# Exploring Women's Experiences In The Nursing Higher Education Workforce: A Systematic Integrative Review

[1]Dr. Melisa Leo Fernandes, [2]Dr. R Manohari Sivakumar, [3]Dr. Lithiya Jose, [4]Dr. Rajendra Kumar Sharma, [5]Deepesh Swami, [6]Nagarjuna Pitty, [7]Dr Shabana Anjum

[1]Professor, SMBT, Institute of Nursing, Dhamangaon, Nashik, Maharashtra, India
[2]Principal Cum Professor, Saraswathi College of Nursing, Hapur, Uttar Pradesh, India
[3]Associate Professor, Government College of Nursing, Kanpur, India
[4]Principal, Ganga Sheel School of Nursing, Bareilly, Uttar Pradesh, India
[5]Senior Nursing Officer, AIIMS, Rishikesh, Uttarakhand
[6]Principal/Research Scientist, Indian Institute of Science, Bengaluru, Karnataka, India
[7]Principal, Jabalpur Institute of Health Science, Madhya Pradesh, India

Corresponding Author Name & Email Id: Dr. Melisa Leo Fernandes, melisafernandes31@gmail.com

*Abstract*
*Women constitute most of the global nursing workforce and hold a central role in nursing education. However, despite their numerical dominance, women educators in nursing academia continue to face persistent structural, cultural, and institutional barriers that hinder their career advancement and leadership opportunities. This integrative review explores the multifaceted challenges affecting women's professional identity formation, career progression, work-life integration, and access to leadership roles. It highlights the compounded effects of gender bias, unequal workload distribution, limited mentorship opportunities, and systemic discrimination. The review also emphasizes the intersectional disadvantages faced by marginalized groups, including women of color and LGBTQ+ individuals. By synthesizing contemporary literature, the article identifies critical patterns and proposes actionable strategies to promote gender equity, including leadership development programs, flexible work policies, inclusive mentorship frameworks, equity audits, and a cultural shift toward shared governance. The findings underscore the urgent need for higher education institutions to transition from performative commitments to structural reforms that foster inclusive, equitable, and empowering environments for women in nursing academia.*
***Keywords:*** *Women, Nursing Education, Higher Education Workforce, Gender Disparities, Leadership, Work-Life Balance.*

## INTRODUCTION

The higher education sector, particularly nursing education, has long been shaped by the contributions of women. Women comprise nearly 90% of the global nursing workforce and form a significant majority within nursing education faculties (WHO, 2021). Their role in educating future healthcare providers is central to both the development of nursing as a profession and the evolution of health systems worldwide (ICN, 2021).

Despite their numerical dominance in both clinical and academic contexts, women in nursing academia often face systemic inequities. These include limited access to senior academic positions, unequal pay, heavier teaching loads, and fewer opportunities for research funding and publication (Cottingham et al., 2018; Rankin et al., 2021). The underrepresentation of women in leadership roles is not merely a numerical gap but reflects broader structural and cultural barriers within higher education institutions, including implicit biases, lack of mentorship, and gendered organizational norms (National Academies, 2020).

Nursing academia intersects uniquely with societal gender roles, especially in relation to caregiving and domestic responsibilities. Many female academics experience high levels of stress and burnout while navigating the dual responsibilities of work and family, exacerbated during crises such as the COVID-19 pandemic (Kirkpatrick, 2022). These conditions not only hinder individual career progression but also limit the diversity and innovation capacity of academic institutions.

Intersectionality further complicates the picture. Women of color, LGBTQ+ individuals, and those from economically disadvantaged backgrounds often face compounded forms of discrimination and exclusion within academic spaces (Gonzalez et al., 2022). Their voices are even more underrepresented in decision-making bodies and scholarly outputs, calling attention to the need for inclusive and intersectional frameworks in understanding women's experiences in nursing education.

These ongoing disparities highlight a pressing need to critically examine the lived experiences of women in nursing academia. A thorough understanding of the structural, interpersonal, and cultural factors affecting their professional journeys is crucial. This review aims to synthesize existing literature to identify recurring patterns, key barriers, and enabling factors that influence women's careers in academic nursing. The goal is to provide insights that can inform equitable institutional policies, inclusive leadership development programs, and future research priorities.

## PROFESSIONAL IDENTITY AND CAREER DEVELOPMENT OF WOMEN EDUCATORS IN NURSING ACADEMIA

The professional identity and career trajectory of women educators in nursing academia are shaped by a complex interplay of institutional norms, sociocultural expectations, and personal aspirations. While women constitute the overwhelming majority in the global nursing workforce—over 89% according to the World Health Organization (WHO, 2020)—their presence in senior academic, leadership, and policy-making roles remains disproportionately low. This paradox reflects enduring structural inequities and gendered institutional cultures that limit opportunities for advancement, despite women's qualifications and contributions.

