



**SOCIAL GENDER PERCEPTION IN THE CHOICE OF NURSING PROFESSION:
THE CASE OF TÜRKİYE**

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Abstract

In nursing, which has traditionally been coded as a female profession, it is observed that the number of male professionals is gradually increasing. Although the nursing profession has historically been identified with women in terms of gender representation, recent data indicate that the proportion of men in the profession has steadily increased. This study examines the changing relationship between gender perceptions and nursing career choices in Türkiye, where the profession has historically been female-dominated. Using a descriptive, cross-sectional design (STROBE-compatible), we surveyed 314 nurses and nursing students with a sample size determined by power analysis. Participants completed an electronic survey consisting of the Descriptive Characteristics Form, the Nursing Profession Choice Scale, and the Social Gender Perception Scale. Data were analyzed using SPSS 25 (IBM Corp.). The results showed a significant positive relationship between practical considerations (vital reasons such as job guarantee and income) and choosing nursing as a career ($p < 0.05$). Despite initial expectations, the analysis did not reveal any statistically significant association between occupational suitability scores and either vital reasons or gender perception scores. In particular, the fact that nursing career choice did not significantly affect gender perception suggests that traditional gender stereotypes are potentially distinct from career decisions in this context. From a policy perspective, these results suggest that recruitment strategies should emphasize the professional qualities of nursing rather than combating gender stereotypes.

Keywords: Nursing, Nursing profession, Social gender perception.

Hemşirelik Mesleği Seçiminde Toplumsal Cinsiyet Algısı: Türkiye Örneği

Öz

Geleneksel olarak kadın mesleği olarak kodlanan hemşirelikte, erkek profesyonellerin sayısının giderek arttığı görülmektedir. Hemşirelik mesleği, cinsiyet temsiliyeti açısından tarihsel olarak kadınlarla özdeşleştirilmiş olsa da son veriler meslekteki erkek oranının giderek arttığını göstermektedir. Bu çalışmada, mesleğin tarihsel olarak kadın egemen olduğu Türkiye'de cinsiyet algıları ile hemşirelik kariyer seçimleri arasındaki değişen ilişki incelenmiştir. Betimsel, kesitsel bir tasarım (STROBE uyumlu) kullanılarak, güç analizi ile belirlenen bir örneklem büyüklüğü ile 314 hemşire ve hemşirelik öğrencisine anket uygulandı. Katılımcılara Tanımlayıcı Özellikler Formu, Hemşirelik Meslek Seçimi Ölçeği ve Toplumsal Cinsiyet Algısı Ölçeği'nden oluşan elektronik anket uygulandı. Veriler SPSS 25 (IBM Corp.) kullanılarak analiz edildi. Sonuçlar pratik hususlar (iş garantisi ve gelir gibi hayati nedenler) ile hemşireliği bir kariyer olarak seçme arasında anlamlı ve pozitif bir ilişki olduğunu gösterdi ($p < 0,05$). İlk beklentilerin aksine, analiz mesleki uygunluk puanları ile hayati nedenler veya cinsiyet algısı puanları arasında istatistiksel olarak anlamlı bir ilişki ortaya koymamıştır. Özellikle, hemşirelik kariyer seçiminin cinsiyet algısını önemli ölçüde etkilememesi, geleneksel cinsiyet stereotiplerinin bu bağlamda kariyer kararlarından potansiyel olarak farklı olduğunu göstermektedir. Bir politika perspektifinden, bu sonuçlar işe alım stratejilerinin cinsiyet stereotipleriyle mücadele etmekten ziyade hemşireliğin profesyonel niteliklerine vurgu yapılması önerilmektedir.

Anahtar Kelimeler: Hemşirelik, Hemşirelik mesleği, Toplumsal cinsiyet algısı.

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1. Introduction

While women constitute the majority of health workers worldwide, they also represent almost all of the nursing profession where caregiving is crucial (Gunn et al., 2019; World Health Organization [WHO], 2022). In both the world and Türkiye, the caregiving aspect of the nursing profession is closely associated with traditional female gender roles (Kahraman et al., 2015; Prosen, 2022; van der Cingel & Brouwer, 2021). The Gender Equality Center of the Global Health Workforce Network, established by the World Health Organization, highlights the ongoing gender inequality within the health sector, noting that gender stereotypes often hinder men's entry into the nursing profession (WHO, 2019). When looking at the nursing workforce in many parts of the world, men are a minority group in most countries. For example, men make up only 9% of the registered nursing workforce in New Zealand (Harding et al., 2018), 2.9% in China (Chen et al., 2024), 25% in Iran (Masoumi et al., 2020), 16.7% in Spain (Arceciado-Marañón et al., 2019), and 5% in Canada (Haron & Azuri, 2016). In Türkiye, with the Law on the Amendment of the Nursing Law dated 25.04.2007 and numbered 5634, male nurses were allowed to choose the nursing profession (T.C.Kanun, 2007). Although official statistics on the gender distribution of nurses in Türkiye are lacking, it is generally acknowledged that women represent the majority within the profession. In contrast, Mauritius stands out as a rare example where gender balance has been achieved in the nursing workforce (Hollup, 2014).

