

# Impact of Gender Differences on Job Satisfaction Among Healthcare Workers: A Review Article

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## Abstract

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**Background:** Job satisfaction in nurses affects patient care quality, staff retention, and the whole healthcare system. Studies showed that gender plays an important role which indicates that women form the majority in nursing and face different levels of violence, bullying, leadership views, and mental health outcomes compared to men.

**Objective:** This review aimed to bring together findings on main factors that drive nurse job satisfaction and to show gender differences in satisfaction levels, stressors, and work outcomes in different nursing settings.

**Methods:** Narrative review of selected studies found through focused literature search.

**Results:** Studies showed that high workload, not enough staff, weak supervisor support, and low pay reduced satisfaction. Research indicated that autonomy from task delegation, respectful communication, strong ethical focus on patient-centred care, and good talent management practices increased satisfaction. Gender differences appeared clearly. Data showed that most nurse practitioners were women. Findings indicated that male nurses experienced more workplace bullying yet showed lower intent to leave, and structural empowerment explained part of this effect. Results showed that men had higher burnout depersonalization scores, while women working in emergency departments presented more PTSD symptoms. Evidence indicated that gender equity in nursing education raised esteem and pride among male nurses.

**Conclusion:** Nurse job satisfaction decreases when resources and support are missing, but it rises with autonomy and ethical patient care. Gender changes how nurses experience work, which shows that men face more bullying and burnout and bullying, while women appear more vulnerable to PTSD and loss of motivation. More research on combined gender effects is needed.

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## Introduction

Job satisfaction among nurses decides patient care level, nurse retention, and healthcare system performance. It remains complex because many inside and outside factors shape it, and when satisfaction is low, burnout appears, turnover rises, and care quality drops [1-3]. Research showed that nurses deal with heavy workloads, limited resources, and emotional tiredness, yet they also receive rewards from helping patients [1,3,4].

Several points come out from the studies. First, job features from Hackman and Oldham's model (skill variety, task identity, task significance, autonomy, feedback) mattered to nurses [1]. Second, work environment factors that include supervisor support, pay, workload, staffing numbers, and available equipment influenced satisfaction and well-being [1,3,5]. Third, professional values and duty toward individual patient care linked strongly to satisfaction

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and protected against turnover and burnout [2,4]. Studies done in different places and with different nurse groups (staff nurses, managers, East Africa, Turkey, Iran) indicated that job satisfaction stays complicated and often low. Reports showed low satisfaction in Turkey for both staff and managers [1,2], which indicates that almost one-third of nurse leaders and one-fifth of staff nurses felt unhappy with their jobs [1]. Burnout and body complaints appeared often, especially in East Africa where resources were few [3]. Main reasons for low satisfaction included heavy workload, not enough staff, poor supervisor help, and small salaries [1,3,5]. On the other side, strong professional values, ethical promise to personal patient care, and manager actions such as respectful talk and giving autonomy through task delegation raised satisfaction [2,4,6,7]. Staff saw autonomy from task delegation in positive way [7], while wider organisation plans like talent management clearly lifted satisfaction and commitment [5]. Self-efficacy and self-esteem also worked as mediators for satisfaction [8]. Understanding gender-specific reasons for nurse job satisfaction helps reduce different risks of burnout, bullying, and leaving the job, and finally improves retention and patient care; therefore we decided to review this topic.

## Methods

We performed a narrative review of peer-reviewed articles that were chosen because they examined main causes of nurse job satisfaction and explored how gender changed professional experiences, stressors, and results. Information was grouped by themes that covered job features, workplace conditions, professional values, and gender patterns.

## Results

The nursing profession still shows clear gender imbalance which indicates that women have always formed the majority, although male numbers have grown lately, mainly in Western countries, while Asia moves slower [9]. Numbers showed that equal gender treatment in nursing schools improved job satisfaction, esteem, and professional pride for men, and this finding points to the need to fix gender gaps already during training [9]. Among female nursing students, choosing typical female careers like nursing linked to higher work motivation and less gender-role stress, but motivation sometimes dropped in later training years [10]. Workplace violence created big problems, and male nurses reported more violence from colleagues which indicates that this violence affected their wish to stay in the job more directly [11]. How strongly nurses identified with male or female traits also changed

satisfaction, especially in relations with supervisors in male-typed positions [12].

All reviewed papers together showed important gender differences in many areas of nursing work. One common finding indicated female dominance, seen both among practising nurse practitioners where 92.8% were women and among students where career choice connected to motivation [13,10]. This majority of women also changed how people saw workplace relations, because Saudi nurses reported higher satisfaction under male managers, and this suggests cultural or organisational reasons behind satisfaction [14].

Studies further indicated different experiences according to gender. New male graduate nurses met more bullying at work, yet they expressed less wish to quit, which shows some form of strength or different coping [15]. In emergency units, female staff displayed higher work-related PTSD signs, and this points to stronger mental health effect from stress for women [16]. On the contrary, male nurses and male healthcare staff in general presented higher burnout, mainly in depersonalization, according to large reviews [13,17].

These results suggest that we need deeper understanding and possibly separate actions for each gender. Policies that increase structural empowerment, use leadership styles that fit mixed staff, fight bullying aimed at male nurses, and build support for burnout and mental health, especially for emergency workers and for single or male nurses, can improve the nursing workplace and patient care. More studies are necessary to fully understand these gender experiences and to create good solutions that work.

## Discussion

This review put together what studies showed about how gender affects job satisfaction in nursing. It indicated that some problems lower satisfaction for all nurses no matter their gender. Things like not enough staff, weak leadership, and low pay showed lower satisfaction and more distress in many reports. But other factors that show nurses have control over their work or feel strong ethical commitment indicated higher satisfaction. This matches what Arizona nurse practitioners reported when they showed a mean job satisfaction score of 4.69 out of 6.0 even with big workforce problems [19]. German ICU nurses also indicated that better staffing ratios and good support at work showed much higher satisfaction [22].

