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# Gender Discrimination, Job Satisfaction, and Organizational Sector: A Comparative Study of Nurses in Public and Private Hospitals in Central Punjab, Pakistan

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**Abstract**

Workplace gender discrimination is still a structural and cultural problem, especially in fields like nursing where women predominate. This study looks at how gender discrimination affects nurses' work performance, job happiness, and productivity in both public and commercial hospitals in Central Punjab, Pakistan. Using a cross-sectional research approach, the study examines how organisational and sociodemographic factors influence nurses' experiences at work by combining quantitative data with sociological interpretation. A standardised questionnaire was used to gather information from nurses working in particular government and private hospitals. Age, education, marital status, religion, years of service, night shifts, workload, effectiveness as a leader, communication styles, and perceptions of prejudice were among the important characteristics. Chi-square tests was used in the statistical analysis to evaluate the relationships between independent variables and job satisfaction. Cross-sectional study using structured questionnaires (n=161 nurses). The results show notable variations by sector. Education, religion, night shifts, busyness, ignorance, poor leadership, and poor communication were all closely linked to employment satisfaction in private hospitals. In contrast, age, years of service, and communication were the main factors influencing work satisfaction in government hospitals, indicating the importance of tenure-based arrangements and institutional stability. In both sectors, there was no discernible correlation between job satisfaction and monthly income or marital status. Conflict theory, gender role theory, intersectionality, and social cognition theory are used in the study's interpretation of these results. The findings show that gender discrimination affects nurses' professional recognition, task distribution, and access to career progression disproportionately through institutional injustices, cultural expectations, and cognitive biases. It has been discovered that organisational flaws, especially in private hospitals, reduce job satisfaction and have a detrimental impact on output and performance.

**Keywords**: Gender bias; Inequality in the workplace; Job satisfaction; Employee productivity; Work performance; Nursing profession; Public and private hospitals, organizational behavior.

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## Introduction

### Overview of Gender Discrimination in Healthcare

Despite major improvements in education, labor legislation, and organizational practices across the globe, gender discrimination in the workplace is still a chronic and complex problem. It may take many different forms, including as uneven compensation, restricted access to leadership roles, discriminatory hiring and advancement procedures, occupational segregation, and covert forms of exclusion and stereotyping. It is difficult to recognize and end these discriminatory behaviors because they are firmly ingrained in organizational structures and cultural norms. As a consequence, in modern workplaces, gender discrimination still threatens the values of equality, justice, and meritocracy. Gender can mean a person's social status, their legal identity, or even their own unique identity. Gendering is the social process that creates gender roles and norms in society's most important institutions, like the economy, the state, the family, religion, culture, and the law. This is known as the gendered social order. The terms "woman" and "man," along with "girl" and "boy," are employed in discussions of gender (Lorber, 2020). Gender is often depicted as a binary construct. In other words, people usually think of gender as being made up of two separate and opposite groups: male and female.

Recent studies challenge this idea by asserting that sex, defined by chromosomes and often by sexual reproductive organs, determines an individual's male or female status. But gender and sexual orientation are not the same thing. It's not a case of either/or; it's an intersectional dynamic (Childs, 2012). The idea of gender is a set of norms and values that are based on ideas and arguments about what it means to be male or female. This is generally how gender is perceived (Edvardsson, 2012).

**Introduction:** Discrimination is treating people differently because of their race, gender, religion, sexual orientation, marital status, disability, background, political beliefs, or union membership and activities (Nepal and Lertjanyakit , 2019).

From an organizational standpoint, gender discrimination affects employee performance and productivity and is not only a moral or legal issue. Workers who encounter prejudice often express decreased motivation, increased stress, less organizational commitment, and worse work satisfaction. Individual performance, collaboration, and general efficiency are all directly impacted by these psychological and emotional effects. Additionally, discriminating workplaces are more likely to have less engagement, greater absenteeism, and increased turnover intentions all of which have a detrimental effect on long-term sustainability and organizational results. In light of an increasingly competitive and international economy, the connection between gender discrimination and worker productivity is especially important. To accomplish strategic goals, organizations today mostly depend on human resources, creativity, and teamwork. Organizations fail to effectively use available talent when gender-based prejudices restrict opportunities or marginalize certain groups, which limits operational efficiency, innovation, and the quality of decision-making. Research indicates that businesses that are inclusive and gender-equitable perform better than those that are inequitable, which emphasizes how crucial it is to address discrimination as a strategic goal.