Various elements influence the decision to pursue a nursing career, including internal motivations such as the desire to care for others and personal interest; external considerations like salary and job availability; as well as background characteristics and social influences, including gender, economic status, and encouragement from family or peers (Sevinç & Sabuncu, 2018; Wu et al., 2015). Society's perception of gender and gender roles are closely related to the history and development of the nursing profession (Teresa-Morales et al., 2022). Gender is regarded as a category, a social sign, in which society defines the reference values and standart of normality valid at a particular time, and in which attitudes, expectations and behaviours are formed (Rosa et al., 2019). Social Gender Perception is an approach where culture, family, and social relationships shape the roles, functions, positions, and expected behaviors defined for women and men (Mosqueda-Díaz et al., 2013; Yalçın & Bekar, 2023). The social construction of gender has created feminine and masculine professions through education by modeling women and men according to these patterns (Mosqueda-Díaz et al., 2013). In this regard, young individuals often base their career decisions on the frameworks they develop by observing and learning from their environmen (Skipper & Fox, 2022; Turan et al., 2021). Male students, especially those who do not receive societal support, may find it difficult to choose nursing as a career option (Prosen, 2022). Gender equality is one of the most important issues in all sectors of society today. Gender equality means guaranteeing equal opportunities for both women and men, free from the constraints of gender stereotypes (Cho et al., 2022).

In recent years, significant strides have been made towards achieving gender equality in the areas of economy, education, and employment through various laws and regulations designed to ensure equal opportunities for both women and men and reduce sexism in all its forms (Solbes-Canales et al., 2020). There is not only gender equality in education and health care, but also social orientation, which shows that women enter professions dominated by men and vice versa (Mao et al., 2021). The worldwide shortage of nurses, combined with high turnover rates among nursing students and recent graduates, as well as an aging workforce, underscores the need to attract and retain qualified candidates (Van Der Cingel & Brouwer, 2021). To meet the increasing demand for healthcare personnel, many European countries are increasing the number of nursing education institutions and new graduate nurses (Organisation for Economic Co-operation and Development [OECD], 2021).

When the nursing profession is perceived through the lens of stereotypes, a narrow and oversimplified understanding of nursing emerges (Van Der Cingel & Brouwer, 2021). The professional status of nurses and the perception of nursing as a gender-focused profession can lead to uncertainties in recruitment and working processes (such as gender discrimination in recruitment, deprivation of career and promotion opportunities, salary inequality, professional disrepute, decreased job satisfaction, and motivation) (Zamanzadeh et al., 2013). Although the nursing profession has traditionally been seen as a female profession (While & Blackman, 1998), male nurses have also started to take their place in the profession as caregivers (Turan et al., 2021).

This study, carried out among nurses and nursing students, seeks to examine the connection between the decision to pursue nursing as a profession and perceptions of social gender. To achieve this, the following research questions (RQ) were addressed;

RQ 1: What are the reasons for the participants to choose the profession?

RQ 2: What is the impact of Social Gender Perception on the choice of the nursing profession?

2. Methods

2.1 Study Design and Samples

The study was conducted using a cross-sectional research design within the framework of STROBE guidelines. The sample for this study was determined through power analysis. According to calculations performed with the G*Power 3.1 software, using an effect size of 0.40, a margin of error of 0.05, a confidence level of 0.95, and a population representativeness of 0.95, the sample size was set at 272 (Faul et al., 2009). Considering a 10% possibility of data loss, 314 participants were reached. (However, we did not have any data loss).

2.2 Data Collection

This study was conducted as an e-survey with nurses and nursing students between 01.08.2022-01.02.2023. Google Forms web application was used for data collection. After the data collection form was prepared on Google Drive, it was requested to be distributed hand-to-hand among nurses and nursing students using the snowball technique. The data collection form was sent to the participants via e-mail, social media or WhatsApp with the Google Form link. Those who met the inclusion criteria were asked to complete the study questions. The purpose of the study and the explanation of the inclusion criteria were introduced to all participants in the cover letter of the survey. Participants gave their consent after reading the cover letter at the beginning of the survey. Data collection was concluded once the desired sample size of 314 participants was achieved.

Measurements

Before data collection, a descriptive characteristics survey was developed in light of the literature. The suitability, usability, and comprehensibility of the survey were tested by a participant group of 35 individuals consisting of nurses and nursing students. The answers given as a result of the pilot application were evaluated by all researchers, the survey form and variables were re-evaluated, and the survey form was finalized with minor changes. The descriptive characteristics form consists of 12 multiple choice questions. All scales used in this study have been widely used and tested in other studies. There are no open-ended questions. Participants were asked to evaluate the relationship between Social Gender Perception and the choice of the nursing profession. Topics such as Social Gender Perception can be sensitive and personal for participants. Questioning these issues may cause anxiety, discomfort or stress in participants. Particularly, the societal prejudices regarding men choosing the nursing profession may have a negative impact on the participants. Apart from this, we believe there is no other factor negatively

affecting the responses. Data were gathered through the use of the Descriptive Characteristics Form, the Nursing Profession Choice Scale, and the Social Gender Perception Scale. The dependent variable is the choice of the nursing profession. The independent variables are age, gender, marital status, income status, place of residence, education status, employment status, whether they chose the nursing profession willingly, the order of preference when choosing a profession, whether they are satisfied with the nursing department/profession, the reasons for choosing the nursing profession, and Social Gender Perception.