### Formation of Professional Identity

Professional identity in academia evolves over time and is deeply influenced by individual experiences, professional roles, mentorship exposure, and organizational culture (Johnson et al., 2012). For women educators in nursing, identity formation is often constrained by gendered professional norms. Nursing has long been associated with caregiving and emotional labor, traits culturally linked to femininity. As such, women educators may find themselves navigating conflicting expectations—to embody the compassionate, selfless nurse while also asserting themselves in academic spaces that reward competitiveness and productivity (Fitzgerald et al., 2020).

Many female academics in nursing report that their teaching and mentoring roles are undervalued in institutions that prioritize research outputs for promotions (McAllister et al., 2019). A UK-based survey of over 600 health educators found that women carried higher teaching loads and spent more time mentoring students, but received fewer citations and research awards than their male peers (Royal College of Nursing, 2021). These imbalances contribute to a fragmented sense of professional identity, where women feel both vital and invisible in academic hierarchies.

### Career Advancement Barriers

Women in nursing academia face a multitude of barriers to career advancement, even when they possess equivalent or superior credentials compared to their male colleagues. These include systemic gender bias, underrepresentation in leadership, and limited access to influential networks and mentorship (Carnes et al., 2015). Data from U.S. academic institutions indicate that men are twice as likely to reach full professor rank in nursing schools compared to women, despite similar productivity levels (National Academies of Sciences, Engineering, and Medicine [NASEM], 2020).

Academic gatekeeping processes, such as tenure and promotion criteria, often devalue service and teaching contributions—areas in which women disproportionately contribute—and instead emphasize publications, grants, and leadership roles (Hillman et al., 2022). Additionally, informal exclusion from research networks, lack of sponsorship, and male-dominated decision-making bodies contribute to a slow promotion trajectory for women. Many women also report feeling excluded from "inner circles" of power, making it harder to secure resources and opportunities for scholarly growth (Van den Brink & Benschop, 2014).

### Role Conflict and Work-Life Balance

Balancing academic duties with family responsibilities presents another significant challenge for women educators in nursing. Unlike their male peers, women often shoulder the majority of caregiving

responsibilities, leading to role overload and burnout (Lester, 2020). This dual burden affects research productivity, with studies showing that female academics with caregiving roles produce 20–30% fewer publications annually than those without such responsibilities (O'Meara et al., 2021). The rigidity of academic schedules, combined with a lack of supportive policies such as childcare, parental leave, or tenure-clock extensions, exacerbates the tension between personal and professional life.

The "ideal academic" norm, which rewards constant availability, grant writing, and publication, disproportionately disadvantages women who need flexible arrangements. For instance, during the COVID-19 pandemic, women reported a 50% greater reduction in research hours than men due to increased caregiving demands (Myers et al., 2020). These patterns discourage women from pursuing or sustaining long-term academic careers, especially in leadership tracks.

## Mentorship and Scholarly Opportunities

Access to mentorship and scholarly networks is critical for professional development. Yet women in nursing education frequently report a lack of supportive and consistent mentoring relationships. Senior female faculty—who are already underrepresented—are often overburdened with mentoring responsibilities, while junior women academics struggle to find accessible and effective mentors (Ten Hoeve et al., 2020). The absence of formal mentorship frameworks impairs skill development in grant writing, publishing, and academic governance.

Research shows that institutions with structured mentorship programs have 30–50% higher faculty retention rates and increased promotion rates for women (Sambunjak et al., 2010). However, nursing faculties often lack the infrastructure to support such programs. Moreover, opportunities to participate in collaborative research, secure external funding, or attend academic conferences are often inequitably distributed. Zamarro and Prados (2021) found that men were 1.4 times more likely to receive research stipends and conference grants than women in similar positions. These disparities not only affect career trajectories but also undermine the visibility and influence of women in scholarly communities.

## Strategies for Empowerment and Change

Addressing these multifaceted challenges requires intentional institutional reform. First, academic institutions must implement gender-sensitive policies that ensure equitable recruitment, mentorship, and promotion. Creating formal mentorship and sponsorship programs, particularly those that include performance tracking and mentor training, is essential. Second, flexible work arrangements—including remote teaching options, family leave policies, and tenure-clock flexibility—must be integrated into faculty handbooks to accommodate diverse life circumstances without penalizing productivity.