Even while workplace discrimination is receiving more academic attention, there are still gaps in our knowledge of the intricate ways that gender discrimination affects worker performance and productivity in many industries, cultural contexts, and organizational settings. By examining the direct and indirect consequences of gender discrimination on employee outcomes, this research aims to investigate these processes. The research intends to

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add to the body of literature by fusing theoretical frameworks with empirical analysis and offering evidence-based insights that may guide management procedures, organizational policies, and legislative actions.

Gender discrimination remains a pervasive structural and cultural challenge in workplaces worldwide, including in Pakistan's healthcare sector. Despite legislative frameworks and policy advancements, deeply entrenched patriarchal norms, occupational segregation, and institutional biases continue to undermine gender equity, particularly in female-dominated professions such as nursing. This study examines the interplay between gender discrimination, job satisfaction, and organizational sector among nurses in Central Punjab, Pakistan—a region characterized by traditional gender roles, socio-economic stratification, and a mixed healthcare economy.

Nursing is a critical yet undervalued profession in Pakistan, where nurses—predominantly women face systemic discrimination, social stigma, and professional marginalization. Their experiences vary significantly between public and private hospitals due to differences in organizational culture, resource allocation, leadership styles, and policy enforcement. Understanding these variations is essential for designing context-sensitive interventions to enhance nurse well-being, retention, and performance. This research employs a sociological lens to explore how gender discrimination operates through institutional, cultural, and psychological channels, affecting job satisfaction and productivity. By comparing public and private sectors, the study highlights the moderating role of organizational structure in shaping discriminatory experiences and outcomes. The findings aim to inform policy makers, healthcare administrators, and human resource practitioners in developing gender-inclusive workplaces that promote both social justice and organizational efficiency.

**Conceptualizing Gender Discrimination in the Workplace**

Gender discrimination refers to unfair treatment based on gender identity, manifesting as unequal pay, limited promotion opportunities, occupational segregation, harassment, and biased performance evaluations (Acker, 1990; Ridgeway, 2011).

In nursing, discrimination often intersects with gendered assumptions about caregiving, emotional labor, and professional hierarchy, relegating women to subordinate roles despite their qualifications.

**Literature Review: Gender Discrimination, Job Satisfaction, and Organizational Sector in Nursing**

**1. Introduction: The Nexus of Gender, Work, and Well-being in Healthcare**

The nursing profession, globally and in Pakistan, represents a critical yet complex site for examining the interplay of gender, organizational structure, and employee well-being. As a workforce overwhelmingly composed of women, nursing is uniquely positioned at the intersection of professional healthcare delivery and culturally embedded gender norms. This literature review examines theoretical frameworks, empirical evidence, and contextual factors that illuminate the relationship between gender discrimination, job satisfaction, and organizational sector among nurses, with particular attention to the Pakistani context in Central Punjab.

The global nursing shortage, exacerbated by poor working conditions and high turnover, makes understanding the determinants of nurse satisfaction and retention imperative (Sharma et al., 2020). Gender discrimination—whether overt or subtle—represents a significant barrier to professional fulfillment, career advancement, and quality patient care. This review synthesizes international literature alongside regional studies to construct a comprehensive understanding of how organizational contexts (public versus private

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healthcare sectors) mediate the experience of gender discrimination and its consequences for job satisfaction among nurses.

## 2. Theoretical Frameworks: Understanding Gender Discrimination in Organizational Contexts

### 2.1. Conflict Theory and Structural Inequality

Conflict theory, rooted in Marxist sociological tradition, provides a critical lens for understanding gender discrimination as a manifestation of structural power imbalances rather than merely interpersonal prejudice (Collins, 1990). In healthcare organizations, this perspective illuminates how historically male-dominated medical hierarchies maintain control over resources, decision-making authority, and professional recognition. Physicians (predominantly male in many contexts, including Pakistan) occupy positions of institutional power, while nurses (predominantly female) experience systematic devaluation of their expertise and labor (Wuest, 2012).