2.2.1 Independent Variables

Descriptive Characteristics Form: In this form, which was created by scanning the literature (Dönmez & Balkaya, 2021; Güven & Şener, 2023), questions were asked to the nurses who agreed to participate in the research about their age, gender, marital status, income status, place of residence, education status, employment status, whether they chose the nursing profession willingly, the order of preference when choosing a profession, whether they were satisfied with the nursing department/profession, and the reason for choosing the nursing profession.

Social Gender Perception Scale (SGPS): Developed by Altınova and Duyan to assess individuals' perceptions of gender roles, the SGPS, developed to assess individuals' perceptions of gender roles, is a 25-item Likert-type scale with five response options (1=strongly disagree, 5=strongly agree). In addition to positive items such as 'Marriage is not an obstacle for a woman to work' and 'A working woman can also spend enough time with her children' (10 items), there are also negative items such as 'A woman should not work if her husband does not allow it' and 'A woman without a husband is like a house without a man' (15 items). Participants can obtain scores between 25 and 125 on the scale. High scores obtained from the scale indicate a perception of gender equality. In the explanatory factor analysis conducted to test the validity of the scale, it was determined that the scale consisted of a single dimension. The Cronbach alpha reliability coefficient of the scale was found to be .94 (Altınova & Duyan, 2013).

2.2.2 Dependent Variables

Nursing Career Choice Scale (NCCS): It is a scale developed by Zysberg and Berry in 2005 to determine the reasons influencing the career choices of nursing students (Zysberg & Berry, 2005). Gender and students' vocational choices in entering the field of nursing. *Nursing Outlook*, July-August, 193-198. The Likert-type scale (ranging from 0% to 100%) consists of 20 items and two subscales: Factor 1: Professional Suitability (Questions: 1, 2, 3, 4, 5, 7, 12, 17, 18, 19, 20) and Factor 2: Vital Reasons (Questions: 6, 11, 13, 14, 15, 16). The reasons influencing the choice of the nursing profession were compared in the context of independent variables based on the scores obtained from the scale. The original scale's Cronbach's alpha values for the sub-factors of professional suitability and vital reasons were .86 and .78, respectively, while the Cronbach's alpha values in our study are .703 and .789. In this study, the Cronbach's alpha reliability coefficient of the scale was found to be .794, while in our study, the Cronbach's alpha value was .829 (Önler & Varol-Saraçoğlu, 2010).

2.3 Inclusion and Exclusion Criteria

Individuals who volunteered to participate, who are studying in a nursing program, or who are working as nurses were included in the study. However, individuals who work or study in fields other than nursing are excluded from this scope.

2.4 Ethical Considerations

This study was conducted in accordance with the ethical principles for medical research involving human subjects as outlined in the Declaration of Helsinki. Before starting the study, ethical approval was

obtained from the Scientific Research and Publication Ethics Committee of Toros University (29.05.2022/57). Permission to use the scales included in the study was obtained from the researchers who conducted the Turkish validity and reliability studies of the scales. The purpose of the study was explained in the Google form sent to the participating students and nurses, and informed consent was obtained.

2.5 Data Analysis

The analysis of the data included in the research was carried out using SPSS (Statistical Package for the Social Sciences) version 25. The Kolmogorov-Smirnov Test was used to check whether the data were normally distributed (Aktürk & Acemoğlu, 2011). The significance level (p) for comparison tests was set at 0.05. Since the variables were not normally distributed according to the groups ($p > 0.05$), the analysis proceeded with nonparametric test methods. Comparisons in independent paired groups were conducted using the Mann-Whitney U test, as the normality assumption was not met, In contrast, comparisons in independent multiple groups were analyzed using the Kruskal-Wallis test. Given that the p -value can increase with the number of comparisons in variables with differences, the Bonferroni corrected p -value was used and calculated as '(0.05/number of pairwise comparisons)' (Aktürk & Acemoğlu, 2011). After the Kruskal-Wallis test, the p -values obtained from the Mann-Whitney U test were compared with the Bonferroni-corrected p -values to determine the results. Pearson correlation coefficient and univariate linear regression models were used for variables showing normal distribution. The Cronbach's alpha internal consistency coefficient was calculated to assess scale reliability.

