

Gender equity in the nursing and health workforce

This is one of two statements on gender equity. Refer to “Gender equity in health and health care” for more on gender equity in relation to health systems and health outcomes.

Gender equity is the fair treatment of women, men and gender-diverse persons¹. Gender inequity is pervasive in all areas of society and is one of the most harmful social injustices globally. As nursing is a historically gendered profession, it is gender inequity that is one of the root causes of the failure to value, protect, respect and invest in nurses. Achieving gender equity in the nursing and health workforce is critical for a strong, empowered, enduring and sustainable workforce to address global health challenges and achieve health for all.¹

Women and gender-diverse persons have been marginalized and discriminated against across many societies and their contribution to health and the health labour market is chronically undervalued. In the health workforce, women, gender-diverse persons and nurses alike hold lower status jobs and fewer leadership roles, receive relatively lower pay, face workplace violence and harassment and have a higher burden of unpaid work in the home.^{2,3} Women comprise 70% of the total health and social care workforce and 90% of the nursing workforce. Nurses make up greater than 50% of the total health workforce.³ Women and gender-diverse persons belonging to groups marginalized because of other characteristics including race, class, caste, age, ability, social status, ethnicity and sexual orientation face even greater barriers within nursing and health care as these identities intersect with gender and further multiply the disadvantages faced.^{3,4}

Gender norms and stereotyping classify some work as “men’s” or “women’s” work, which drives occupational segregation of professions, causing undervaluing of those professions dominated by women.³ The status of nursing as a “feminine” and “nurturing” profession has been cited as a barrier to the status of nursing in the health workforce as a whole.⁵ This perceived lower status of “feminine” professions and of the nursing role contributes to an undervaluing and lack of respect for the

¹ A gender-diverse person is an individual whose gender identity is outside of the perceived gender norm i.e. transgender, non-binary, two-spirit.

nursing profession and its work. Advancing gender equity in the health workforce will require improved recognition of the skills, knowledge, attributes and expertise of nurses.

The COVID-19 pandemic provided a stark example of the negative impacts that gender inequities can have on the health workforce. While nurses provided the majority of care during the pandemic, they continued to face deteriorating working conditions, mass trauma, higher rates of morbidity and mortality, unfair remuneration and a persistent undervaluing of the nursing role in many countries.^{5,6}

Nurses of all genders face barriers to advancing into global health leadership positions and are therefore underrepresented in these influential roles.⁵ Nurses are rarely promoted to positions of authority and are historically under-represented on hospital and health service boards and within ministries of health where health care decisions that affect the health of patients and communities are made.¹ Bias, discrimination, power imbalance, lack of privilege and stereotyping inhibit nurses, especially nurses who are women, from advancing into leadership.^{3,5} While men are the minority in nursing, they hold a disproportionate number of nursing and health leadership roles.³ Many nurses who are women are unable to be promoted due to domestic responsibilities or the prioritization of colleagues who are men.³ Inflexible and unsupportive policies, such as full-time employment as a requirement for senior roles, impact women with informal care responsibilities and their ability to advance in the workplace. In contrast, nurses who are men have been rapidly promoted due to society's bias towards men as leaders.⁵ Nurses who are responsible for policy and strategy implementation are often not involved in their development resulting in suboptimal results. The appointment of nurse leaders in executive positions across health care organizations and government policymaking is vital for addressing the complex challenges faced by the health systems.¹

Globally, women are paid 23% less than men.⁷ For women of colour, Indigenous women, immigrant women and mothers, this wage gap is wider. This intersectionality – the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, ability and other forms of discrimination intersect and

are mutually reinforcing – means that tackling the gender pay gap alone will not be effective. Women, including nurses, in the health workforce are more likely to go unpaid or underpaid for their work, and a 28% pay gap is seen in the health workforce between women and men.⁸ This gap can be attributed to factors such as different occupations and working hours between men and women. However, an 11.2% wage gap remains even when controlling for occupation and working hours.⁹ The wage gap is likely due to gender discrimination including women's underrepresentation in senior positions, fewer opportunities for career advancement and restrictive policies, such as inflexible working hours and limited parental leave.¹⁰

Nurses are at high risk of workplace violence including actual and attempted incidents of sexual, physical and/or verbal assault or abuse, bullying and harassment.¹¹ Millions of nurses around the world carry out their work in unsafe environments including poor working conditions and unsafe staffing.

A digital gender divide exists between genders as women and girls have increased barriers to full participation in accessing and using digital technology and the benefits of digital transformation are not balanced between genders.¹² With rapid digital transformation in the health sector, the use of digital health technology is part of contemporary nursing practice. With the majority of nurses being women, the increasing digital literacy in the nursing workforce will help bridge the digital gender divide.

It is critical to look at gender-diverse persons when addressing gender equity. Little data is available on gender-diverse identities in health leadership, and it is likely that they face significant discrimination and bias when it comes to advancing into leadership and treatment in the workplace.^{3,9} Societies around the world have different views on gender relations and identities. While working towards gender equity and ensuring human rights take precedence, cultural sensitivity and respect can be demonstrated when local communities work together to understand how issues are defined and consider the ways forward.