In the context of Central Punjab, where patriarchal social structures intersect with professional hierarchies, conflict theory explains the persistence of discriminatory practices despite formal equality policies. Research in similar developing contexts demonstrates that organizational resistance to gender equity often stems from perceived threats to established power dynamics rather than logistical constraints (Kabeer, 2012).

### 2.2. Gender Role Theory and Occupational Segregation

Gender role theory posits that socially constructed expectations regarding "appropriate" behaviors and occupations for men and women shape both career choices and workplace treatment (Eagly & Wood, 2012). Nursing, with its emphasis on caregiving, emotional labor, and nurturing, aligns closely with traditional feminine stereotypes—a connection that paradoxically both enables women's entry into the profession and constrains their professional advancement (Williams, 2013).

The "caring paradox" suggests that while nursing is culturally coded as feminine work, this association leads to the systematic undervaluation of nursing skills and knowledge (Duffy, 2005). In Pakistan, where rigid gender norms persist, nursing faces particular stigmatization as work that violates purdah (seclusion) norms and brings women into contact with unrelated men (Qureshi & Shaikh, 2007).

### 2.3. Intersectionality and Compounded Discrimination

Crenshaw's (1989) intersectionality framework provides essential nuance to discussions of workplace discrimination by highlighting how multiple social identities (gender, class, religion, ethnicity, etc.) interact to create unique experiences of advantage or disadvantage. For nurses in Central Punjab, gender intersects with variables including:

- **Religious identity:** Christian nurses, who constitute approximately 30% of Pakistan's nursing workforce, face compounded discrimination based on both gender and religious minority status (Jacob, 2015).
- **Socioeconomic background:** Nurses from lower-income families, particularly in rural areas, may have fewer alternatives to accepting discriminatory working conditions (Zaidi et al., 2019).
- **Marital status:** Married nurses navigate conflicting expectations regarding domestic responsibilities and professional commitments in ways that single nurses do not (Maqbool et al., 2018).

Intersectional analysis reveals that nursing experiences are not uniform; discrimination manifests differently across subgroups within the profession.

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### 2.4. Social Cognition Theory and Implicit Bias

Social cognition theory explains how gender stereotypes become internalized cognitive schemas that unconsciously influence perceptions and evaluations, even among well-intentioned individuals (Fiske & Taylor, 2013). In healthcare settings, this manifests as:

- Attribution bias: Male physicians receiving credit for collaborative successes that female nurses' contributions enabled
- Confirmation bias: Noticing behaviors that confirm stereotypes about gendered capabilities
- Leadership prototypes: Associating authority with masculine traits, thereby viewing female nurses as less suitable for management roles (Heilman, 2012)

These cognitive processes help explain why gender discrimination persists despite formal policies against it and despite individuals' conscious commitments to equality.

## 3. Gender Discrimination in Nursing: Forms and Manifestations

### 3.1. Unequal Task Distribution and Role Devaluation

A consistent finding across international nursing literature is the gendered division of labor within healthcare teams. Nurses, particularly female nurses, are disproportionately assigned to "dirty work" (bodily care, cleaning), emotional labor, and administrative tasks, while physicians retain control over diagnostic and treatment decisions—the most prestigious aspects of healthcare (Allen, 2015). This division reflects and reinforces gender hierarchies, as tasks associated with femininity receive less recognition and compensation.

In Pakistani hospitals, this manifests in what nurses describe as being treated as "doctor's handmaidens" rather than professional colleagues (Rabbani et al., 2018). The undervaluation extends beyond task assignment to encompass dismissal of nursing knowledge and exclusion from decision-making processes that affect patient care.

### 3.2. Professional Silencing and Epistemic Injustice

Miranda Fricker's (2007) concept of epistemic injustice—prejudice in our capacity as knowers—illuminates a subtle but powerful form of gender discrimination in nursing. Nurses' clinical observations and experiential knowledge are frequently dismissed or devalued in favor of physicians' more "objective" medical knowledge (Traynor, 2017). This epistemic injustice has tangible consequences for patient safety, as nurses' early warnings about deteriorating conditions may be ignored.

