INTERNATIONAL JOURNAL OF SOCIAL SCIENCES BULLETIN
ISSN: (E) 3007-1917 (P) 3007-1909

Volume 4, Issue 3, 2026

STUDENT NURSES JOURNEY THROUGH GENDER ROLE SOCIALIZATION IN HEALTHCARE MANAGEMENT: A QUALITATIVE EXPLORATION IN PAKISTAN

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DOI: https://doi.org/10.5281/zenodo.21789209

Received	Accepted	Published
17 January 2026	02 March 2026	12 March 2026

ABSTRACT

Purpose: *This qualitative study analyses how young student nurses internalize gendered roles during their professional socialization in health care system.*

Design/methodology/approach: *Through a phenomenological lens, this research employs in-depth interviews with 25 nursing students from 5 major public hospitals of Lahore. This study utilizes NVivo-14 software for inductive thematic analysis to comprehensively analyze the nursing perceptions about their gender role socialization. Theoretical insights from Judith Butler's gender performativity, Foucault's knowledge-power dynamics, and feminist objectification theory frame the findings. In the culturally complex healthcare context of Pakistan, gender role expectations significantly shape the experiences and self-perceptions of nursing students.*

Findings: *The findings reveal central themes from various perspectives on nursing students' journey. Gender role socialization happens from the point of view of personal concerns, societal challenges and institutional management exposure that they experience in public health sector of Lahore. The diversified themes are (1) the personal negotiation of "becoming an ideal nurse-mother" as aspiration following gendered norms (2) the social normalization on "ethos of good-modest girl" provides emotional labor due to societal expectations (3) the education offers scripted "femininity of serving lady" who avoids confrontation under cover lack of encouragement, (4) the health care management demands as "economy compensated caregivers" placement of nurses as under weak leadership and (5) the clinical setting appreciate "silence to patriarchal voices" under organizational hierarchies, reinforcing a submissive identity.*

Practical implications: *This research highlights how socialization processes in nursing reinforce gender hierarchies, thus impacting care quality and student retention. The study recommends gender-sensitive reforms in nursing pedagogy and leadership to promote equity, empowerment, and professional dignity in healthcare settings.*

Originality/value: *To the best of authors' knowledge, this groundbreaking research describes sole perspective of nursing students from being just a student to qualified nurse.*

Keywords: *gender roles, socialization, identity, healthcare management.*

1 Introduction

Across the globe, nursing is often perceived as a noble yet feminized profession, closely associated with care, compassion, and emotional labor. So as, such associations are not natural but are socially constructed, embedded in longstanding gender norms (Aca, et al., 2025). Historically, In South Asia, these constructions are even more deeply entrenched under the image of the nurse as a nurturing figure remains submissive in professional hierarchies and public imagination. In Türkiye, gender norms are deeply embedded within cultural values and societal expectations. Moreover, nursing old stereotypes favour is feminine domain and not suitable for men (Lapitan, 2023). As a result, student's nurse's journey comes into consideration of caring vocation rooted in empathy, patience, and subservience (Masih & Gulzar, 2016).

Gender roles are considered as natural sex predates socialization on the basis for gender. Besides, in patriarchal societies, women are obligated to meet the needs of men, and this obligation is deeply ingrained in the societal structure (Abbas et al., 2020). Gendered exclusion has prevented women from accessing the knowledge, skills, education, and credentials necessary to enter professions such as medicine (Lewis, 2022). In addition, societal expectations continue to paint nursing as incongruous with traditional notions and raise echoes of segregation reverberate even in the current landscape. Subsequently, nursing is often perceived as less aligned with these ideal situations, leading to a subtle devaluation of its essential aspects of care (Ghimire & Qiu, 2025).

During nurses' professional journey the significant contributions to patient care remain undervalued because nurses are underrepresented in leadership within the clinical hierarchy (Hellman, 2025). Consequently, inter-occupational power relations between medicine and nursing always influence one another. Zeng et al. (2018) and Kfouri & Lee (2019) posit that patriarchal norms within healthcare institutions expect women to be submissive and silenced.

In the Pakistani context, nursing is often viewed as an extension of domestic labor, particularly for women from rural or lower-middle-class backgrounds. As a result, this perception perpetuates a cycle of occupational segregation, poor professional image, and constrained upward mobility for nurses in healthcare management system. Chang and Yeh (2016) say that this economic way of thinking makes nursing a "second choice" profession, especially for women who could not pay for or get into medical school. Actually, gender socialization in healthcare management issues is compounded by structural inequalities and a lack of gender-sensitive training (Khan et al., 2025).

This study explores the gender role socialization of student nurses in Lahore's public hospitals. Specifically, it aims to reveal how gendered expectations influence their daily clinical interactions, self-perceptions, and long-term career aspirations. This research aims to offer insights into the power dynamics, cultural stigmas, and identity negotiations that influence the making of a nurse in Pakistan by documenting the lived experiences of nursing students. The present study contributes to this emerging discourse by foregrounding the voices of student nurses and tracing how gendered socialization operates through institutional practices.

2 Literature Review

Most existing studies focus on practicing nurses and they ignore the early stages of professional identity socialization formation among student nurses. The gasp exists in paucity of research exploring the gender norms and expectations shape the socialization experiences of nursing students in healthcare management. In addition, existing research often fails to consider about class, rural-urban divide, and family structure intersect with gender roles, shaping student nurses' challenges. However, local qualitative studies reflect the cultural, religious, and social constraints of Pakistan. Infact, research using feminist theory, gender lens, or sociological frameworks is limited in its application to understanding about patriarchal values and power dynamics operate in the professional training of female nurses. Most studies separate clinical nursing from healthcare management as there is a

lack of understanding on gender socialization affects students' readiness and access to leadership.