The International Council of Nurses' position and recommendations

As the global voice of nursing, ICN:

- Promotes a gender transformative approach to health workforce development, seeking to challenge gender inequality by transforming harmful gender norms, roles and relations, while working towards redistributing power, resources and services more equally.
- Promotes gender equity, women's education and empowerment in both public and private life and supports the fundamental social reforms necessary to address inequalities in power, status and roles of women and gender-diverse persons.
- Firmly believes that addressing gender inequity is not just the responsibility of women and gender-diverse persons and requires a whole-of-society approach.
- Strongly believes that all nurses, regardless of their gender, should have equitable opportunities to advance into leadership positions within the health workforce.
- Considers nursing a highly skilled profession and one in the scientific and technical education category and calls for the global community to value the nursing profession as such.
- Condemns cost-cutting in health care by underpaying or not paying nurses, the majority of whom are women, for their work.
- Believes that the participation of nurses in digital transformation including development, implementation, use and evaluation of technologies will strongly support the narrowing of the gender digital divide and advance gender equity.
- Promotes an intersectional approach as critical to effectively tackling gender inequity in the health workforce for all women and gender-diverse persons and to minimize reinforcing other inequalities amongst women and gender-diverse persons.

ICN encourages national nurses' associations (NNAs) to:

- Work to ensure that nurses, women and gender-diverse persons are adequately represented in public and private sector health leadership positions and that there is intersectional diversity within those women and gender-diverse persons regarding race, ethnicity, Indigeneity, sexual orientation and ability.
- Advocate for a gender-based analysis of government/public policies to ensure they are fair to all genders and promote gender equity.
- Advocate for gender-transformative policies in national governments to remove socio-economic barriers for women and gender-diverse persons to increase political participation and access to leadership roles in health decision-making and to ensure safe and inclusive work environments.
- Work with health systems to ensure that all health care organizations have diverse gender representation of at least 50% women and gender-diverse persons and at least one nurse represented on their governance/leadership boards.
- Regardless of the leaders' own gender, collaborate with national health leaders to establish intersectional gender-equitable and gender-transformative policies to promote the well-being of women and gender-diverse persons within health systems.
- Examine organizational policies with a gender equity lens to ensure promotion of gender equity including gender-diverse leadership within their own organizations.
- Advocate for nurses to receive competitive compensation and benefits including fair pay and conditions of employment, structured career opportunities and access to continuing education.
- Engage public- and private-sector health systems to work towards equal pay for equal work to ensure fair remuneration of health workers and to create safe working environments free from gender-based violence.
- Ensure flexible working arrangements with adequate pay so that there are more options for persons to pursue desired roles regardless of full-time or part-time work.
- Work with employers and unions to support nurses, especially those who are women and gender-diverse persons, to negotiate for fair wages.

- Advocate for more transparent data on salaries and wages so that women and gender-diverse persons can have equal pay for equal work.

ICN calls on governments and/or global health organizations to:

- Ensure diverse gender representation of at least 50% women and gender-diverse persons on their governance/leadership boards.
- Ensure nurses are actively involved in dialogue and decision-making forums on gender equity.
- Strengthen nursing leadership and governance structures at the national and global levels and include nursing in policy and decision-making processes.
- Improve data collection on gender and other intersecting characteristics for individuals employed in leadership to better see who is represented in leadership positions.
- Provide nurses competitive compensation and benefits including fair pay and conditions of employment, structure career opportunities and access to continuing education.
- Urgently address and improve support for health and well-being of nurses of all genders by ensuring safe and healthy working conditions and respecting their rights. This includes systems to ensure safe staffing levels, protection against violence and hazards in the workplace and implementing and enforcing international labour standards on the rights of nurses to work in safe and healthy supportive environments ensuring physical as well as mental health protections.
- Establish and ensure pay equity regimes and/or job evaluation schemes ensure equal pay to men and women doing work of equal value to combat the gender wage gap.

ICN calls on individual nurses in their roles as clinicians, educators, managers, researchers, policy influencers or executives to:

- Promote public awareness of the contribution that women, gender-diverse persons and nurses make to health and health care through their advanced skills, scientific knowledge, leadership and professionalism to raise the status of the nursing profession to empower women socially, politically and economically.
- Recognize, examine and challenge gender-bias and norms in policies and processes in the workplace.
- Recruit gender-diverse persons into the nursing workforce as these populations face significant health disparities, and a diverse workforce is needed to address diverse health challenges.
- Promote the development of policies and strategies to prevent, identify and address gender-based violence in workplaces, including whistleblower protection for incidents that occur.
- Support nurse and other health professional colleagues in their efforts to create and maintain workplaces that are free from gender-based violence.
- Promote and support the advancement of women and gender-diverse nursing leaders by emphasizing their achievements, highlighting their leadership qualities, and sharing their success stories through public recognition, securing speaking engagements and advocating for media coverage.
- Participate in professional development to gain skills and competencies in digital health to contribute to closing the gender digital divide.
- Ensure that any workforce research or data collection has adequate collection methods regarding gender identity and other intersecting characteristics.
- Engage in research on gender gaps and occupational segregation to ensure competencies and contributions of nurses, women and gender-diverse persons are recognized.

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