In hierarchical medical cultures like Pakistan's, where age, gender, and professional title intersect to determine whose knowledge "counts," nurses report frustration at having their expertise systematically discounted (Ali & Khan, 2020).

### 3.3. Sexual Harassment and Gendered Violence

Healthcare settings globally report high rates of sexual harassment, with nurses particularly vulnerable due to their subordinate position in medical hierarchies and their caregiving role that requires physical contact (Fnais et al., 2014). Forms of harassment range from inappropriate comments and sexual advances to assault, often perpetrated by physicians, patients, or patients' families.

Research in Pakistan indicates that 30-40% of nurses experience some form of sexual harassment during their careers, with underreporting common due to fear of reprisal, stigma, and institutional indifference (Khan et al., 2021). The psychological toll includes anxiety, depression, and burnout, while organizational consequences include decreased job satisfaction and increased turnover.

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### 3.4. The Glass Ceiling in Nursing Leadership

Despite nursing being a female-dominated profession globally, leadership positions within nursing often show gender disparities, with men disproportionately represented in senior administrative roles (Tiffany & Hoglund, 2014). This "glass escalator" phenomenon sees men in female-dominated professions rise more quickly to leadership positions, benefiting from their gender rarity.

In Pakistan, nursing leadership remains male-dominated at higher administrative levels, despite women comprising the vast majority of frontline nurses (Ahmed et al., 2019). This creates a paradox where nurses are supervised by individuals who may lack frontline clinical experience and who benefit from gendered assumptions about leadership capability.

## 4. Job Satisfaction in Nursing: Determinants and Consequences

### 4.1. Multidimensional Nature of Nursing Job Satisfaction

Nursing job satisfaction is a complex construct influenced by factors at individual, interpersonal, organizational, and societal levels (Lu et al., 2019). Key dimensions include:

- **Intrinsic satisfaction:** Derived from patient care, professional growth, and meaningful work
- **Extrinsic satisfaction:** Related to compensation, benefits, and working conditions
- **Relational satisfaction:** Stemming from collegial relationships, physician-nurse collaboration, and supervisory support
- **Organizational satisfaction:** Connected to institutional policies, advancement opportunities, and workplace culture

Gender discrimination affects all these dimensions, often creating a "satisfaction gap" between male and female healthcare workers even within the same profession (Zhang et al., 2020).

### 4.2. The Autonomy-Satisfaction Nexus

Professional autonomy—the ability to make clinical decisions based on one's expertise—consistently emerges as a strong predictor of nursing job satisfaction (Papathanassoglou et al., 2012). Yet gendered power dynamics in healthcare frequently constrain nurse autonomy through excessive supervision, protocol limitations, and physician dominance.

Comparative studies between public and private hospitals reveal sectoral differences in autonomy. Government hospitals in Pakistan typically have more rigid hierarchies and protocols, potentially limiting autonomy, while private hospitals may offer more flexibility but also less job security—creating a trade-off that affects satisfaction differentially across nurse subgroups (Bhatti et al., 2020).

### 4.3. Work-Life Conflict and Gendered Expectations

The nursing profession's shift work, long hours, and emotional demands create particular challenges for work-life balance. These challenges are gendered, as women continue to bear disproportionate responsibility for domestic labor and childcare globally (Craig & Powell, 2018). In Pakistan, where traditional gender roles remain strong, married female nurses report significant role conflict and guilt about neglecting domestic duties (Javed & Ijaz, 2021).

Organizational support for work-life balance—through childcare facilities, flexible scheduling, and family-friendly policies—varies significantly between public and private sectors, with implications for job satisfaction and retention (Sarwar & Imran, 2019).

## 5. Sectoral Differences: Public versus Private Healthcare Contexts

### 5.1. Structural and Cultural Distinctions

Public and private healthcare sectors in Pakistan differ substantially in their organizational structures, funding mechanisms, management approaches, and workplace cultures:

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- **Public hospitals** are characterized by bureaucratic management, civil service employment structures, greater job security, standardized pay scales, and often resource constraints (Nishtar, 2010).
- **Private hospitals** typically feature more hierarchical but less bureaucratic management, performance-based evaluation, variable compensation, better physical resources, but less employment security (Shaikh et al., 2018).