3. Results

In the study, 76.11% of the participants were female, 36.62% were 25 years of age or older, 74.52% were single, 49.68% had income equal to their expenses, 68.79% grew up in the city, 64.80% were Bachelor's Degree Graduates. Furthermore, 56.05% preferred nursing as their first choice when selecting a profession, while 59.55% chose the nursing profession willingly. A significant 77.18% of the students expressed satisfaction with their department, and 52.94% of the employees were satisfied with the nursing profession. Additionally, 37.58% of the participants chose the nursing profession because it was easy to be appointed (Table 1).

Table 1

Descriptive Characteristics Form

Variable	Group	N (314)	Percentage
Gender	Female	239	76.11
	Male	75	23.89
Age Group	18-20 years	108	34.39
	21-25 years	91	28.98
	25 years and older	115	36.62
Marital Status	Married	80	25.48
	Single	234	74.52
Income Level	Income exceeds expenses	54	17.2
	Income equals expenses	156	49.68
	Income less than expenses	104	33.12
Place of residence	City	216	68.79
	Rural area-village	46	14.65

	Metropolis	52	16.56
Education Status	High School/Associate Degree	61	17.88
	Bachelor's Degree	221	64.80
	Master's degree	27	8.6
	Doctoral(PhD) and above	5	1.59
Employment Status	Working	136	43.31
	Student	149	47.45
	Not working	29	9.24
Order of preference for nursing	1.	176	56.05
	2.	33	10.51
	3 and above	105	33.44
Willingness to choose nursing	Yes	187	59.55
	No	127	40.45
Department satisfaction if you are a student	Satisfied	115	77.18
	Not satisfied	34	22.82
Satisfaction with your job if you are employed	Satisfied	72	52.94
	Not satisfied	64	47.06
Reason for choosing nursing	Because it's easy to assign	118	37.58
	Because my family wanted me to	56	17.83
	Because I love people and helping	49	15.61
	Because I have an interest in the health field	86	27.39
	Because the income is good	5	1.59

When the mean scores of the sub-dimensions and total scores of the graduated nurses and nursing students participating in the study were compared, a statistically significant difference was found between age groups according to professional suitability and nursing career choice scores ($p<0.05$) (Table 2a). A statistically significant difference was found between individuals aged 18-20 and those aged 25 and over in the scores of "Professional Suitability" and "Nursing Career Choice scores ($p<0.05$). A statistically significant difference was found between married and single individuals according to professional suitability and nursing career choice scores ($p<0.05$) (Table 2a). A statistically significant difference was found between working individuals and students, in terms of their preference orders based on their professional suitability and nursing career choice scores ($p<0.05$) (Table 2b). According to the scores of professional suitability and nursing career choice, a statistically significant difference was found between those who had first choices and those who had third choices and above ($p<0.05$) (Table 2b). A statistically significant difference was found between those who chose the profession willingly and those who did not, as well as in terms of department satisfaction, according to the "Professional Suitability" and "Nursing Career Choice" scores ($p<0.05$) (Table 2b).

When the average gender equality scores of the graduate nurses and nursing students participating in the study were compared, a statistically significant difference was found between women and men and between income groups ($p<0.05$) (Table 2a). A statistically significant difference was found in social gender equality scores between those with low income and those with high income (Table 2a) ($p<0.05$). According to the Social Gender Equality scores, a statistically significant difference was found between

those who preferred the profession willingly and those who did not and between their satisfaction with the department ($p<0.05$) (Table 2b).

