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Gender-Sensitive Nursing: An Operationalizing Concept Analysis

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ABSTRACT

Introduction: Gender biases in healthcare approaches lead to inequities in patient health outcomes, historically affecting women and gender minorities the most. In medicine, the concept of *gender medicine* explicitly addresses these disparities. Although Miers introduced the term *gender-sensitive care* in nursing two decades ago, there is still no consensus on how to define this phenomenon within the nursing discipline.

Objective: To conduct an operational concept analysis of gender-sensitive nursing.

Methods: A systematic literature review was performed using Walker and Avant's concept analysis method. This approach allowed for the identification of antecedents, defining attributes, empirical referents and consequences, as well as the proposal of model cases to illustrate the findings.

Results: A total of 34 articles were analysed. Three antecedents were identified: healthcare system accessibility, organizational commitment to equity and education from a gender perspective. Four defining attributes emerged: gender-aware nurses, legitimization of care, implementation of a gender-sensitive approach in nursing management and leadership, and the integration of gender assessment in the nursing process. Three key consequences were also identified: patient empowerment, harm prevention and minimization, and improvement in the quality and effectiveness of nursing care. Additionally, various instruments and strategies were found to operationalize the empirical referents of the concept. Model cases were proposed to exemplify the synthesized evidence.

Discussion: Far from being an abstract concept, gender-sensitive nursing is a measurable and actionable phenomenon that can be promoted in clinical practice through various empirical indicators.

Conclusions: Gender-sensitive nursing legitimizes individual experiences shaped by gender identity and fosters structural improvements that empower patients. Gender-sensitive nursing is a measurable and actionable phenomenon that can be promoted in clinical practice through various empirical indicators.

1 | Introduction

The gender perspective in health is an approach that has gained momentum in recent years within healthcare systems. This perspective acknowledges how gender norms, roles, and relations influence health behaviours, access to healthcare and health outcomes (Buh et al. 2024; WHO 2021). It seeks to identify and eliminate gender-based inequities by considering the unique needs, experiences and challenges faced by different gender groups, thereby addressing diverse populations and fostering inclusive and equitable health systems. Integrating gender-sensitive policies and practices into healthcare delivery aims to

Key Points

- The findings suggest that gender-sensitive nursing emerges through the interaction between concept's defining attributes, which in turn depend on structural support from both nursing education and healthcare organization and commitment.
- The implementation of gender-sensitive nursing is shaped by sociocultural context and professional gender hierarchies, which may constrain nurses' autonomy and their capacity to advocate for gender-responsive care.

reduce disparities and promote health equity (Buh et al. 2024; WHO 2021).

Historically, healthcare research has largely overlooked gender differences, despite evidence of disparities in morbidity, symptom presentation, treatment outcomes and prognosis across various conditions (Teunissen et al. 2016). A prominent example is cardiovascular disease, where studies have shown that women, despite having a lower risk for certain outcomes, these outcomes depend on the diagnosis; and there are studies demonstrating that women are often diagnosed later than men in over 700 diseases (Westergaard et al. 2019). Moreover, transgender individuals are among the most marginalized in healthcare, facing disproportionately adverse health outcomes, including higher rates of HIV and suicide, compounded by reluctance to seek healthcare (Lightfoot et al. 2021).

Gender biases are present at every level of the healthcare system, contributing to flawed research, malpractice and a distorted institutional approach (Vázquez-Santiago and Garrido Peña 2016) that directly affects nursing care and perpetuates patient discrimination (Aliri et al. 2022).

In Nursing, Im and Meleis (2001) criticized the field's androcentric and biomedical dominance, reducing health to disease-centric frameworks and neglecting the sociopolitical and historical contexts that shape women's experiences, a critique aligned with other feminist health scholars. Although biomedical advances have improved general health, they overlook gendered dynamics, resulting in fragmented, non-holistic theories and practices that compromise care quality and health outcomes for women, girls or even transgender individuals (Cleofas 2024).

In medicine, the concept of 'gender medicine' has emerged to integrate the gender perspective in the discipline, and it can be defined as the cross-sectional dimension of medicine, which describes sex and gender-based differences (within the same disease) in symptoms, clinical evolution, drug therapy and prevention (Lippi et al. 2020). In contrast, nursing lacks a standardized conceptual framework for gender-sensitive nursing including agreed terminology and defined competencies. Two decades ago, Miers (2002) defined gender-sensitive care as a process of awareness and understanding patterns of mortality and morbidity, contributing with research on how social contexts influence men's and women's health and illness experiences and outcomes (Miers 2002). It involves being reflectively aware of the relationship between individual circumstances and the known health outcomes influenced by how men and women live their lives (Miers 2002). More recently, the concept of 'trans-affirming care' has extended this perspective by proposing a care philosophy specific to transgender individuals (Lightfoot et al. 2021).