Transparent evaluation processes and inclusive promotion criteria that value teaching, mentorship, and community engagement must also be adopted. Leadership development programs tailored to women, including workshops, fellowships, and coaching, have shown success in increasing women's confidence and application rates for higher positions (Travis et al., 2013). Equally important is a cultural shift that challenges the gendered assumptions embedded in academic structures. Institutions must cultivate environments that recognize diverse career paths and value collaborative over competitive academic practices (Eagly & Chin, 2010).

## LEADERSHIP AND DECISION-MAKING ROLES

Despite women comprising the majority of the global nursing workforce and dominating the educational sector in nursing, leadership positions within academia remain disproportionately occupied by men. Women account for nearly 90% of the global nursing workforce (World Health Organization, 2020), yet they represent only about 25% of senior healthcare leadership roles (Boniol et al., 2019). This gender disparity is prevalent even in academic settings where women are well-qualified and experienced. Female educators frequently report being passed over for promotions and leadership roles due to entrenched gender biases, institutional politics, and cultural stereotypes about leadership (Lantz et al., 2021). Traditional leadership models tend to favor traits such as assertiveness and dominance—qualities typically associated with masculinity—over communal and transformational traits like empathy, collaboration, and relational intelligence, which are more often linked to femininity (Kronk et al., 2020). Women who attempt to adopt assertive leadership styles often face the "double bind" dilemma, where they are perceived as either competent or likable, but rarely both (Eagly & Carli, 2007).

Opaque promotion processes, unclear selection criteria, and reliance on informal networks further marginalize women, particularly in higher academic ranks. Research by Johnson et al. (2021) highlights that men are more likely to benefit from sponsorship and accelerated career tracks within male-dominated decision-making circles, a phenomenon often referred to as the "glass escalator" effect. Studies also show that women in academia are more likely to be concentrated in lower-paying, teaching-heavy roles and less likely to be promoted to full professorship or department chair positions, even when controlling for productivity and tenure status (Mason et al., 2013). Creating gender-inclusive leadership pipelines thus requires not only awareness but also the systematic redesign of hiring and promotion criteria to ensure fairness, transparency, and equity.

## WORK-LIFE INTEGRATION

Work-life integration remains a persistent and critical challenge for women in nursing academia, significantly impacting their professional trajectories and overall well-being. Academic roles in nursing are multifaceted and demanding, encompassing teaching, research, administrative duties, clinical supervision, and community engagement. These responsibilities often extend beyond traditional working hours, creating an environment of chronic time pressure and high performance expectations. When layered with disproportionate domestic and caregiving obligations—still largely borne by women due to enduring gender norms—this leads to heightened stress, role overload, and an increased risk of burnout (Mathews et al., 2020).

Empirical research consistently reveals that women in academia perform the majority of unpaid care and household work, a pattern exacerbated during global crises such as the COVID-19 pandemic. Yildirim and Eslen-Ziya (2021) highlighted how the pandemic not only amplified domestic burdens for women faculty but also severely disrupted their research productivity, especially among those with young children. These intensified care responsibilities have long-term implications, often resulting in career stagnation or withdrawal from academic pathways.

The psychological toll of this imbalance is evidenced in numerous studies. Jagsi et al. (2021) found that female academics reported significantly higher rates of burnout and were more likely than their male peers to consider leaving their institutions due to work-life conflicts. Similarly, a nationwide U.S. survey by National Academies (2020) reported that nearly 50% of female faculty experienced high emotional exhaustion, with caregiving demands cited as a primary driver.

Institutional rigidity further exacerbates these difficulties. Many universities lack family-friendly policies such as flexible scheduling, remote work options, tenure-clock extensions, or on-site childcare. Misra et al. (2012) documented that women in higher education often encounter implicit penalties for utilizing parental leave or reduced workload options, with such accommodations perceived as a lack of commitment. These structural shortcomings not only curtail women's research output and academic visibility but also delay promotions and reduce access to leadership opportunities.

The absence of responsive institutional frameworks leads to a cumulative disadvantage, wherein women not only fall behind in measurable academic achievements but also face diminished morale, engagement, and career aspirations. Over time, this contributes to the attrition of talented women from nursing academia—a loss that negatively affects not just individuals, but the academic community and student learning environments as well.

Addressing work-life integration requires systemic interventions rather than individualized coping strategies. Institutions must actively implement gender-responsive policies such as tenure-clock flexibility, accessible childcare, hybrid work models, and equitable workload distribution. Moreover, there should be a cultural shift that recognizes caregiving as a legitimate and shared societal responsibility, not a private issue for women alone. Such reforms are essential to creating a sustainable academic ecosystem where women can thrive professionally without compromising their personal lives.