Table 2a

Descriptive Statistics of Scale Scores

Sociodemographic Characteristics	Group	Nursing Career Choice Scale						Social Gender Perception Scale	
		Professional Suitability		Vital Reasons		Scale Total Score		Scale Total Score	
		Mean ± SD	M(Min - Max)	Mean ± SD	M(Min - Max)	Mean ± SD	M(Min - Max)	Mean ± SD	M(Min - Max)
Age	18-20 years	6.3 ± 2.27	6.41(0.64-10)	5.12 ± 1.68	5(0.33-10)	5.89 ± 1.68	5.71(1.53-10)	68.91 ± 8.68	67(25-90)
	21-25 years	6.41 ± 2.14	6.55(0.45-10)	4.93 ± 1.6	5(0-8)	5.89 ± 1.58	6.06(0.29-8.65)	68.74 ± 8.81	68(37-100)
	25 years and older	5.35 ± 1.83	5.36(1.73-9.91)	4.87 ± 1.54	5(1.5-8.33)	5.18 ± 1.29	5.06(2.53-8.53)	67.23 ± 7.29	68(31-89)
	Kruskal-Wallis p	18.883	0.001*	0.755	0.686	18.828	0.001*	1.286	0.526
Gender	Female	6.06 ± 2.08	6.09 (0.91-10)	4.93 ± 1.6	5(0.33-10)	5.67 ± 1.47	5.53(1.53-10)	66.81 ± 6.7	66(31-89)
	Male	5.73 ± 2.28	5.64(0.45-9.91)	5.11 ± 1.64	5(0-10)	5.51 ± 1.8	5.41(0.29-9.47)	72.83 ± 10.74	72(25-100)
	Mann Whitney U p	8277.500	0.318	8613.000	0.610	8517.000	0.516	4778.000	0.001*
Marital Status	Marrried	5.3 ± 1.92	5.36(1.73-9.91)	4.86 ± 1.53	5.08(1.5-8.33)	5.14 ± 1.28	5.09(2.53-8.12)	67.42 ± 6.9	68(48-89)
	Single	6.22 ± 2.15	6.31(0.45-10)	5.01 ± 1.63	5(0-10)	5.8 ± 1.61	5.73(0.29-10)	68.53 ± 8.66	68(25-100)
	Mann Whitney U p	6887.000	0.001*	9002.500	0.610	6959.000	0.001*	8717.000	0.358
Income Status	Income less than expanses	5.85 ± 2.25	5.91(0.64-10)	5.1 ± 1.66	5.17(0.33-10)	5.58 ± 1.63	5.41(1.59-10)	67.52 ± 8.29	67(48-100)
	Income equals expenses	6.17 ± 1.97	6.09(2.09-10)	4.94 ± 1.55	5(0.67-10)	5.73 ± 1.45	5.59(2.24-9.47)	67.77 ± 8.41	68(25-89)
	Income exceeds expenses	5.72 ± 2.32	5.87(0.45-9.91)	4.86 ± 1.66	4.83(0-8.33)	5.42 ± 1.7	5.18(0.29-8.35)	71.02 ± 7.19	70(60-95)
	Kruskal-Wallis p	1.672	0.433	1.253	0.534	1.183	0.554	8.456	0.015*
Place of residence	Metropolis	5.86 ± 2.07	5.64(2.09-10)	5.08 ± 1.77	5(0.33-10)	5.58 ± 1.53	5.36(3.29-10)	66.94 ± 7.03	66(57-100)
	City	6.08 ± 2.19	6.13(0.45-10)	4.95 ± 1.58	5(0-9)	5.68 ± 1.58	5.56(0.29-9.06)	68.81 ± 8.02	68(25-95)
	Rural area-village	5.71 ± 1.9	5.64(2-9.36)	4.99 ± 1.55	5(1.5-7.83)	5.45 ± 1.49	5.15(2.65-8.59)	67.07 ± 10.24	68,5(31-83)
	Kruskal-Wallis p	1.767	0.413	0.008	0.996	2.021	0.364	4.728	0.094

SD: Standart deviation, M:Median, Min:The minumum score received, Max:The maximum score received