Clarifying the concept of gender-sensitive nursing is essential to promoting the discipline. Conceptual clarity supports knowledge organization, enhances communication and improves cognitive recall. Without a well-defined concept, differentiating it from related ideas becomes challenging, impairing the ability to identify specific phenomena accurately (Rodgers 1989). This can hinder communication, as ambiguous or poorly defined concepts lead to confusion and individual interpretations. In nursing, a robust conceptual foundation ensures knowledge applicability and clarity in both communication and understanding of key ideas (Rodgers 1989).

Thus, the aim of this study is to conduct a concept analysis of gender-sensitive nursing.

2 | Methods

2.1 | Study Design

This study employed a concept analysis based on Walker and Avant's (2019) method (Walker and Avant 2019). The analysis was informed by a literature review conducted using a systematic methodology. Walker and Avant's methodology is one of the most widely used frameworks used to concept analysis in nursing and comprises eight stages: selecting a concept; determining the purpose of the analysis; identifying all uses of the concept; defining attributes; constructing a model case; identifying borderline and contrary cases; specifying antecedents and consequences; and defining empirical referents.

2.2 | Choosing a Concept

Currently, the nursing discipline lacks a specific and agreed-upon terminology to describe nursing care that fully integrates a gender perspective. A variety of terms are employed to denote the gender-related aspects of this phenomenon, including 'gender-aware', 'gender-sensitive', 'gender perspective' and 'equitable'. Despite the deliberate use of such terminology being first articulated by Miers (2002), who coined the term 'gender-sensitive care' in the context of nursing (Miers 2002), the authors of this study propose adopting 'gender-sensitive nursing' instead. As highlighted by the International Council of Nurses (2025), nursing encompasses not only direct care but also the structural, professional and ethical frameworks that enable that care (International Council of Nurses 2025). By adopting the term "gender-sensitive nursing", we underscore that integrating a gender perspective applies to the full scope of nursing practice—including clinical decision-making, advocacy, education, leadership and policy engagement—rather than being limited to care activities alone. Clarifying the concept of 'gender-sensitive nursing' is pivotal to explicitly situate the nursing discipline within the broader discourse on gender perspective and equity.