2.1 Gendering and Social Construction of Femininity

Gendering is a way to mark a person male or female. Gender role stress can be a source of vulnerability for nursing students, who may feel pressured by the competing demands clinical work (Annandale, 2025). Gender-based differences are not caused by a single, isolated factor, but rather by a complex interplay of gender dynamics. Traditional gender role ideology can act as a barrier to the student's development of these essential nursing qualities, which are crucial for success in the nursing profession. According to Andrew et al. (2023), nursing students who hold traditional gender beliefs are less likely to develop as autonomous, critical-thinking nurses compared to their gender-egalitarian peers. These perceptions have implications for student nurses, who are in the formative stages of constructing their professional identities (Braida et al., 2025). To counteract this illusion, educational institutions must take responsibility for presenting a more balanced and authentic portrayal of nursing. Gender is a social construct, and in situations where traditional ideas of gender dominate, women experience subjugation and disadvantage across a wide range of life opportunities (Piedrahita Sandoval, 2025).

2.2 Patriarchal and Hegemonic Notions of Healthcare

In patriarchal societies, particularly in South Asia, nursing is frequently conceptualized not as a technical profession but as an extension of domestic femininity (Graells-Sans et al., 2025).. The dominant discourses and practices within the healthcare field challenge nurses' professional habitus and further impact their autonomy. Families often have a strong influence on women's educational and occupational choices, frequently expecting them to pursue careers that align with caregiving roles, uphold familial honor, and allow them to maintain proximity to home (Afzal et al., 2018; Ali et al., 2021). For many female students, joining the nursing profession is not solely a personal choice but a decision negotiated within the constraints of cultural norms and family expectations, which may prioritize marriage over long-term careers (Raza et al., 2020).

2.3 Internalization and Learning of Submissive Identity

In theoretical learning, ideas about gender to the nursing students in their college students could help to enhance the competence and sustainability of the nursing profession. The social construction of nursing roles frames the marginalization of intellectual labor, clinical judgment, and leadership capacity required in modern nursing. These representations are not value-neutral; they serve to stabilize gender hierarchies in healthcare. In Pakistan, the role is further embedded in a socio-religious ethos that idealizes nurses as "self-sacrificing daughters of the nation" (Abid, 2021). Marshall (2021) and Zeb et al. (2020) talk about how the "mother-child" idea is still around. This idea is where nurses are expected to treat patients like dependent children. This showcases nurses' diverse roles and responsibilities, highlights their core values, and acknowledges nursing practice's challenges and complexities. From the moment they enter training institutions, they are socialized into a role that is shaped not only by clinical demands but also by cultural expectations of womanhood—obedience, sacrifice, and modesty.

2.4 Family Expectations and Rural-Urban Divide

In Pakistan, family expectations play a critical role in shaping nursing students' career choices, gender identity, and professional socialization. Within traditional family structures—particularly in rural areas—nursing is often viewed through a lens of morality, honor, and appropriateness for women. In contrast, urban families—though not entirely free from patriarchal norms—often display more openness toward female participation in healthcare, education, and leadership roles. Urban student nurses are more likely to encounter diverse perspectives, media exposure, and supportive educational infrastructures that promote gender equality (Khan & Bibi, 2016).

However, even in urban contexts, traditional expectations persist, creating internal conflict for students navigating between professional aspirations and gendered family obligations (Jafree, 2017).

The rural-urban divide also reflects in access to resources, quality of training, and exposure to professional role models. Students from rural areas may enter nursing schools with limited awareness of the professional, managerial, and administrative possibilities in healthcare. As a result, they often internalize a subordinate, service-oriented identity (Shaikh et al., 2022). In contrast, students in urban areas tend to exhibit higher levels of confidence, better educational preparation, and a stronger inclination to challenge gender norms within the health system (Farooq & Kayani, 2021).

2.5 Internal Classism among Nurses and Power Dynamics

In the nursing community, especially in the context of stratified healthcare systems like Pakistan's, there has been an increasing prevalence of internal classism. This form of discrimination occurs among members of the same profession based on factors such as their socio-economic status, educational background, or institutional affiliation. In Pakistan, nursing is often seen as a "low status" profession. The nursing profession, while often framed as a symbol of compassion and care, is deeply embedded in class-based hierarchies and power asymmetries (McDonald et al., 2012).

In Pakistan, nursing is often seen as a "low status" profession. Students from working-class or rural backgrounds predominantly enter public nursing colleges (Ali, 2020). The existence of such divisions gives rise to internal class-based stratification, whereby nursing students internalize feelings of either inferiority or superiority based on their background, thereby reinforcing social hierarchies within the profession itself. This internal classism also reflects broader patterns of postcolonial occupational stratification, where nursing, traditionally feminized and undervalued, becomes a site where respectability politics and middle-class aspirations are negotiated (Rattani et al., 2021). Students from privileged backgrounds may be fast-tracked into leadership or administrative roles. Those from disadvantaged backgrounds remain in lower clinical roles. This is true regardless of skill

3 Methodology

This study employed qualitative research methods and conducted 30 in-depth interviews with female student nurses from the public health sector in Pakistan. Braun and Clarke's (2006) thematic analysis and NVIVO-14 were used to uncover student nurses' internalized gendered roles during their professional socialization.

The study team secured the consent of all participants to ensure ethical concerns were addressed. The authorization process ensured that the nursing students shared their knowledge and experiences with gender role socialization freely and consciously, encouraging them to engage in the discussion and share their thoughts on the subject.

To ensure confident and open communication about gender role socialization in the healthcare management system. Participants were interviewed. The interviews were conducted in their native languages. Urdu, English, and Punjabi. The interviews lasted 60 minutes. They aimed for depth while maintaining focus. Researchers later translated the verbatim transcriptions in English, Urdu and Punjabi into English for analysis and wider dissemination. NVIVO-14 software was used to facilitate a structured examination of the translated interview data. The demographics of the respondents are provided in Table 1.