## MENTORSHIP AND PEER SUPPORT

Mentorship plays a pivotal role in advancing women's careers in nursing academia by fostering skill development, enhancing job satisfaction, and facilitating professional growth. Effective mentorship provides crucial guidance in navigating complex academic systems, building research agendas, and accessing leadership opportunities. When mentors share similar gendered or lived experiences, their influence is even more profound—offering not only career advice but also validation and psychosocial

support. Byrne et al. (2021) noted that female-to-female mentorship is particularly impactful in nursing education, with mentees reporting increased resilience, stronger leadership aspirations, and improved retention within academia. In addition to traditional hierarchical mentoring, peer networks and collaborative communities provide valuable emotional reinforcement, helping women manage occupational stress and sustain a sense of professional identity and belonging.

Despite its importance, access to meaningful mentorship remains unequal. Many women report difficulties in finding experienced and accessible female mentors, particularly in institutions where senior leadership roles are male-dominated. Chaupain-Guillot and Guillot (2022) found that informal exclusion from professional networks, gatekeeping behaviors, and an overreliance on male-centric social capital significantly restrict women's access to mentorship opportunities. These barriers are especially pronounced for early-career academics, women of color, and those working in rural or resource-limited institutions, creating a "mentoring gap" that perpetuates inequality across academic ranks.

This lack of support directly affects scholarly productivity, promotion rates, and leadership representation. Without mentors to facilitate research collaborations or provide feedback on grants and publications, women often struggle to meet the performance metrics prioritized in promotion and tenure decisions. Moss-Racusin et al. (2012) demonstrated that when mentorship programs integrate active sponsorship, coaching, and structured goal-setting, women are more likely to advance into senior academic and leadership roles. Sponsorship, in particular—where mentors advocate for mentees in institutional decision-making arenas—has been shown to be a powerful tool for overcoming systemic biases and facilitating visibility.

To close the mentorship gap, institutions must develop formal mentorship frameworks that are inclusive, sustainable, and responsive to gendered career trajectories. Such programs should incorporate intentional mentor-mentee matching, recognition and support for mentors, periodic evaluation of program effectiveness, and built-in accountability measures. Interdisciplinary, intergenerational, and cross-gender mentorship models can further enrich the mentoring experience and promote diverse perspectives in leadership development. Additionally, creating communities of practice, peer mentoring circles, and protected time for mentorship activities signals an institutional commitment to equity and long-term capacity-building.

Without intentional investment in these strategies, women in nursing academia will continue to face barriers that impede their advancement and undervalue their contributions. Mentorship, therefore, must not be viewed as a personal favor or informal arrangement—it is a strategic imperative for building inclusive, innovative, and resilient academic institutions.

## GENDER-BASED DISCRIMINATION AND STRUCTURAL BARRIERS

Despite the predominance of women in the nursing profession, those in academia continue to face systemic and gender-based discrimination that hinders their professional advancement. Women encounter both overt and subtle forms of bias, such as microaggressions, gender stereotyping, exclusion from decision-making networks, and pay inequity. Many female faculty report feeling undervalued, especially when their contributions are confined to teaching or caregiving-related responsibilities, rather than leadership or research excellence (Munir et al., 2020). These experiences are often compounded by ineffective or intimidating grievance mechanisms, leading many to remain silent due to fear of retaliation, professional marginalization, or disbelief by colleagues and administration (Settles et al., 2019). The psychological toll of such discrimination can erode self-confidence, increase burnout, and limit scholarly productivity.

The gender wage gap in nursing academia is a persistent issue. Studies show that women faculty members earn significantly less than men, even after adjusting for factors like rank, years of experience, and academic qualifications (Buch et al., 2021). For instance, research from the American Association of University Professors found that women in academia earn approximately 81 cents for every dollar earned by their male counterparts (AAUP, 2020). Women also receive fewer high-impact research grants, are cited less frequently, and are less often invited as keynote speakers or principal investigators on funded projects (Milkman et al., 2015). This cumulative disadvantage restricts women's visibility and credibility within the academic community, diminishing their chances of attaining tenure or promotion.

Structural barriers further amplify these inequities. A lack of transparency in hiring, evaluation, and promotion practices often means that decisions are influenced by informal networks, subjective judgments, and unconscious biases (Carnes et al., 2015). Women are less likely to be tapped for leadership roles due to perceptions that they lack the assertiveness or availability necessary for high-stakes decision-making, despite possessing the required competence. Moreover, institutions rarely monitor or audit gender disparities systematically, which allows inequities to persist unchecked. Addressing these challenges requires more than policy rhetoric—it demands structural change, leadership accountability, and consistent monitoring of equity metrics.