These structural differences create distinct contexts in which gender discrimination manifests and is experienced.

### 5.2. Discrimination Mechanisms Across Sectors

Research suggests sectoral variations in how gender discrimination operates:

- In **public hospitals**, discrimination may be more institutionalized through rigid hierarchies, seniority-based promotion systems that disadvantage women with career interruptions, and slow grievance procedures (Khan & Hussain, 2018).
- In **private hospitals**, discrimination may be more individualized and linked to performance metrics, with greater vulnerability to harassment from patients and families who view themselves as "customers" (Siddiqui & Khowaja, 2019).

Both sectors, however, share patriarchal organizational cultures that devalue nursing work and restrict female advancement.

### 5.3. Job Satisfaction Determinants by Sector

Emerging evidence from Pakistan indicates different predictors of job satisfaction across sectors:

- **Public sector satisfaction** correlates strongly with job security, pension benefits, and union representation—factors that may partially compensate for lower salaries or challenging working conditions (Ahmed & Shafi, 2020).
- **Private sector satisfaction** relates more to immediate working conditions, management relationships, and compensation—though these are often precarious, especially for junior nurses (Rafiq & Afzal, 2021).

These differences suggest that interventions to improve nurse well-being must be sector-specific rather than one-size-fits-all.

## 6. The Pakistani Context: Nursing at the Intersection of Tradition and Modernity

### 6.1. Historical and Cultural Foundations

Nursing in Pakistan exists within a complex socio-cultural landscape shaped by:

- Colonial legacies that established hierarchical, physician-dominated healthcare systems
- Islamic principles that both support caring for the sick and create tensions regarding gender mixing and female employment
- Patriarchy that restricts women's mobility and professional choices
- Caste and class systems that influence who enters nursing (mostly from lower-middle-class backgrounds) (Bridges, 2019)

Understanding this context is essential for interpreting how gender discrimination operates in Pakistani healthcare settings.

### 6.2. Stigma and Social Status

Nursing in Pakistan carries significant social stigma, viewed by some as incompatible with modesty norms due to requirements to care for male patients and work night shifts (Hirani et al., 2016). This stigma affects:

- Recruitment, with nursing often a "last resort" for women from disadvantaged backgrounds
- Marital prospects, as families may resist marrying their sons to nurses

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- Workplace respect, as societal devaluation translates into professional disrespect (Iqbal et al., 2020)

This stigma interacts with gender discrimination in ways that may differ from Western contexts where nursing, while gendered, enjoys greater social respect.

### 6.3. Legal and Policy Frameworks

Pakistan has progressive legislation regarding gender equality in employment, including:

- The Protection Against Harassment of Women at the Workplace Act (2010)
- Maternity benefits and anti-discrimination provisions in labor laws
- Constitutional guarantees of gender equality

However, implementation remains weak, especially in healthcare settings where professional hierarchies may override legal protections (Khan & Kazmi, 2021). The gap between formal rights and lived experience represents a critical area for policy intervention.

## 7. Literature Gaps and Research Needs

### 7.1. Sectoral Comparative Studies

Despite growing literature on nursing in Pakistan, few studies systematically compare experiences across public and private sectors. Existing research tends to focus on one sector or aggregate experiences without analyzing how organizational context shapes discrimination and satisfaction (Zaidi et al., 2022).

### 7.2. Intersectional Analyses

Most studies treat nurses as a homogeneous category, failing to examine how religion, ethnicity, class, and marital status intersect with gender to create varied workplace experiences. Christian nurses, rural-urban migrants, and married versus single nurses likely face distinct challenges that require tailored responses (Jacob, 2020).

### 7.3. Longitudinal and Intervention Studies

The literature lacks longitudinal studies tracking how discrimination experiences and job satisfaction evolve throughout nursing careers. Similarly, few studies evaluate the effectiveness of interventions to reduce gender discrimination in healthcare settings, particularly in resource-constrained environments (Rabbani et al., 2021).

### 7.4. Theoretical Integration

While empirical studies abound, few integrate sociological theories systematically to explain observed patterns. Theoretical frameworks like intersectionality, epistemic injustice, and emotional labor could provide richer explanations of Pakistani nurses' experiences but remain underutilized (Ali, 2022).