The demographic profile in Table 1 showcases a varied selection of female nursing students from the public health sector in Pakistan. The participants offered a wide range of viewpoints. These viewpoints were on applications for GRS. Their level of education ranged from first year to final year, and some had completed their professional training. The respondents ranged in age from 22 to 35 and had one to five years of work experience. This diversity made sure that the investigation of GRS was thorough, covering different roles and levels of expertise within the

healthcare system. The interview questions were based on the following:

1. How do student nurses perceive gender norms in nursing during their clinical placements and training?
2. How do clinical instructors, peers, and patients contribute to reinforcing or challenging gendered expectations?
3. How do student nurses come to terms with and navigate conflicting expectations regarding gender roles in healthcare settings?
4. How are their developing professional identities and anticipated future roles influenced by these gendered internalizations?

The following paragraph describes the six steps of thematic analysis of Braun and Clarke (2006) which is about thematic analysis, a type of qualitative research. Its a formal framework. This is useful for those who need a structured approach to their work for thematic analysis.

4 Study Findings

4.1 Step 1: acquired yourself with the data

The first step in thematic analysis is for the dataset to be immersed in. This involves carefully examining the qualitative data gathered. This data can be interview transcripts or texts. (Maguire & Delahunt, 2017).

Table No: 1 Demographics of Participants

Interviewee	Public Hospital	Nurses Student Year	Qualification	Department	Years of Experience
P1	a	1st year	BSN	Nursing office	6 months
P2		4th year	BSN	Nursing office	3 years
P3		Internship	BSN	Coronary care unit	4 years
P4		1st year	BSN	Accident and emergency	6 months
P5		2nd year	BSN	Pediatric	1 year
P6	b	1st year	BSN	Nursing office	5 months
P7		Internship	BSN	Nursing office	4 months
P8		4th year	BSN	Ophthalmology	4 years
P9		4th year	BSN	Intensive care unit	3 years
P10		Internship	BSN	Psychiatry ward	4 years
P11	c	3rd year	BSN	Nursing office	2 years
P12		2nd year	BSN	Nursing office	1 year
P13		4th year	BSN	Gynecology unit	3 years
P14		4th year	BSN	Gynecology unit	3 years
P15		Internship	BSN	Nursery	4 years
P16	d	3rd year	BSN	Nursing office	2 years
P17		1st year	BSN	Nursing office	5 months
P18		Internship	BSN	Neurosurgery	4 years
P19		2nd year	BSN	Neurology	1 year
P20		Internship	BSN	Nephrology	4 years
P21	e	Internship	BSN	Nursing office	4 years
P22		1st year	BSN	Nursing office	5 months
P23		2nd year	BSN	Pharmacy	1 year
P24		4th year		Medical unit	3 years

P25		Internship	BSN	Surgical unit	4 years
P26	f	1st year	BSN	Nursing office	4 months
P27		4th year	BSN	Nursing office	3 years
P28		Internship	BSN	Nursing office	4 years
P29		Internship	BSN	Maternal ward	4 years
P30		Internship	BSN	Urology	4 years

4.2 Step 2: generate preliminary codes

In the early data analysis phase, data is systematically coded into manageable segments. The coding method is tailored to the study objectives, ensuring accurate and efficient data collection and organization. It involves carefully reviewing transcripts. It also involves the application of codes. The NVIVO tool is used for this. The transcript is read many times before an extensive coding process, which helps to extract important information. Examples of code application to a short data set are illustrated in Table 2, which shows the coding process.

4.3 Step 3: searching for themes

Braun and Clarke's (2006) list of codes was compiled based on data collection and served as the starting point for the thematic analysis phase. According to Dawadi (2021), the main objective is to identify patterns and connections across the entire data set. Braun and Clarke (2006) defined themes as significant elements of data that are related to the topic under investigation and have clear patterns. It shown in Figure 1, the codes created in Step 2 were grouped into three overarching themes and underwent further refinement.

Table No: 2 Main Themes, sub themes and frequency about GRS

Main themes	Subthemes	Frequency of coding
Personal Concerns about Professional GRS		
Becoming an ideal nurse-mother	Balancing care services at work and at home. Family approval for job Emotional labor of dual roles	5 3 5
Motivation of spirituality belief	Serving as a sacred duty Faith is resilience Religious rewards for caregiving	4 3 3
Career advancement perceptions	Aspiration to lead and manage Class mobility through nursing Gendered barriers to promotion	7 4 5
Experiencing Societal Challenges about GRS		
Ethos of good girl modesty	Expectations of dress and behavior Self-policing for reputation Respect through silence |	2 6 7
Facing cultural taboos	Stigmas and stereotypes, Avoiding night shifts and hospitals Fear of working with male staff Marriage risks	6 5 6 4
Public mockery for nurses	Nurse as immoral woman Stereotype	6 8

	Blame in patient interactions Ridicule by community	4 4
Institutional Management Problems during GRS		
Education training on femininity	Gendered language in instruction Emphasis on obedience/softness Ideal nurse image	4 6 2
Carry serving lady femininity	Expected to smile, serve, endure Gendered patient interactions Reduced autonomy	4 2 6
Economy compensated clinicians	Underpaid care work Gender pays gap in nursing Limited financial independence	2 6 2
Silence to patriarchal roar	Enduring harassment silently Discouraged from reporting abuse Normalization of inequality	3 2 5