Tablo 2b

Descriptive Statistics of Scale Scores

Sociodemographic Characteristics	Group	Nursing Career Choice Scale				Social Gender Perception Scale				
		Professional Suitability		Vital Reasons		Total Score		Total Score		
		Mean ± SD	M(Min - Max)	Mean ± SD	M(Min - Max)	Mean ± SD	M(Min - Max)	Mean ± SD	M(Min- Max)	
Education Status	High School/Associate Degree	5.78 ± 2.2	5.91(0.45-9.27)	4.31 ± 1.72	4.42(0-7)	5.26 ± 1.86	5.85(0.29-7.71)	68.3 ± 12.24	67(31-95)	
	Bachelor's Degree	6.04 ± 2.14	6.09(0.64-10)	5.06 ± 1.57	5(0.33-10)	5.7 ± 1.54	5.56(1.53-10)	68.37 ± 8.12	68(25-100)	
	Master's degree	5.36 ± 2.02	5.18(2.64-9.55)	4.76 ± 1.68	4.83(1.5-8.33)	5.15 ± 1.47	4.88(2.76-8.53)	67.15 ± 6.49	67(54-80)	
	Doctoral(PhD) and above	7.31 ± 1.05	7.09(6.45-9.09)	4.2 ± 2.08	3.33(2-6.5)	6.21 ± 1.29	5.35(5.29-8.12)	67.6 ± 4.51	69(62-73)	
	Kruskal-Wallis	p	5.469	0.140	5.042	0.169	5.077	0.166	0.625	0.891
Employment Status	Working	5.33 ± 1.87	5.45(0.45-9.91)	4.71 ± 1.58	4.83(0-8)	5.11 ± 1.37	5.09(0.29-8.59)	67.74 ± 8.29	68(31-100)	
	Student	6.5 ± 2.18	6.73(0.64-10)	5.13 ± 1.63	5(0.33-10)	6.02 ± 1.6	6.06(1.53-10)	68.82 ± 8.58	68(25-89)	
	Not working	6.37 ± 2.23	6.36(2.09-10)	5.41 ± 1.44	5.17(2.83-8.33)	6.04 ± 1.48	5.82(3.29-8.65)	67.69 ± 6.04	67(57-83)	
	Kruskal-Wallis	p	23.214	0.001*	5.514	0.063	26.774	0.001*	2.057	0.358
	Order of preference for nursing	1.	5.33 ± 1.87	5.45(0.45-9.91)	4.71 ± 1.58	4.83(0-8)	5.11 ± 1.37	5.09(0.29-8.59)	67.74 ± 8.29	68(31-100)
2.		6.5 ± 2.18	6.73(0.64-10)	5.13 ± 1.63	5(0.33-10)	6.02 ± 1.6	6.06(1.53-10)	68.82 ± 8.58	68(25-89)	
3 and above		6.37 ± 2.23	6.36(2.09-10)	5.41 ± 1.44	5.17(2.83-8.33)	6.04 ± 1.48	5.82(3.29-8.65)	67.69 ± 6.04	67(57-83)	
Kruskal-Wallis		p	17.828	0.001*	5.514	0.063	26.774	0.001*	2.057	0.358
Willingness to choose nursing		Yes	6.95 ± 1.83	7.09(2-10)	4.88 ± 1.7	4.83(0.33-10)	6.22 ± 1.41	6.29(2.24-10)	68.88 ± 7.65	69(25-100)
	No	4.56 ± 1.7	4.45(0.45-9.18)	5.12 ± 1.45	5.17(0-8.17)	4.76 ± 1.34	4.71(0.29-8.53)	67.31 ± 9	66(31-95)	
	Mann Whitney U	p	3997.500	0.001*	10576.500	0.100	5193.000	0.001*	10184.000	0.032*
	Department satisfaction if you are a student	Satisfied	6.98 ± 1.92	7.09(0.64-10)	4.98 ± 1.71	5(0.33-10)	5 ± 1.3	5.06(0.29-8.12)	66.47 ± 7.65	67(31-95)
		Not satisfied	4.27 ± 1.44	4.18(0.91-7.36)	5.19 ± 1.31	5(2-7.83)	6.27 ± 1.48	6.41(1.59-10)	68.91 ± 8.03	69(25-100)
I am not a student		5.08 ± 1.8	5.36(0.45-9.91)	4.85 ± 1.55	5(0-7.67)	4.59 ± 1.16	4.59(1.53-7.18)	69.28 ± 9.62	68,5(37-90)	
Kruskal-Wallis		p	90.189	0.001*	1.283	0.527	69.682	0.001*	7.043	0.030*
Satisfaction with your job if you are employed		Satisfied	6.42 ± 1.9	6.36(2-10)	4.86 ± 1.75	4.83(1.5-10)	5.87 ± 1.45	5.82(2.24-10)	67.9 ± 8.34	68(31-100)
	Not satisfied	4.65 ± 1.66	4.73(0.45-8.45)	4.91 ± 1.41	5(0-8.33)	4.74 ± 1.27	4.82(0.29-7.53)	67.59 ± 8.66	67(37-95)	
	I am not employed	6.43 ± 2.19	6.64(0.64-10)	5.08 ± 1.62	5(0.33-10)	5.96 ± 1.58	5.94(1.53-9.47)	68.8 ± 7.98	68(25-90)	
	Kruskal-Wallis	p	42.363	0.001*	1.150	0.563	34.895	0.001*	2.364	0.307

SD:Standart deviation, M:Median, Min:The minumum score received, Max:The maximum score received

There is a positive statistically significant relationship between Professional Suitability Scores and Vital Reasons and Nursing Career Choice scores, and between Vital Reasons and Nursing Career Choice scores ($p < 0.05$) (Table 3). However, no statistically significant relationship was found between the scores of Professional Suitability, Vital Reasons, Nursing Career Choice and Social Gender Equality ($p > 0.05$) (Table 3).

Table 3*Correlations Between Scores*

Scores	Value	Vital Reasons	Nursing Career Choice	Social Gender Equality
Professional Suitability	r	0.220	0.932	0.068
	p	0.033*	0.001*	0.228
Vital Reasons	r		0.472	-0.008
	p		0.00*	0.882
Nursing Career Choice	r			0.058
	p			0.309

r; Pearson correlation coefficient, * $p < 0.05$; there is a statistically significant relationship between the variables.

There is a positive statistically significant relationship between Professional Suitability scores and Vital Reasons and Nursing Career Choice scores, and between vital reasons and Nursing Career Choice scores ($p < 0.05$) (Table 3). However, no statistically significant relationship was found between the scores of Professional Suitability, Vital Reasons, Nursing Career Choice and Social Gender Equality ($p > 0.05$) (Table 3).

Regression Analysis of the Relationship Between Scale Scores

A univariate linear regression model was established in which social gender equality scores were taken as the independent variable and nursing career choice scores were taken as the dependent variable. The values of the model are given in table 4 below.

Table 4*Regression Analysis of the Relationship Between Scale Scores*

Dependent Variable	Independent Variable	Model Statistics			Coefficient Statistics			
		R ²	F	p ¹	β_1	β_2	t	p ²
Social Gender Equality	(Constant)				66.523		37.945	0.001*
	Nursing Career Choice	0.003	1.038	0.309	0.018	0.058	1.019	0.309

β_1 ; Unstandardized regression coefficients, β_2 ; Standardized regression coefficients, p¹; significance value of the model * $p^2 < 0.05$; t test result for the significance of the regression coefficients, R²; Determination coefficient,

It was found that nursing career choice scores did not have a statistically significant effect on social gender equality scores ($p_1 = 0.309$).