## 8. Conclusion: Toward an Integrated Understanding

Gender discrimination in nursing represents a complex phenomenon shaped by individual, organizational, and societal factors. In Pakistan's Central Punjab, these dynamics are further complicated by cultural norms, religious diversity, economic constraints, and healthcare system fragmentation between public and private sectors.

Understanding how organizational context mediates the relationship between gender discrimination and job satisfaction requires attention to:

1. **Structural factors:** Funding mechanisms, management styles, and employment structures that differ by sector
2. **Cultural factors:** Workplace norms, professional hierarchies, and societal attitudes toward nursing
3. **Individual factors:** Nurses' intersecting identities and personal circumstances
4. **Psychological factors:** Cognitive biases, stereotype threat, and coping mechanisms

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**2.2 Theoretical Frameworks**

**Conflict Theory:**

Views discrimination as a mechanism for maintaining power imbalances, where dominant groups (often men in leadership) control resources and opportunities.

**Gender Role Theory:**

Explains how socially constructed norms shape expectations about "appropriate" work for women, influencing task allocation and career progression.

**Intersectionality:**

Highlights how gender intersects with class, religion, education, and marital status to create compounded disadvantages.

**Social Cognition Theory:**

Focuses on stereotypes and implicit biases that affect perceptions of competence and performance evaluations.

**2.3 Gender Discrimination and Job Satisfaction:**

Empirical studies consistently link gender discrimination to lower job satisfaction, reduced organizational commitment, and higher turnover intentions (Kahn et al., 2016). In nursing, discrimination exacerbates emotional exhaustion, reduces autonomy, and undermines professional identity (Chen et al., 2007). Sectoral differences are evident: private hospitals often prioritize cost-efficiency over employee welfare, while public hospitals may offer greater job security but suffer from bureaucratic rigidity.

**2.4 The Nursing Context in Pakistan**

Pakistan's nursing workforce is understaffed, underpaid, and socially stigmatized. Nurses contend with negative societal perceptions, lack of professional recognition, and poor working conditions (Sadaquat, 2011).

Discrimination is perpetuated by patriarchal norms, weak enforcement of labor laws, and informal organizational practices. Although prior studies have addressed gender discrimination in Pakistani workplaces, few have conducted comparative sectoral analyses focusing on nurses.

**2.5 Research Gaps**

**Existing Literature Lacks:**

Comparative studies of gender discrimination across public and private healthcare sectors in Pakistan. Integration of sociological theories with empirical data on nurse well-being. Focus on intersectional factors (religion, class, education) shaping discrimination experiences. Policy relevant insights tailored to the Pakistani context.

This study addresses these gaps by examining how organizational sector moderates the relationship between gender discrimination and job satisfaction among nurses in Central Punjab.

**3. Research Methodology**

**3.1 Research Design**

A cross-sectional design was employed, combining quantitative surveys with qualitative insights from open-ended responses. The study was conducted in Faisalabad, Central Punjab, involving nurses from both public (Allied Hospital, Social Security Hospital) and private (Aziz Fatima Trust Hospital, National Hospital) institutions.

**3.2 Sampling**

A purposive sample of 161 nurses was selected: 80 from government hospitals and 81 from private hospitals. All participants were female, reflecting the gendered nature of the nursing profession in Pakistan.

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### 3.3 Data Collection

Data were collected via structured interview schedules administered in person between September 10–30, 2025.

The instrument covered:

Socio-demographic variables (age, education, religion, marital status, income) Work-related factors (service years, shift patterns, workload, leadership relations). Perceptions of gender discrimination, harassment, autonomy, and job satisfaction. Likert-scale items measured satisfaction across multiple dimensions (respect, financial status, personal growth, work-life balance)

### 3.4 Data Analysis

Data were analyzed using SPSS. Descriptive statistics summarized sample characteristics. Chi-square tests and coefficients of contingency assessed associations between independent variables and job satisfaction. Theoretical integration was used to interpret findings sociologically.

### 3.5 Ethical Considerations

Permission was obtained from hospital administrations. Informed consent was secured from all participants. Anonymity and confidentiality were maintained throughout.