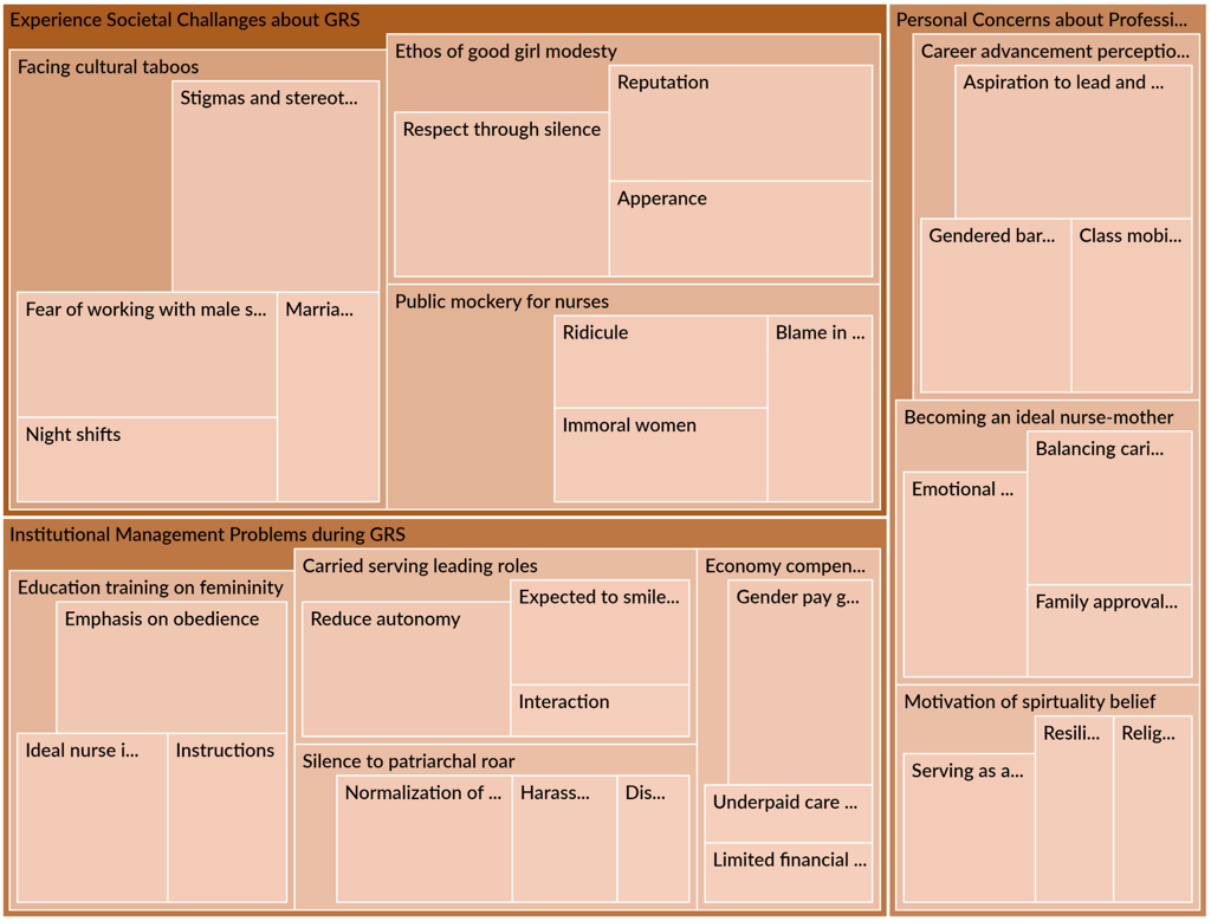


Figure No 1: Authors Contribution

4.4 Step 4: reviewing step 3

In Step 3, the themes were reviewed in depth. This included careful consolidation, development, and deletion. The goal was to identify the main general topics and subtopics. These had to represent the data collection accurately. The three

implementation stages created in stage 3 were thoroughly evaluated and updated.

4.5 Step 5: defining themes

The themes are created and improved in Step 4. Then, the researcher creates a narrative that clearly conveys the results of the thematic analysis. This narrative forms the core of the research paper or report. At this stage, researchers organize the concepts methodically and logically. They usually do so in the order that best fits the study questions or goals. See Table 3 for Step 5 and the refined and defined themes that emerged from the thematic analysis. The themes are created and improved in Step 4.Then, the researcher creates a narrative. This narrative clearly conveys the results of the thematic analysis.

4.6 Step 6: report writing

The sixth step in Braun and Clark's (2006) thematic analysis is report writing. This step involves creating a comprehensive manuscript. The manuscript should demonstrate a clear connection between chosen themes, their relevance, and research findings. The final stage provides a detailed analysis of in-depth interviews, exploring each step of the GRS process in healthcare. The analysis was carried out using NVIVO-14 software after completing all six steps of the thematic analysis recommended by Braun and Clarke (2006) on the transcript of the interview with the 30 participants. A more thorough analysis of the outcomes was enabled by the subsequent creation of a graphical representation, or hierarchy chart.

5 Analysis

The study examined the themes that arose from the interviews to provide a nuanced understanding of the challenges that student nurses face in navigating gender role socialization in healthcare management. The findings, summarized in Table 2, categorize the main themes and subthemes across personal concerns, societal challenges, and healthcare management issues.

Table No: 3 Defining Themes

S/No	Rank Theme	Definition of theme
Personal Concerns about Professional GRS		
1	Becoming an ideal nurse-mother	This concept refers to the internalized belief that a "good nurse" must also be a nurturing, family-oriented woman who can balance caregiving both at home and in clinical settings. It reflects the dual burden of professional and domestic responsibilities, which are shaped by gender norms.
2	Motivation of spirituality belief	The text describes how student nurses use their religious or spiritual beliefs to justify and provide emotional support for their nursing role. People often see nursing as a type of religious service or moral duty, which supports the idea that it's okay to make sacrifices for others.
3	Career advancement perceptions	This text explores how gender norms shape student nurses' aspirations for leadership or career progression. It includes concerns about acceptability, feasibility, and societal judgment regarding female authority in healthcare management.
Experiencing Societal Challenges about GRS		
1	Ethos of good girl modesty	The term "modesty, obedience, and humility" refers to the expectation that female nurses embody these qualities. This ethos affects their dressing, speech, interactions with men, and perceived respectability in society.
2	Facing cultural taboos	Social and familial disapproval of nursing work is a result of cultural beliefs surrounding night shifts, working with male doctors, and being present in

		mixed-gender settings. These taboos often threaten marriage prospects and family honor.
3	Public mockery for nurses	It highlights the negative stereotypes and ridicule nurses encounter in public discourse, media portrayals, and casual conversations. Nurses are often subject to shaming, which can take various forms, including verbal harassment, online criticism, and even physical assault. They are also subjected to sexual innuendos. They may even be labeled as "immoral." This is due to the nature of their work.
Institutional Management Problems during GRS		
1	Educational training on femininity	It refers to how formal and informal education reinforces feminine ideals such as patience, subservience, and emotional labor. Students are often taught to prioritize obedience, gentleness, and caregiving, but this approach may not always be effective. They are taught to prioritize these things over assertiveness.
2	Economy compensated clinicians	The text delves into the economic marginalization of nurses, with a focus on student nurses who are expected to put in long hours but receive minimal compensation. This reflects gendered undervaluation of care work and contributes to financial dependency.
3	Silence to patriarchal roar	It refers to the normalization of gendered oppression within clinical settings, such as harassment, exploitation, or discrimination, where student nurses are expected to remain silent and tolerate patriarchal dominance to preserve their jobs or reputation.