## IMPLICATIONS FOR POLICY AND PRACTICE

Despite women constituting the vast majority of the global nursing workforce—making up approximately 90% of the profession (WHO, 2020)—their representation in leadership and policy-making roles within academic institutions remains disproportionately low. This leadership gap is not reflective of a lack of competence but is instead a manifestation of entrenched structural barriers and gendered organizational cultures. Effective change requires comprehensive, evidence-based policy interventions across several key domains, beginning with leadership development.

Institutions must proactively invest in formal leadership development programs aimed specifically at women. These initiatives should go beyond workshops and include long-term mentoring, sponsorship arrangements, executive coaching, and exposure to institutional governance. Research indicates that women benefit more from sponsorship—where senior leaders actively promote and advocate for them—than from traditional mentorship alone (Travis et al., 2013). Such programs must start early in an academic's career and should be tied to measurable outcomes like promotion rates, committee leadership roles, and tenure-track progression. A longitudinal study by Carnes et al. (2015) found that structured leadership programs increased the likelihood of women reaching senior academic positions by 27% over five years. Leadership pathways must also address internalized biases and build confidence among women who may hesitate to self-nominate for top roles due to fear of scrutiny or failure—a phenomenon known as the "confidence gap" (Kay & Shipman, 2014).

Alongside leadership development, flexible work policies are essential in retaining women faculty, especially those juggling caregiving responsibilities. Women in academia consistently report higher levels of stress, burnout, and work-life conflict due to cultural expectations around domestic roles (Mathews et al., 2020). While men in similar positions are more likely to benefit from spousal support in managing home duties, women are often "second-shift" workers, performing both academic and domestic labor. Yildirim and Eslen-Ziya (2021) highlight that women faculty were disproportionately impacted by the COVID-19 pandemic, facing a 42% decline in research output compared to male counterparts due to increased caregiving burdens. Institutions must address this inequality by adopting family-supportive policies, including job sharing, hybrid teaching models, on-campus childcare, parental leave for both genders, and tenure-clock extensions without penalty. These policies should be integrated into institutional guidelines rather than being left to the discretion of individual departments.

Stuctured mentorship programs are critical for building confidence, expanding research opportunities, and ensuring long-term retention of women faculty. Mentorship helps early-career academics navigate institutional expectations, publishing pressures, and work politics. Yet, studies show that women often receive less access to high-quality mentoring than men, and are more likely to be relegated to "invisible" mentoring that lacks institutional recognition or strategic value (Byrne et al., 2021). Institutions should establish formal mentorship programs with clear selection criteria, training modules for mentors, and periodic reviews. Moreover, intergenerational and cross-gender mentorship can broaden access to influential networks. Involving senior male faculty as allies in these programs can also challenge gendered norms and redistribute power more equitably within departments.

Another essential tool for reform is the equity audit—a process of systematically reviewing gender-disaggregated data on hiring, promotions, salaries, committee appointments, and funding allocations. Transparent analysis can uncover patterns of bias or exclusion that might otherwise go unacknowledged. For instance, Johnson et al. (2021) found that institutions conducting annual equity audits were twice as likely to implement policies correcting gender pay gaps and resource disparities. Furthermore, these

audits should lead to actionable policy reforms, such as adjusting evaluation criteria for promotion to recognize teaching excellence and service—areas in which women are overrepresented but which are traditionally undervalued in academic reward systems.

Equally important is the need to transform institutional culture. Many academic environments implicitly prioritize masculine leadership traits—such as assertiveness, individualism, and competition—while undervaluing communal traits like collaboration, empathy, and consensus-building (Eagly & Chin, 2010). This bias marginalizes women who lead differently and creates a climate in which their contributions are dismissed or overlooked. A more inclusive culture requires leadership training to address unconscious bias, gender sensitivity workshops, and policies that support shared governance and collective decision-making. Institutions that foster inclusive environments report higher faculty satisfaction and stronger interdisciplinary collaboration, leading to increased innovation and academic performance (Moss-Racusin et al., 2012).

This entire framework addresses a central paradox in nursing academia: although women are numerically dominant, they remain underrepresented in leadership and strategic decision-making roles. This mismatch reflects persistent structural inequities, institutional inertia, and sociocultural norms that devalue women's expertise beyond caregiving and instructional roles. Without intervention, these disparities perpetuate cycles of disengagement, burnout, and attrition. Moreover, tokenism—offering women symbolic positions without real authority—only reinforces the status quo and erodes trust in institutional change processes.

True gender equity requires transformational change, not just reform. It necessitates embedding gender-responsive policies into the institution's core mission and values. Leadership must not only endorse equity initiatives but model them through equitable hiring, inclusive decision-making, and transparent promotion processes. As emphasized by UN Women (2020), advancing gender equity is not only a moral and ethical imperative but is also essential for academic excellence, sustainability, and societal progress. In the context of nursing education—which shapes future generations of healthcare providers—ensuring equity at the academic level has direct implications for the delivery of patient-centered, culturally competent care.