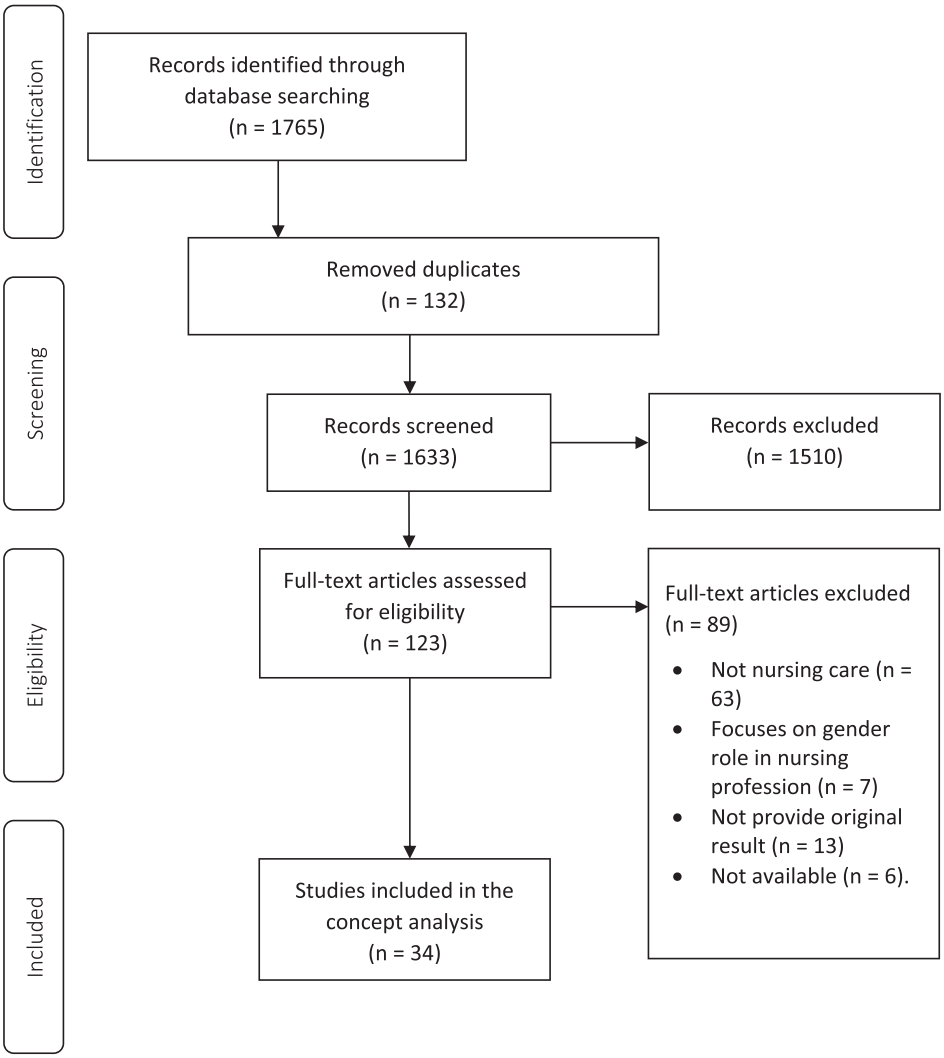

FIGURE 1 | PRISMA flowchart of study selection.

2.3 | Determining the Purpose of Analysis

Gender equity is a global priority. It is enshrined in the Sustainable Development Goals (International Council of Nurses 2025) as Goal 5 and has been emphaszed by the International Council of Nursing, which has issued a position statement advocating for Gender Equity in Health and Healthcare (2024). In this context, it is imperative that gender-sensitive nursing evolves into a clearly tangible and measurable reality. Therefore, the aim of this study is not only to define gender-sensitive nursing, but also to operationalize this concept.

2.4 | Identifying All Uses of the Concept

An extensive systematic search of the published literature on gender sensitive nursing was conducted in PubMed, CINAHL and Web of Science (WoS) databases, from inception to November, 2024. The database search strings were as follows:

- Pubmed: ("gender sensitiv*"[Title/Abstract] OR "gender perspective"[Title/Abstract] OR "gender medicine"[Title/Abstract]) AND (Nursing[MeSH]).
- Cinahl: XB ("gender sensitiv*" OR "gender perspective" OR "gender medicine") AND (nurs*).
- WoS: ("gender sensitiv*" OR "gender perspective" OR "gender medicine") AND (nurs* OR care) (abstract).

Articles were eligible for inclusion if they met the following criteria: (1) qualitative or quantitative empirical studies, structured reviews and knowledge generation studies; (2) the sample included nurses, nursing records or patients' experience about nursing care; and (3) focused on a gender perspective. Studies were excluded if they: (1) did not address nursing care; (2) focused solely on the gender roles within the nursing profession; (3) lacked original results; or (4) lacked full-text availability in English or Spanish. The Preferred Reporting Items for Reviews and Meta-Analyses (PRISMA) flow diagram and checklist were used to ensure complete reporting of the evidence-based minimum reporting items (Moher et al. 2009). The initial database search yielded 1765 articles (Figure 1). These were imported into Mendeley Reference Manager for duplicate removal (132 articles). Following title and abstract screening by four authors, 123 articles were reviewed, and 89 were excluded for the following reasons: not addressing

nursing care ($n = 63$), focusing on gender roles within the nursing profession ($n = 7$), lacking original results ($n = 13$) or lacking full-text availability ($n = 6$). A total of 34 full-text articles met the study criteria for final inclusion.

2.5 | Identifying Antecedents, Defining Attributes, Consequences, Example Cases and Empirical Referents

Following Ritchie and Spencer's (Ritchie and Lewis 2003) approach to framework analysis, a table template was created (Presented in Table S1). The use of a template within this analytical method facilitates the systematic and rigorous handling of data (Carpio-Arias et al. 2022). The columns of the table reflected the categories proposed by Walker and Avant's method for concept analysis (antecedents, defining attributes, consequences, example cases and empirical referents). The rows in the table represented the individual studies included in the review.

Therefore, we categorized: (a) key points identified in the literature as facilitators, enablers, or prerequisites of gender-sensitive nursing as antecedents; (b) characteristics associated with the concept as attributes; (c) key points presented as outcomes or results as consequences; and (d) tangible examples of how to identify or measure the concept as empirical referents. This corresponded to the indexing stage proposed by Ritchie and Spencer.

Initially, ten randomly selected articles were reviewed by all four authors. The authors then shared the extracted information and its classification in the table in order to test data extraction against the facets of the template and discuss conceptual relevance of the information. Subsequently, information from the remaining articles was extracted by two of the researchers working independently to minimize errors and reduce potential biases. Data extractors combined expertise in the topic area as well as methodological. After data extraction, responses were compared to ensure agreement or identify any discrepancy. Few disagreements occurred, and when they did, these were an error by one of the extractors, which implied that they could be easily resolved. While it was planned to use arbitration by a third author or contacting study authors, when necessary, in cases of disagreements that remained, these measures were not necessary.