The table underscores the crucial role of personal concerns about professional GRS by highlighting subtheme frequencies. These concerns encompass three major themes, and specialized subthemes emphasize their importance for organizational readiness.

5.1 Personal Concerns about Professional GRS

The nursing students personal concerns about professional gender role socialization emerged as deeply interwoven with their career ambitions, spiritual values and familial responsibilities. Besides, the pressure of becoming an "ideal nurse-mother," where their nurturing role at home was expected to align with their professional identity, often creates emotional tension with institutional demands. In nursing, women should be in nurturing positions relate to their career expectations and confidence in attaining their desired job. A first year nursing student from accident and emergency department shared her story that:

> *When I enrolled in nursing school, many relatives discouraged me, saying that this profession is not "respectable" for women because of the night shifts and interactions with male doctors. This constant judgment makes me question whether society will ever accept nursing as a professional identity for women instead of viewing it through gendered stereotypes (Participant, 4).*

5.1.1 Becoming an Ideal Nurse-Mother

Student nurses often reflected on the expectation to balance their caregiving responsibilities at home with their professional healthcare duties. They internalized the notion of becoming an "ideal nurse-mother," who is patient, self-sacrificing, and nurturing in both the family and workplace settings. This dual responsibility often generated emotional strain because institutional expectations, such as long shifts or night duties, conflicted with cultural ideals about women's domestic availability. A nursing student who was doing her internship in neurosurgery department shared her story that:

During my first clinical rotation, one of my teacher said, "A ideal nurse is like a good mother who is caring, patient, and selfless." I was wondered: Was I getting training to become a nursing professional or to be a mother on the basis of society expectations?(Participant, 15).

5.1.2 Motivation of Spirituality Belief

Spirituality emerged as a strong motivational anchor in the students professional journeys, guiding them as they navigated the complexities of their chosen careers. In addition, nursing was not only a career but also a moral and religious calling, where caring for patients was seen as an act of ibaadah (worship) and service to humanity. This belief system gave them the resilience to counteract the social stereotypes that demean nursing as "low status" or "women's work." A nursing student who was doing her internship in medical unit shared her story that:

During my bad time, my spiritual beliefs made me strong. I found motivation in the idea that caring for the patient was a form of service to God. I thought of it as both a professional duty and an act of worship. My spiritual faith gave me resilience when the emotional demands of nursing work began to weigh heavily on me (Participant, 24).

5.1.3 Career Advancement Perceptions

Despite societal expectations that women should prioritize family roles, many student nurses expressed aspirations for career progression, such as specialization, leadership roles, and higher education. Nursing students often negotiate their ambitions by envisioning "acceptable" career paths that align with family approval. A 2nd year nursing student who was doing her internship in neurology ward shared her story that:

Nursing school has became negotiation of gender socialisation. Each and everyone I cared for in clinical though I was becoming: a nurse who believed nursing is compassion as worship, but who also questioned why society expected me to always be the nurturing mother, not a leader (Participant, 19).

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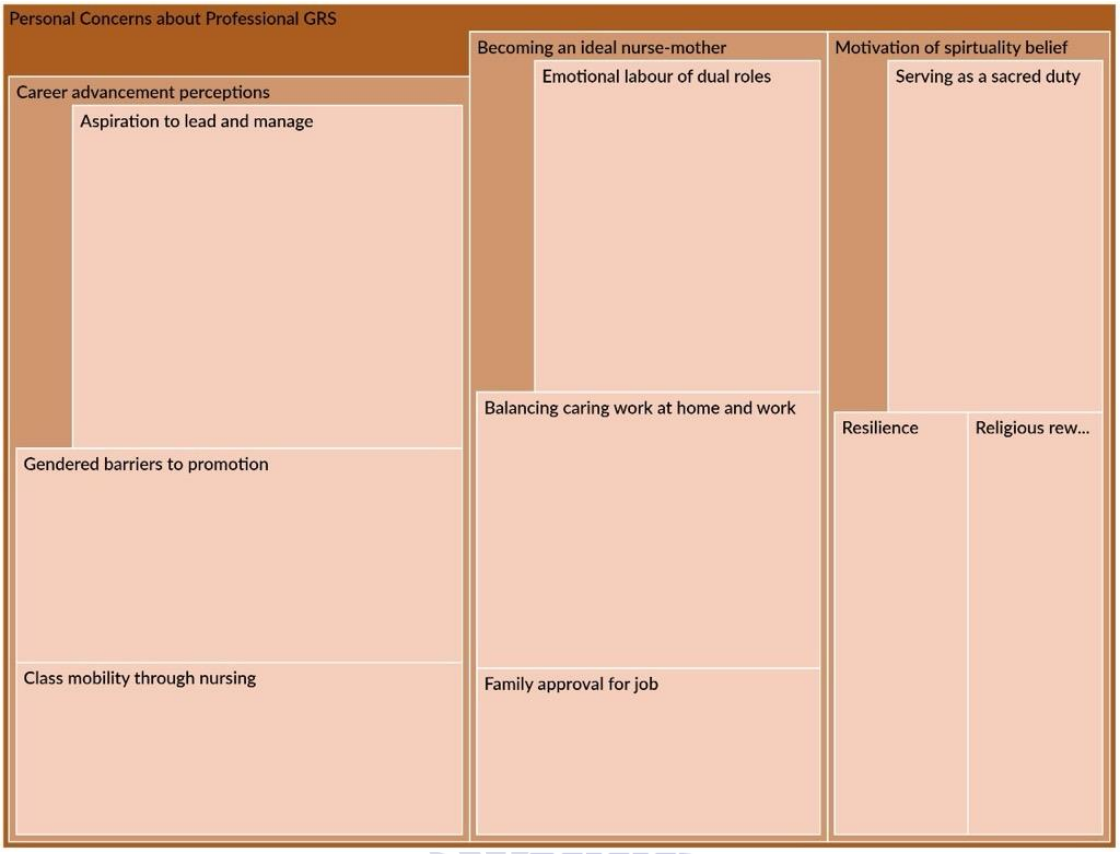