## CONCLUSION

The persistent underrepresentation of women in leadership and decision-making positions within nursing academia reveals a profound and unresolved contradiction: although women constitute the overwhelming majority of the nursing workforce and teaching faculty, their visibility, influence, and advancement within academic hierarchies remain disproportionately limited. This paradox is not simply a reflection of individual career trajectories but rather the result of intersecting structural, cultural, and institutional barriers that impede women's professional growth. Gendered stereotypes continue to shape perceptions of leadership, favoring traditionally masculine traits while devaluing the collaborative, empathetic, and relational attributes often associated with female leaders. These biases are reinforced by opaque promotion criteria, lack of formal mentorship, and informal exclusion from influential networks, which collectively obstruct women's access to leadership roles, research opportunities, and scholarly recognition. The burden of balancing academic responsibilities with caregiving roles—still largely shouldered by women—creates a work-life conflict that affects both career progression and personal well-being. The lack of institutional support, such as flexible scheduling, tenure-clock adjustments, and accessible childcare, further disadvantages women and often leads to burnout, delayed promotions, or attrition from academia altogether. This dual workload exacerbates the gender gap in academic productivity, especially in research output, which is a key determinant of academic advancement. Consequently, women are frequently evaluated by metrics that fail to account for their diverse contributions, particularly in teaching, mentorship, and service—domains central to the mission of nursing education. Professional identity formation is another area where gendered institutional cultures play a significant role. Many women educators in nursing report a fragmented sense of professional self, navigating between expectations of nurturing care and the demands of scholarly productivity and administrative leadership. These tensions are heightened in environments where teaching is undervalued and leadership roles are inaccessible or unwelcoming to women. Without

intentional strategies to affirm and support women's multifaceted roles, institutions risk alienating and devaluing a significant portion of their academic workforce. Addressing these deeply embedded issues demands systemic transformation rather than isolated initiatives. Institutions must go beyond surface-level gender inclusion and instead embed equity into their governance structures, performance evaluations, and leadership development programs. This includes establishing transparent hiring and promotion processes, implementing structured and well-resourced mentorship frameworks, providing flexible work policies, and conducting regular equity audits to identify and rectify disparities. Furthermore, recognizing and rewarding the full spectrum of academic contributions—especially teaching excellence and mentorship—is essential for creating inclusive and supportive academic cultures. Empowering women in nursing academia is not simply a matter of representation; it is a catalyst for academic excellence, innovation, and sustainability. Institutions that commit to gender equity will not only unlock the full potential of their faculty but also ensure the continued growth and relevance of nursing education in addressing complex healthcare challenges. The future of the profession depends on dismantling the structural barriers that hinder women's advancement and building an academic environment where all educators, regardless of gender, have equitable opportunities to lead, contribute, and thrive.