4. Discussion, Conclusion and Recommendations

Nursing, considered one of the cornerstones of the healthcare sector, and the profile of those who choose this profession are changing over time. In this study conducted among nurses and nursing students, the findings of the research prepared to evaluate the relationship between the choice of nursing profession and

gender perception were discussed under two headings: 'sociodemographic characteristics in the choice of nursing profession' and 'social gender perception in the choice of nursing profession'.

A statistically significant difference was observed in the professional suitability and nursing career choice scores between the 18-20 age group and those aged 25 and older when comparing the mean scores of the sub-dimensions and total scores of the nurses and nursing students involved in the study. It is noteworthy that the career choice scores of participants in the 18-20 age group are statistically significantly higher. Upon reviewing the literature, it was found that studies conducted by Bölükbaşı (2018), Liaw et al. (2016), and İncirlikuş et al. (2023) indicate a tendency among young people to choose the nursing profession, which is consistent with the results of our study (Bölükbaşı, 2018; İncirlikuş et al., 2023; Liaw et al., 2016).

According to the study, there is a statistically significant difference in career choice scores between married and single participants. The impact of marital status on career choice is also thought to be related to social norms and gender roles. In society, it is thought that the expectation from married individuals especially women, to fulfill their family responsibilities and maintain balance in their careers affects their professional suitability and career choice scores. In this regard, the findings of the studies conducted by Doğrusöz et al. (2022) and Ensari et al. (2017) show similarities with our study (Alay & Ensari, 2017; Doğrusöz et al., 2022).

In our study, a significant difference was found between students and working nurses in terms of the professional suitability sub-dimension and career choice scale score. Students appear to be more motivated than nurses in terms of professional suitability and career choice scores. Parallel to our study, the results of a study conducted by McKenna et al. (2010) show that nursing students' dissatisfaction increases after they start working, depending on the clinic they work in (McKenna et al., 2010). In a study conducted by Jung and colleagues in Korea, it was found that nurses are more motivated in their career goals compared to students (Jung & Yoo, 2022). In the study conducted by Cope and colleagues, it was concluded that nurses love their profession and are very satisfied with their career choices (Cope et al., 2016). These studies in the literature contradict our study. In the study conducted in our country, this situation is thought to be due to the professional challenges faced by working nurses, insufficient job descriptions, and limited career development opportunities.

When the order of professional preferences of nursing students and working nurses is analyzed, the professional choice scale scores of those who prefer the nursing profession in the first place (59.55%) and those who prefer it in the third and subsequent places are significantly different. In parallel with our study, a study conducted by Bölükbaşı in 2018 found that 56.1% of students chose nursing as their first preference, and those who chose it as their first preference had higher career choice scale scores (Bölükbaşı, 2018). It is known that the preference status changes according to the knowledge about nursing before choosing a profession, the hospitalization and the presence of nurses in the social environment (Başkale & Serçekuş, 2015; Bölükbaşı, 2018; Miller, 2019; Wu et al., 2015). The situation of choosing a profession voluntarily is seen with high rates in the professional suitability and career choice scale scores. In the study conducted by Özdemir and Şahin in 2016, the voluntary preference rate was determined as 40.2% and, similar to our study, the career choice scale score showed a significant difference (Özdemir & Şahin, 2016). Similarly, in Bölükbaşı's study, it is seen that the scale score of those who choose voluntarily is higher (Bölükbaşı, 2018).

When the mean social gender equality scores of the participants in the study were compared, a statistically significant difference was found between women and men, and the mean social gender equality score of male nurses was higher than that of women.. High scores on the scale indicate an egalitarian social gender perception. The higher perception of social gender equality among men compared to women may indicate that male nurses tend to have a more egalitarian perspective or that men have a broader perspective on gender roles and expectations in society. Although perspectives on gender have changed over time and across societies, it is reported that in all OECD countries, women show significantly more interest in the

nursing profession than men, with 92% of nurses being women (Organisation for Economic Co-operation and Development [OECD], 2021). This situation indicates that the nursing workforce continues to reflect a traditional gender composition.

When the mean social gender equality scores of the participants in the study were compared, a statistically significant difference was found between those with low income and those with high income in social gender equality scores. The lower social gender equality scores of nurses with lower income levels highlight the impact of the income gap on the perception of social gender equality. It can be suggested that low income levels may negatively affect access to education, healthcare, employment, and other social services, which in turn could impact individuals' quality of life and overall well-being, thereby shaping their perceptions of social gender equality. In recent years, individuals have moved away from the traditional gendered approach when choosing nursing as a profession, prioritizing factors such as ease of employment and salary, which contributes to the profession gaining a more professional identity (Mesquita & Lopes, 2018). In the study conducted by Özdemir and Şahin in Türkiye, the fact that professional conditions were considered more important supports this information (Özdemir & Şahin, 2016). It is extremely important for individuals who choose nursing to have chosen their profession willingly and consciously, to own their profession and to be able to transfer it to practice in the best way (İncirlikuş et al., 2023). Among the participants in the study, it was observed that the social gender equality scores of those who preferred the profession willingly were higher than those who did not. That's to say nurses' and nurse candidates' perception of nursing as a professional profession is effective in their decision to choose the nursing profession and to stay in nursing. The acceptance of the nursing image as specific to the female gender is an obstacle for male nurse candidates to choose the nursing profession (Dönmez & Balkaya, 2021).