Figure No 2: Authors Contribution

5.2 Experiencing Societal Challenges about GRS

Societal challenges has emerged as a critical dimension of nurses' gender role socialization within healthcare management as student nurses made their way through their study program. Entering nursing often conflicts with prevailing cultural norms in which caregiving professions are devalued. Nursing is perceived as "helpers" rather than professionals, which resulted in a diminished sense of recognition from family and community members. Female nursing students showed restrictions on mobility, night duties, and interactions with male colleagues, reflecting broader patriarchal expectations that restrict women's participation in the public sphere.

5.2.1 Ethos of Good Girl Modesty

Female nurses embody the image of a good girl which is characterized by soft-spoken behavior and restrained interactions with male colleagues. In case of deviations from this ethos were often judged harshly, leaving them anxious about balancing professionalism with cultural ideals of femininity. They also said that their families play a role in guiding them toward this career path. A 3rd year nursing student who was doing her internship in psychiatry ward shared her story that:

> *During her way back to home, some women in the street questioned why a "good girl" would work night shifts, while a group of young men laughed, mocking her as if modesty and nursing could not belong together (Participant, 10).*

5.2.2 Facing Cultural Taboos

Nursing profession was linked with cultural taboos especially related to working in mixed-gender environments and performing night shifts. Such responsibilities are an essential part of their training, but they often conflict with conservative family and community expectations. This creates a sense of inner conflict and social pressure. A BSN nursing student who was doing her internship in coronary care unit shared her story that:

Cultural taboos wrapped around her like invisible chains and I wondered why my passion has ridiculed in society. I have to learn every day for balancing professional identity against societal judgment (Participant, 3).

5.2.3 *Public Mockery for Nurses*

Nursing students experienced moments of embarrassment and hurt when subjected to derogatory remarks in public spaces, such as being called "male doctors' assistants" or questioned about their moral integrity. This public mockery not only reinforced gender stereotypes but also undermined their confidence in pursuing nursing as a respected career. A 3rd year nursing student who was doing her duty in nursing office shared her story that:

> *A young nurse come back home in her uniform, a group mocking her profession, calling it "just serving doctors (Participant, 16).*

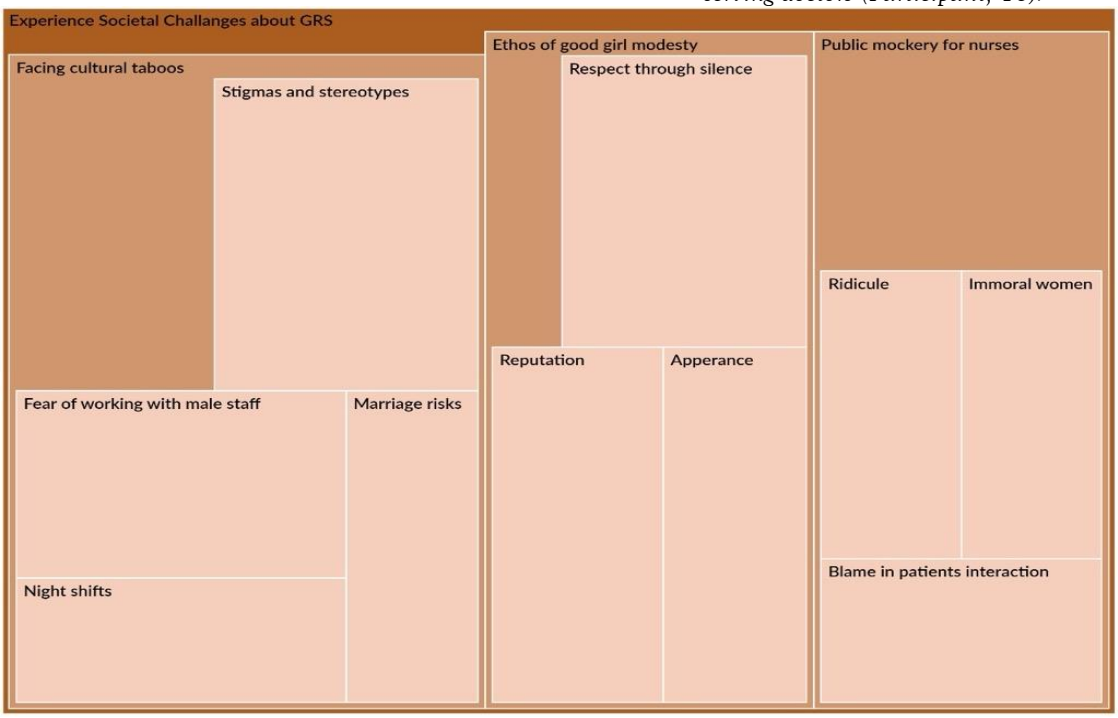


Figure No 3: Authors Contribution

5.3 Institutional Management Problems during GRS

Nursing students shows their ability to adjust the expectations imposed by institutional hierarchies and gendered norms. For balancing the traditional perception of nursing as a "female caring role" with the professional demands of healthcare management, it require assertiveness, and leadership, that are often discouraged in women within Pakistan's patriarchal context. These personal concerns were further exacerbated by management issues within the institution during GRS, including the absence of gender-sensitive policies, the unequal distribution of responsibilities. A 2nd year nursing student who was doing her duty in operation theater pharmacy shared her story that:

> *A second-year nursing student, often felt invisible in faculty meetings. When she suggested adding leadership modules for nurses, the committee dismissed her, saying, "Your job is patient care, not management (Participant, 23).*

5.3.1 Educational Training in Femininity

Educational journey of nursing students was strongly shaped by gendered ideals of femininity that emphasized traits such as care, obedience, patience, and emotional sensitivity. These qualities are socially constructed as feminine and expected of women in Pakistani culture. While these attributes helped develop a caring professional identity, students also said this emphasis limited their exposure to leadership, authority, and decision-making skills. This reinforced their role as "supporters" rather than leaders in healthcare management. A 4th year nursing student who was doing her duty in ophthalmology ward shared her story that

> *Nursing students must have gentle smile during bedside training. Nursing instructors often reminded her, "A nurse should nurture a patient, not too bold (Participant, 8).*

5.3.2 Economy Compensated Clinicians

Nurses experienced economic marginalization despite their heavy clinical responsibilities because they perceived themselves as underpaid compared to male doctors. However, perception of nursing as women's work in Pakistan's healthcare sector, is considered undervalued and economically devalued. These structural inequality impacted their financial security and shaped their professional sense of worth, making they question whether their contributions were recognized. A 4th year nursing student who was doing her duty in intensive care unit shared her story that:

> *After completing long night and morning shifts, a nurse receive less wage disparity. Despite being clinically skilled, nurses realized that the economy valued her care less, not because of her ability, but because nursing was still seen as "women's work (Participant, 9).*

5.3.3 Silence to Patriarchal Roar

Normalization of silence in the face of patriarchal dominance, which is a form of social control that perpetuates the status quo and silences those who would challenge it. Nursing student described situations where speaking against male doctors, administrators, or even senior staff was discouraged and seen as "unfeminine" or disrespectful. This silence led to feelings of frustration and powerlessness for many, yet it was seen as a necessary adaptation to navigate professional spaces. A 4th year nursing student who was doing her duty in medical ward shared her story that:

> *Nursing student mostly felt invisible in official meetings as it your job is patient care, not management." She realized her institution reinforced gendered hierarchies and female nursing students were subtly socialized to obey (Participant, 24).*

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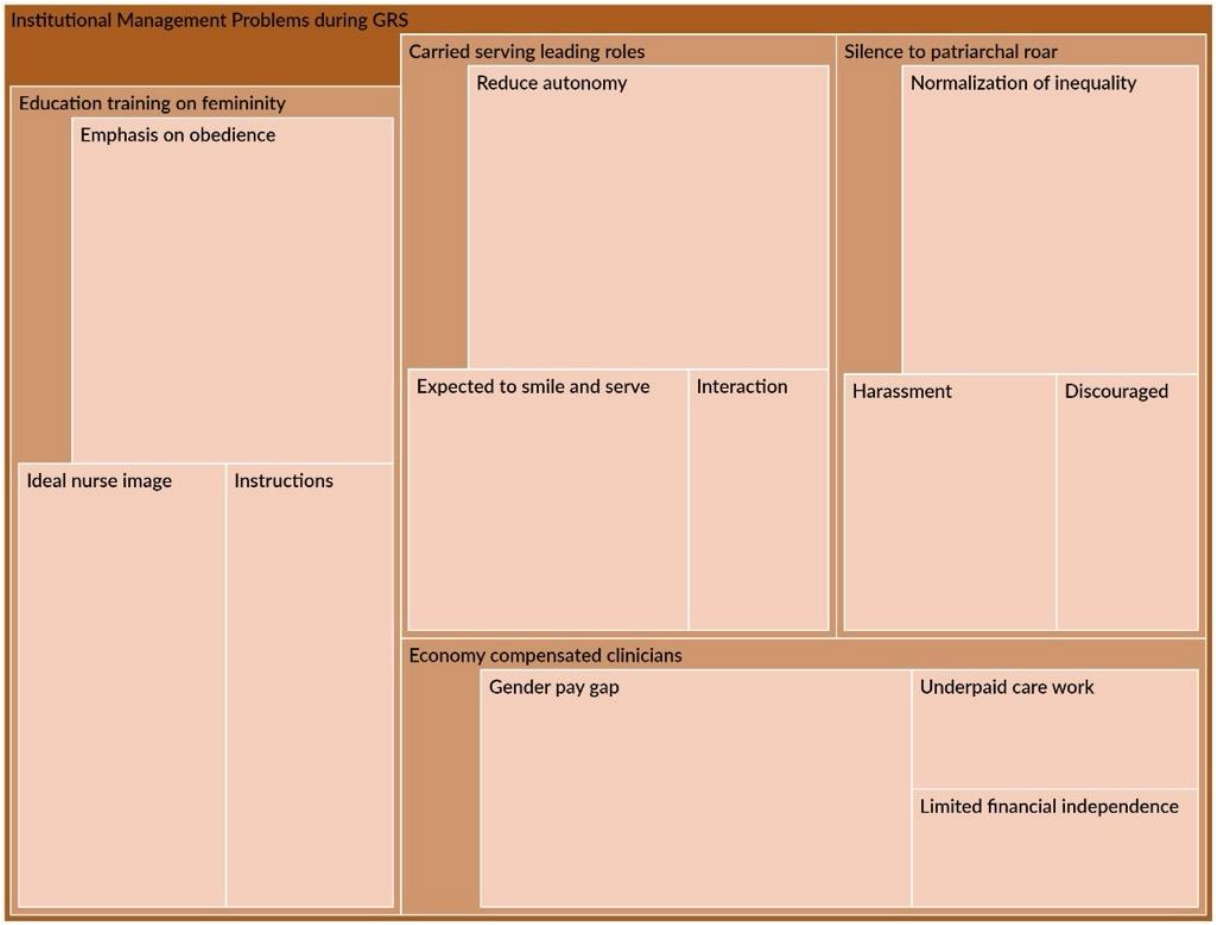


Figure No 4: Authors Contribution

6 Discussion

In present study, we undertook thorough exploration of GRS of student nurses that revealed deep personal concerns regarding professional gender role socialization that shaped self-concept and future career expectations of nursing students. They have expressed their anxiety over the stereotypical framing of nursing as an extension of feminine caregiving rather than a recognized professional skill. This association often caused them to internalize doubt about their competence and question their career longevity.