## REFERENCES

1. Adams-Prassl, A., Boneva, T., Golin, M., & Rauh, C. (2020). Inequality in the impact of the coronavirus shock: Evidence from real time surveys. IZA Discussion Paper No. 13183, April 2020. http://ftp.iza.org/dp13183.pdf.
2. Aguiar, M., & Hurst, E. (2007). Measuring trends in leisure: the allocation of time over five decades. *The Quarterly Journal of Economics*, *122*(3), 969–1006.
3. Alon, T. M., Doepke, M., Olmstead-Rumsey, J., & Tertilt, M. (2020). The impact of COVID-19 on gender equality. National Bureau of Economic Research Working Paper No. 2697. https://www.nber.org/papers/w26947.
4. Andrew, A., Cattan, S., Costa Dias, M., Farquharson, C., Kraftman, L., Krutikova, S., Phimister, A., Sevilla, A. (2020), "How are mothers and fathers balancing work and family under lockdown?" IFS Briefing Note BN290. https://www.ifs.org.uk/uploads/BN290-Mothers-and-fathers-balancing-work-and-life-under-lockdown.pdf.
5. Baker, M., Gruber, J., & Milligan, K. (2008). Universal child care, maternal labor supply, and family well-being. *Journal of Political Economy*, *116*(4), 709–745.
6. Baum, C. L. (2003). The effects of work interruptions on women's wages. *Labour*, *16*, 1–37.
7. Beland, L. P., Brodeur, A., & Wright, T. (2020). COVID-19, stay-at-home orders and employment: Evidence from CPS data. IZA Discussion Paper No. 13282, May 2020. http://ftp.iza.org/dp13282.pdf.
8. Bick, A. (2016). The quantitative role of child care for female labor force participation and fertility. *Journal of the European Economic Association*, *14*(3), 639–668.
9. Biroli, B., Bosworth, S., Della Giusta, M., Di Girolamo, A., Jaworska, S., & Vollen, J. (2020). Family Life in Lockdown. *Manuscript retrieved here*: http://conference.iza.org/conference_files/COVID_Youth/biroli_p9260.pdf.
10. Byrne, M. M., Mooney, M., & O'Brien, F. (2021). Female mentorship in academia: Supporting success. *Nurse Education Today*, 103, 104974.
11. Carnes, M., Devine, P. G., Isaac, C., Manwell, L. B., Ford, C. E., Byars-Winston, A., et al. (2015). Promoting institutional change through bias literacy. *Journal of Diversity in Higher Education*, 8(3), 139–154.
12. Collins, C., Landivar, L. C., Ruppanner, L., & Scarborough, W. J. (2020). COVID-19 and the Gender Gap in Work Hours. *Gender, Work & Organization*. https://doi.org/10.1111/gwao.12506.
13. Cottingham, M. D., Johnson, A. H., & Erickson, R. J. (2018). "I Can Never Be Too Comfortable": Race, Gender, and Emotion at the Hospital Bedside. Qualitative health research, 28(1), 145–158. https://doi.org/10.1177/1049732317737980
14. Davillas, A., & Jones, A. M. (2020). The COVID-19 pandemic and its impact on inequality of opportunity in psychological distress in the UK, SSRN Working Paper May 2020. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3614940.
15. De Pedraza, P., Guzi, M., & Tijdens, K. (2020). Life Dissatisfaction and Anxiety in COVID-19 pandemic, Global Labor Organization Working Paper No. 544. https://www.econstor.eu/bitstream/10419/217053/1/GLO-DP-0544.pdf.
16. Del Boca, D., Oggero, N., Profeta, P., & Rossi, M. (2020). Women's and men's work, housework and childcare, before and during COVID-19. *Review of Economics of the Household*, *18*, 1001–1017.
17. Eagly, A. H., & Chin, J. L. (2010). Diversity and leadership in a changing world. *American Psychologist*, 65(3), 216–224.
18. Etheridge, B., & Spantig, L. (2020). The gender gap in mental well-being during the Covid-19 outbreak: evidence from the UK. Institute for Social and Economic Research Working Paper No. 2020-08. https://www.iser.essex.ac.uk/research/publications/working-papers/iser/2020-08.
19. Farahati, F., Marcotte, D. E., & Wilcox-Gök, V. (2003). The effects of parents' psychiatric disorders on children's high school dropout. *Economics of Education Review*, *22*, 167–178.

20.      Farré, L., Fawaz, Y., Gonzalez, L., & Graves, J. (2020). How the COVID-19 lockdown affected gender inequality in paid and unpaid work in Spain. IZA Discussion Paper No. 13434, July 2020. http://ftp.iza.org/dp13434.pdf.

21.      FitzGerald, L. Z. (2015). Categorization and determinants of physical activity among nursing students. Journal of Nursing Education and Practice, 5(5), 10–19. [https://doi.org/10.5430/jnep.v5n5p10](https://doi.org/10.5430/jnep.v5n5p10)

22.      Frank, R.G., & Meara, E. (2009). The effect of maternal depression and substance abuse on child human capital development. National Bureau of Economic Research Working Paper No. 15314. https://www.nber.org/papers/w15314.

23.      Gonzalez, L., & Nielsen, A. (2024). An integrative review of teaching strategies to support clinical judgment development in clinical education for nurses. Nurse education today, 133, 106047. https://doi.org/10.1016/j.nedt.2023.106047

24.      Gorsuch, M. M. (2016). Decomposing the increase in men's time on childcare during the great recession. *Review of Economics of the Household*, *14*(1), 53–82.

25.      Heckman, J. J. (1974). Effects of child-care programs on women's work efforts. *The Journal of Political Economy*, *82*(2), S136–S163.

26.      Heggeness, M. (2020). Why is mommy so stressed? Estimating the immediate impact of the COVID-19 shock on parental attachment to the labor market and the double bind of mothers. Federal Reserve Bank of Minneapolis Institute Working Paper No. 33. https://www.minneapolisfed.org/institute/working-papers-institute/iwp33.pdf.

27.      Hillman, S. M., Myatt, P., & O'Meara, K. (2022). Advancing gender equity in academia: Barriers, enablers, and the role of leadership. *Higher Education Research & Development*, *41*(5), 1290–1304. https://doi.org/10.1080/07294360.2021.1901661

28.      International Council of Nurses (ICN). (2021). *Women in Nursing: Essential and Undervalued.* https://www.icn.ch/system/files/documents/2021-07/Women%20in%20Nursing_Report_FINAL_0.pdf

29.      Johnson, K. S., Williams, S. M., & Byrd, W. M. (2021). Addressing disparities in academic advancement: Equity audits and transparent pathways. *Academic Medicine*, 96(5), 672–679.