A statistically significant difference was found between participants' satisfaction with their department based on their social gender perception scores. It can be said that there is no gender-based discrimination in the nursing department, no gender-based discrimination among student nurses, and therefore, the satisfaction with the nursing department is high. According to the concept of social gender equality, it can be interpreted that in nursing education, equality is ensured between genders in terms of decision-making, giving opportunities, responsibilities given, undertaken activities, and access to resources for both female and male students (Khan et al., 2018). The underemployment of male nurses, gender stereotypes in society, negative social expectations, and adverse working environments that prevent men from choosing the nursing profession are long-standing issues (Guy et al., 2022; Kearns & Mahon, 2021). The participation of men in the nursing profession has been influenced by stereotypes and gender role conflicts, and the profession has generally been associated with women (Chen et al., 2024; López-Verdugo et al., 2021). The high number of female nurses in our study's data reflects this reality. Looking at the history of nursing, it is known that the nursing profession was initially practiced by women and girls in countries outside of Saudi Arabia, and the first schools established aimed to provide education to women (Şentürk, 2011). In Germany, nursing began to be practiced by nuns in the 16th and 17th centuries. The first care and education center was established by Theodore Fliedner (1800-1864) for the education of women, which later became institutionalized as the first nursing school (Koenig et al., 2012). In Australia, women were first assigned to receive nursing education to provide them with quality training, and a nursing school was established in 1882 by five female nurses who received this education (Laver, 2020). In France, hospital services and the nursing profession, which were previously managed by nuns, became a profession for middle-class women in the 19th century due to educational programs developed through the efforts of Anna Hamilton. Developments in the nursing profession played a significant role in the empowerment of women in the sociocultural and political spheres (Schultheiss, 2001). In India, nursing education for Indian women began in 1867 (Kumar TD & P., 2017). Similarly, the first nursing school to train girls as nurses was established in the Philippines in 1907 (Philippines., 2020). Although the first nurses in developed or developing countries were nuns or women and girls, there is no expression in the laws of these countries that leads to gender discrimination. However, in Türkiye, in the nursing profession

described as a women's profession in the law enacted in 1954, only women received education and worked as nurses until the law was updated in 2007 (Şentürk, 2011). This situation has led to nursing being seen as a women's profession in Türkiye and has contributed to the formation of social gender perceptions. In a qualitative study conducted with nursing students in 2015, they reported feeling gender stereotyping in the profession. In our study, it was found that the choice of profession in nursing did not have a statistically significant effect on social gender perception scores. Despite the removal of gender-biased expressions from the law in recent years (2007), the data obtained in Türkiye is positively evaluated in terms of both cultural and social development. This finding may indicate that the nursing profession is in the process of professionalization. Reducing gender discrimination or changing the gender-based perspective towards the profession can increase the prestige of the profession, which can contribute to the professionalization process of the nursing profession (Güven & Şener, 2023). Perceiving the nursing profession as not being gender-dependent in society can help nurses strengthen their professional identity, enhance their professionalization, achieve job satisfaction, continue their careers, and guide others in choosing the nursing profession (Güven & Şener, 2023).

The findings of this study indicate a gradual shift toward perceiving nursing as a gender-neutral profession; however, persistent traditional stereotypes and structural barriers remain evident. Younger individuals and those who voluntarily select nursing exhibit higher motivation and professional suitability, highlighting the significance of informed and deliberate career choices. Despite male participants demonstrating a more egalitarian perspective on gender roles, nursing continues to be a female-dominated field, reflecting entrenched societal norms. Accordingly, the following recommendations are proposed:

- Promote gender equality within the nursing profession through targeted educational initiatives and public awareness efforts,
- Encourage voluntary and well-informed career choices by integrating comprehensive career guidance into school curricula,
- Address workplace-related challenges to increase job satisfaction and reduce turnover among nursing professionals,
- Provide access to continuous education, training, and skill-building opportunities to support career advancement,
- Facilitate mentorship structures to support male nurses, helping to improve retention and promote inclusivity,
- Combine reforms across multiple domains to create a more inclusive and professional nursing workforce.

Limitations of the study

The direct involvement of nurses and nursing students in the study represents a strong aspect, as it provides in-depth and realistic information about the subject of the study. However, the study also has limitations. The weaknesses of the study are that cultural differences were not sufficiently taken into account, it was limited to participants in a certain geographical region and the data were collected in a certain period of time.

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