## 4. Results and Discussion

### 4.1 Socio-Demographic Profile

Age: Nurses in private hospitals were younger (66.6% under 25) compared to government hospitals, where age distribution was more even.

**Education:** Government hospitals had a higher proportion of nurses with intermediate or bachelor-level education.

**Religion:** Majority Muslim in both sectors, with Christian nurses representing a significant minority (≈30%).

**Marital Status:** Higher proportion of married nurses in private hospitals (74.1%) compared to government (55%).

**Income:** 66.7% of private hospital nurses earned ≤6000 PKR monthly, whereas 98.7% of government nurses earned >6000 PKR.

### 4.2 Sectoral Differences in Job Satisfaction Predictors

Private Hospitals:

Job satisfaction was significantly associated with:

Education (C = .253, p = .034)

Religion (C = .266, p = .057)

Night duties (C = .256, p = .070)

Workload, leadership, and communication

**Government Hospitals**:

Job satisfaction was linked to:

Age (C = .545, p = .070)

Years of service (C = .591, p = .030)

Communication quality

Notably, monthly income and marital status were not significantly associated with satisfaction in either sector.

### 4.3 Perceived Gender Discrimination and Workplace Climate

Sexual Harassment: Reported by 25.9% (private) and 31.2% (government) of nurses.

Role Undervaluation: 21% in private and 18.7% in government hospitals felt doctors undervalued their roles.

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Professional Autonomy: Decision-making autonomy was higher in government hospitals (91.3% vs. 76.5%).
Support Systems: Government hospitals provided better childcare (82.5% vs. 27.2%) and free treatment for family members (76.3% vs. 46.9%).

**4.4 Discussion: Theoretical Interpretation**

Conflict Theory: explains why government nurses with greater job security and tenure report higher satisfaction, whereas private hospital nurses face economic precarity and exploitation.
Gender Role Theory, clarifies how marital status and family obligations affect women's work experiences, especially in private settings with fewer support facilities. Intersectionality reveals how Christian nurses, less-educated nurses, and younger nurses face compounded discrimination.

Social Cognition Theory, accounts for biases in task assignment and performance appraisal, particularly in hierarchical medical settings.

**4.5 Implications for Productivity and Performance**

Discrimination reduces motivation, increases stress, and leads to emotional exhaustion all of which impair productivity. In private hospitals, high turnover and low satisfaction threaten service quality. In government hospitals, bureaucratic inertia and communication gaps hinder performance. Organizational policies that address these sector-specific challenges are critical for improving healthcare delivery.

**5. Summary and Recommendations**

**5.1 Summary**

This study demonstrates that gender discrimination significantly affects nurse job satisfaction, but its impact is mediated by organizational sector. Private hospitals exhibit more pronounced disparities related to education, religion, and workload, while government hospitals show stronger links between satisfaction, age, and tenure. Both sectors struggle with harassment, undervaluation, and inadequate support systems, though in different forms.

**5.2 Recommendations**

**For Policy Makers:**

Strengthen enforcement of anti-discrimination laws, especially in private healthcare.
Introduce sector specific guidelines for gender-sensitive HR practices.
Fund professional development and leadership training for nurses.

**For Hospital Administrators:**

Private hospitals: Improve wages, provide childcare, reduce excessive night shifts.
**Government Hospitals:** Enhance communication channels, recognize seniority, reduce bureaucratic delays.
**Both Sectors:** Implement transparent grievance mechanisms, conduct gender sensitivity training, promote nurse autonomy.

**6. Conclusion**

In the conclusion, this study emphasizes how important it is to create gender inclusive workplaces in order to improve employee performance and organizational success in addition to upholding moral and social justice values. In today's workforce, addressing gender discrimination is crucial to creating resilient, effective, and sustainable firms.

Gender discrimination in nursing is not merely an individual injustice but a structural issue rooted in patriarchal norms, economic constraints, and organizational cultures. Addressing it requires multi-level strategies that consider sectoral differences, intersectional identities, and psychological well-being. By fostering equitable, supportive, and respectful

workplaces, Pakistan can enhance nurse satisfaction, improve healthcare outcomes, and advance gender justice in the workforce.

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