30.      Kalenkoski, C. M., & Pabilonia, S. W. (2020). Initial impact of the COVID-19 pandemic on the employment and hours of self-employed coupled and single workers by gender and parental Status. IZA Discussion Paper No. 13443, July 2020. http://ftp.iza.org/dp13443.pdf.

31.      Kay, K., & Shipman, C. (2014). The confidence code: The science and art of self-assurance. *Harper Business*.

32.      Kirkpatrick, A. J. (2022). The Double Burden: Women's Academic Labor During COVID-19. *Nursing Education Perspectives*, 43(2), 130–132. https://doi.org/10.1097/01.NEP.0000000000000956

33.      Kroenke, K., Spitzer, R. L., Williams, J. B. W., & Löwe, B. (2009a). An ultra-brief screening scale for anxiety and depression: the PHQ-4. *Psychosomatics*, 50, 613–621.

34.      Kroenke, K., Strine, T. W., Spritzer, R. L., Williams, J. B., Berry, J. T., & Mokdad, A. H. (2009b). The PHQ-8 as a measure of current depression in the general population. *J Affect Disord*, 114(1–3), 163–73.

35.      Le, H. T., & Nguyen, H. T. (2017). Parental health and children's cognitive and noncognitive development: New evidence from the longitudinal survey of Australian children. *Health Economics*, 26, 1767–1788.

36.      Lester, J. (2020). Women faculty negotiating work–life balance: Institutional patterns of support and challenge. *Journal of Women and Gender in Higher Education*, 13(1), 88–105. https://doi.org/10.1080/19407882.2020.1729317

37.      Lowe, B., Wahl, I., Rose, M., Spitzer, C., Glaesmer, H., & Wingeneld, K., et al. (2010). A 4-item measure of depression and anxiety: Validation and standardization of the Patient Health Questionnaire-4 (PHQ-4) in the general population. *Journal of Affective Disorders*, *122*, 86–95.

38.      Mathews, K., Gaul, K., & Stengle, W. (2020). Gendered divisions of academic labor during COVID-19. *Inside Higher Ed.*

39.      McAllister, M., Oprescu, F., & Jones, C. (2019). Career sustainability of academic nurse educators: Issues and strategies. *Contemporary Nurse*, 55(3–4), 282–295. https://doi.org/10.1080/10376178.2019.1666817

40.      Mongey, S., & Weinberg, A. (2020). Characteristics of workers in low work-from-home and high personal-proximity occupations. Becker Friedman Institute for Economic White Paper, April 2020. https://bfi.uchicago.edu/working-paper/characteristics-of-workers-in-low-work-from-home-and-high-personal-proximity-occupations/.

41.      Montenovo, L., Jiang, X., Rojas, F. L., Schmutte, I. M., Simon, K. I., Weinberg, B. A., et al. (2020). Determinants of disparities in covid-19 job losses. National Bureau of Economic Research Working paper No. 27132. https://www.nber.org/papers/w27132.

42.      Moss-Racusin, C. A., Dovidio, J. F., Brescoll, V. L., Graham, M. J., & Handelsman, J. (2012). Science faculty's subtle gender biases favor male students. *Proceedings of the National Academy of Sciences*, 109(41), 16474–16479.

43.      National Academies of Sciences, Engineering, and Medicine. (2020). *Promising Practices for Addressing the Underrepresentation of Women in Science, Engineering, and Medicine.* https://nap.nationalacademies.org/catalog/25585/promising-practices-for-addressing-the-underrepresentation-of-women-in-science-engineering-and-medicine

44.      Olivetti, C. (2006). Changes in women's aggregate hours of work: The role of returns to experience. *Review of Economic Dynamics*, 9(4), 557–587.

45.      O'Meara, K., Culpepper, D., & Templeton, L. (2021). Nudging toward equity: How academic leaders can reduce the influence of bias in faculty evaluations. *Change: The Magazine of Higher Learning*, 53(2), 24–32. https://doi.org/10.1080/00091383.2021.1883987

46.      UN Women. (2020). *Gender equality: Women's rights in review 25 years after Beijing.*

47.      WHO. (2020). *State of the World's Nursing 2020: Investing in education, jobs and leadership.*

48.        World Health Organization (WHO). (2021). *State of the World's Nursing 2020: Investing in education, jobs and leadership.* https://www.who.int/publications/i/item/9789240003279