In Pakistan, nursing students navigate a dual pressure: aspiring for professional recognition while carrying the weight of gendered expectations tied to their personal identities. The pressure to embody femininity through expected softness, compliance, and emotional labor sometimes conflicted with their desire to assert leadership in healthcare spaces. These findings resonate with earlier research that highlights about gender norms infiltrate professional identities, where women in caregiving professions internalize socially constructed ideals of patience and sacrifice. It involves ignoring one's capacities of intellect or acknowledging an improper person just because of gender identity and devalued professional identity. Foucault (1990) argued that biological differences create cultural influences and operate power relations based on gender identity for a woman within the society and organization.

From feministic perspective, these approaches appeal to women as mothers, which reinforces the stereotypical view to maintain the essence of nursing women. Butler (1988) and Le Blanc (2017) referred to gender as a constructed identity that is wholly gained through the performativity of roles. Redefining gender roles in caregiving from motherhood to an innovative profession would

improve the quality of healthcare and eliminate disparities in its public image (Stattkus et al., 2025). Besides, gender bias plays a role in these female-dominated fields, which are still dominated by patriarchy, perhaps because typical organizational structures are rooted in patriarchy (Hancock & Hums, 2016).

Beyond personal struggles, student nurses reported frequent societal challenges that reinforced gender role stereotypes. Families, relatives, and community members often undervalued nursing, describing it as a "female duty" rather than a legitimate profession. Stereotypes and bias can hinder the achievement of diverse results in academic nursing and at all nursing levels (Masibo et al., 2025). Some participants shared experiences of stigma attached to working night shifts, interacting with male colleagues, or handling intimate patient care, all of which were framed as morally questionable in conservative social settings. This not only undermined their confidence but also added emotional stress, as they constantly negotiated between professional obligations and societal judgments. The study results affirms that societal perceptions of nursing reinforce structural inequalities, constraining female nurses' agency and professional mobility. Foucault (1970) idea of the microphysics of power described that the knowledge-power complex turn human bodies into objects. These challenges highlight how broader patriarchal discourses shape the social standing of nurses in Pakistan, marginalizing their contribution to healthcare management.

In clinical management, student nurses encountered systemic management problems that further complicated their gender role socialization. Rotational duties and workload distribution were perceived as unfair, with female nurses more likely to be assigned emotionally intensive care tasks rather than technical responsibilities. Feminism has limelight the gender norms in "patriarchal" societies that disempower to women as socially subservient human which proceeded gradually with notions of objectification.

In educational setting, the lack of formal mentorship and insufficient-sensitive training created barriers in their professional growth. Institutional cultures often normalized gender hierarchies, discouraging nurses from voicing concerns about harassment, workload imbalance, or career advancement. These institutional dynamics not only perpetuated gender marginalization but also hindered the development of confident, skilled nursing professionals (Toreid et al., 2025).

In Pakistan, government policies often underinvest in nursing leadership and development, thereby institutionalizing a compensated yet subordinate identity for nurses. Nurses are often socialized to be silent in hierarchical systems. The result is a cohort of nursing students trained not only in clinical care but in emotional suppression, conflict avoidance, and deference to authority (Afsin 2025).

The study demonstrates that student nurses journey through gender role socialization is multi-layered, involving the interplay of personal insecurities, societal stigma, and institutional inequalities. Together, these forces construct a gendered professional identity that both limits and motivates student nurses to challenge stereotypes in healthcare management. The findings align with feminist organizational perspectives that emphasize how management structures reproduce social inequalities, embedding gender hierarchies within healthcare governance.

7 Conclusion

7.1 Theoretical Implication

From the view point of theoretical implication, student nurses added deep concerns about gendered expectations shape their learning, practice, and identity. While many internalized femininities as part of nursing, they also struggled with limited recognition as competent professionals in a healthcare environment dominated by hierarchical and gendered norms. Their narratives highlighted both pride in care-oriented roles and frustration at being undervalued, particularly when their work was framed through cultural stereotypes of women as naturally "caring" rather than skilled professionals. Nurses consistently encountered societal biases rooted in patriarchy and traditional

views of women's roles. They reported stigmatization, limited mobility, and lack of respect, which influenced their confidence and career progression. Gendered socialization often reinforced silence and obedience, restricting their ability to negotiate authority within healthcare teams. These challenges underscored how broader social structures marginalize nursing as "women's work," further reinforcing inequalities within healthcare management.

7.2 Practical Implication

In terms of practical implications, at the institutional level, student nurses faced management practices that perpetuated gender disparities. Issues such as unequal task distribution, lack of supportive mentorship, rigid hierarchies, and absence of gender-sensitive policies reflected systemic gaps. Institutions often reinforced traditional gender roles rather than challenging them, leaving student nurses to navigate professional growth within constraining frameworks. The absence of formal platforms for student voices further deepened feelings of marginalization. Overall, the study concludes that student nurses' gender role socialization is not merely an individual experience, but a process shaped by entrenched cultural norms, societal stereotypes, and institutional limitations. Their journeys highlight the urgent need for reforms that integrate gender-sensitive training, equitable management practices, and societal awareness campaigns to uplift the professional identity of nurses in Pakistan. Recognizing nurses as skilled professionals rather than gendered caregivers is essential for building an inclusive healthcare system where their contributions are valued, respected, and empowered.

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