Yet the review clearly indicated that gender creates different risks and experiences which change overall satisfaction. Some older reviews thought biography variables did not matter much [24], but many studies we looked at showed different paths for men and women. Female nurses who work in places like emergency

departments showed more signs of PTSD symptoms after hard events. Female nurses also indicated higher moral distress in their answers [20] and higher workplace stress scores [21], which indicates worse emotional health for them. Male nurses, on the other hand, showed higher rates of bullying from colleagues. Still, male nurses indicated lower plans to leave the job

even with that bullying, and this might come from feeling more structural empowerment. These differences that show up again and again indicate we cannot use simple ideas about gender and satisfaction. We need to see how the exact workplace, for example ICU units [22], or certain experiences, for example bullying [21], mix with gender and change results.

Source	Study Focus	Main Finding	Key Statistic
[13] Bumbach et al. (2020)	Gender Differences in Nurse Practitioners	Female dominance in NP workforce (92.8%). Differences in patterns of care, with female NPs performing most services, except for medical procedures where males did more.	92.8% female NPs; 6/11 care patterns significantly different by gender.
[14] Alghamdi et al. (2018)	Gender Leadership & Job Satisfaction (Saudi Nurses)	Higher job satisfaction and perception of transformational leadership when the nurse's manager was male. No effect of nurse gender.	Nurses: Higher satisfaction/perceived leadership when manager male ( $p < .05$ ). 51.3% of surveyed nurses (308/600).
[10] Muldoon & Kremer (1995)	Career Aspirations & Gender Identity (Female Student Nurses)	Aspiring to traditional female nursing roles linked to higher work motivation and lower gender-role conflict. Rural female students showed stronger feminine orientation if aspiring traditionally.	Aspiring to traditional female careers: Higher work motivation ( $p < .05$ ), lower gender-role conflict. Year of training negatively influenced motivation ( $p < .05$ ).
[15] Favaro et al. (2021)	Workplace Bullying & Job Turnover (New Graduate Nurses)	Male nurses experienced significantly higher workplace bullying but reported lower job turnover intention. Structural empowerment reduced bullying and turnover intention.	Male NGNs reported significantly higher bullying ( $p < .05$ ) than females; lower turnover intention. Structural empowerment mediated the relationship between bullying and turnover.
[16] Lee et al. (2012)	Sex Life Satisfaction & Job Stress (Married Nurses)	Work stress negatively correlated with sex life satisfaction over time. Higher effort reward correlated positively with sex life satisfaction.	Sex life satisfaction negatively correlated with age; positively correlated with effort reward.
[17] Cañadas-De la Fuente et al. (2018)	Burnout Risk Factors (Meta-Analytic Study)	Male gender, single/divorced status, and lack of children associated with higher burnout (specifically depersonalization for males).	Significant correlations: Depersonalization with gender ( $r=0.078$ ), marital status ( $r=0.047$ ), children ( $r=0.053$ ); Emotional exhaustion with children ( $r=0.048$ ).
[18] Carmassi et al. (2022)	PTSD Symptoms & Burnout (Emergency Healthcare Workers)	Female gender associated with higher Post-Traumatic Stress Symptoms (re-experiencing, hyperarousal). Medical doctors showed higher burnout and lower compassion satisfaction.	Females: Higher PTSD Symptoms ( $p=0.010$ , $p=0.026$ ); Medical doctors: Higher Burnout ( $p<0.001$ ), lower Compassion Satisfaction ( $p=0.009$ ). Functioning impairment higher for doctors.

Finally, the review indicated that what the organization does and the support it gives play a big part in how gender connects to satisfaction. Our results showed that fair education chances raised esteem for male nurses. This matches what a Korean study indicated when it asked for better staffing and better workplace culture to lower turnover, especially for nurses with little experience [23]. Although more research is needed that looks at how gender mixes with other things, all the papers together indicated that nurse job satisfaction has many sides. They also indicated that we need plans made specially for each gender to make the work environment better and keep nurses longer.

Many studies looked straight at gender's role [26-31], and most of them indicated the same different experiences that our review showed. For example, Bordelon et al. (2023) wrote that male nurses meet more microaggressions and discrimination when they work mostly with female peers [27], and this directly supports what we found about bias against men. O'Connell (2015) studied moral distress in critical care and showed much higher scores for female nurses than for male nurses [29], which indicates again that women carry more psychological risk, just like we said. Stecker and Stecker (2014) measured workplace stress that comes from rude staff behavior and indicated a higher stress index for women plus a clear link between bad

manners and stress [31]. This matches our point that bullying hits male nurses hard while overall work stress stays a big reason for low satisfaction. Our review already indicated that missing resources and poor support lower satisfaction, but Stecker et al. add that rude behavior at work directly raises stress, which indicates one more clear negative factor. This fits well with Aloisio et al. (2021) that looked at long-term care and indicated poor relationships between staff and not enough help as reasons for dissatisfaction [26]. When the workplace has less rude behavior, nurses showed lower stress, and that indicates how important the culture of the place really is to reduce bad effects on satisfaction.

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## Conclusion

In conclusion, our review brought together what we know about gender differences in nurse job satisfaction. It indicated that workplace bullying, stress from rude interactions, moral distress, and risks like PTSD symptoms matter a lot, and these things often hit men and women differently. What we found about structural empowerment that may protect male nurses and about fair education that helps them adds new details to how we can raise nurse well-being and satisfaction. More studies in the future that look at how gender works together with specialty area, workplace culture, or leadership style will be very important so we can build exact plans that raise job satisfaction and fix the long-term problems in nursing staff.

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