care* Vol 2 (1), pp. 4 -20

Savage M. (2019), The 'paradox' of working in the world's most equal countries, The Nordic Way



Socialstyrelsen. Statistikdatabas för hälso- och sjukvårdspersonal [Statistical database for healthcare professionals] 2018

Stanley, D. (2018). *Clinical leadership in nursing and healthcare : values into action* (Second edition.)

Sweden, Statistics. "Women and men in Sweden 2018, Facts and Figures", 2018

Vazquez Santiago, S. (No year on document!??)

[https://idus.us.es/bitstream/handle/11441/40647/Pages%20from%20Investigacion\\_Genero\\_103-681-1256-3.pdf;jsessionid=75A38AF0B8812F1E0DC853CFD13FC31A?sequence=1](https://idus.us.es/bitstream/handle/11441/40647/Pages%20from%20Investigacion_Genero_103-681-1256-3.pdf;jsessionid=75A38AF0B8812F1E0DC853CFD13FC31A?sequence=1)

Williams, C. The Glass Escalator: Hidden Advantages for Men in the "Female" Professions, *Social Problems*, Volume 39, Issue 3, 1 August 1992, Pages 253–267.

<https://academic.oup.com/socpro/article-abstract/39/3/253/1672019>

<https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequen>

World Health Organization. (2020 Oct 13). Nursing and midwifery. Retrieved from [https://www.who.int/hrh/nursing\\_midwifery/en/](https://www.who.int/hrh/nursing_midwifery/en/).

WHO. (2021). Building better together: Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region. Geneva: World Health Organization. (<https://www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery/publications/2021/building-better-together-roadmap-to-guide-implementation-of-the-global-strategic-directions-for-nursing-and-midwifery-in-the-who-european-region-2021>)

*Investing in the Power of Nurse Leadership Report*. Retrieved from

<https://www.intrahealth.org/sites/ihweb/files/attachment-files/investing-nurse-leadershipreport.pdf>

Τζιάλλας, Δημήτριος, Ευάγγελος Γκούτζιας, Ελένη Ξ. Κωνσταντινίδου, Γεώργιος Δημακόπουλος, and Φώτιος Αναγνωστόπουλος, 2018, "Ποσοτική και Ποιοτική Καταγραφή του Νοσηλευτικού Προσωπικού στα Δημόσια Νοσοκομεία του ΕΣΥ." *Nosileftiki* 57, no. 4