After familiarization with the information extracted in the table, the analytical process focused on each column, identifying emerging issues. Each relevant section of the text was highlighted using a specific colour and similar issues were grouped according to Ritchie and Spencer's charting stage. In this process, provisional thematic designations were assigned. Then, once this process was completed and the content had been mapped, we rearranged same colour data together in a Word document and held a group meeting to identify patterns that led to final interpretation of the data where the themes emerged. For instance, 'A designated section in clinical records to reflect gender specific needs' and 'reviewing gender-based differences in nursing diagnoses' were highlighted with the same colour and categorized under the theme *Recording and assessing gender in the nursing process*. Thematic saturation was reached when no new insights emerged in the studies included. This was the fifth and final stage of the framework analysis based on Ritchie and Spencer.

3 | Overview of the Concept

3.1 | Characteristics of the Articles Included

The 34 included studies, published between 2002 and 2024, employed different methodologies. Among the qualitative designs were exploratory studies ($n = 9$), descriptive studies ($n = 2$), grounded theory ($n = 3$), phenomenology ($n = 1$), ethnography ($n = 1$) and action research ($n = 1$). Quantitative approaches included cross-sectional studies ($n = 5$) and scale development studies ($n = 2$). Additionally, mixed-methods studies ($n = 2$) and literature reviews ($n = 8$) were also conducted (Table 1). The studies had been conducted in North America ($n = 7$), South America ($n = 3$), Europe ($n = 18$), Africa ($n = 2$), Asia ($n = 3$) and Australia ($n = 1$). Information on the specific countries is provided in Table 1.

3.2 | Antecedents of the Concept

To establish a gender-sensitive nursing approach, the following conditions must be met.

3.2.1 | Accessibility of Women, Men and Identity-Based Minorities to the Healthcare System

For individuals to receive gender-sensitive nursing care, access to nursing services must be ensured. Such access depends largely on human rights and the gender equality culture of each country. In this regard, Carpio-Arias et al. (2022) and Ritchie and Lewis (2003) found that Indigenous pregnant women from an Andean region of Ecuador were less likely to use healthcare services during pregnancy because healthcare professionals failed to consider the women's cultural values and access barriers, such as low literacy levels, low income, early pregnancy age, etc. One of the key findings of that study was that gender sensitivity is inherently linked to human rights sensitivity and is shaped by the intersection between individuals' health behaviours and structural healthcare decisions. Similarly, Adhiambo Onyango and Mott (2011) and Carpio-Arias et al. (2022) demonstrated how cultural beliefs and women's social status can hinder access to healthcare. In postwar South Sudan, it was believed that if a husband had not paid the bridewealth to the woman's family, the couple might be cursed, resulting in miscarriage or infant death. Consequently, women who had experienced miscarriage and whose husbands had not paid the bridewealth feared they would continue to experience spontaneous abortions in subsequent pregnancies. Therefore, these women avoided seeking care or information related to abortion prevention, treatment or reproductive health. In contrast, Persson et al. (2022) and Adhiambo Onyango and Mott (2011) observed that, in Sweden, where the gender equality index has recently improved, men are increasingly engaging with the healthcare system and adopting more active roles as caring fathers.

TABLE 1 | Studies included for operationalizing the gender-sensitive nursing concept.

Study, authors, country	Methodology	Clinical setting and population	Sample	"Gender sensitive" term explicitly used to address care? Similar term used
Gender Awareness Inventory-VA: A Measure of Ideology, Sensitivity, and Knowledge Related to Women Veterans' Health Care (Salgado et al. 2002) USA	Quantitative: scale development and validation	Veterans' Health Administration Employees of medical centres	$N = 475$ 300 female and 175 male. Physicians, nurses and social workers, receptionists, admission clerks, other administration staff	Yes
Gender bias in nursing care? Gender-related differences in patient satisfaction with the quality of nursing care (Foss 2002) Norway	Quantitative: cross-sectional study	General setting Nursing and medicine	The survey included 1469 male and 1226 female patients	No Gender-related differences in nursing care
Patients' voices on satisfaction: unheeded women and maltreated men? (Foss and Hofoss 2004) Norway	Qualitative: exploratory	General setting Nursing and medicine	Open questions in a survey completed by 1469 male and 1226 female patients	No Gender sensitive approach
The nature of nursing care and rehabilitation of female stroke survivors: the perspective of hospital nurses (Kvigne et al. 2005) Norway	Qualitative: phenomenological	2 general units and 1 rehabilitation unit Nursing	14 nurses	NO
Descubriendo el género en el currículo explícito (currículo formal) de la educación de tercer ciclo, universidad austral de chile 2003–2004 (Arcos et al. 2007) Chile	Qualitative: exploratory study	Documentary analysis of university programs related with health-care	1473 university programs	No Gender perspective/gender vision

(Continues)

TABLE 1 | (Continued)

Study, authors, country	Methodology	Clinical setting and population	Sample	"Gender sensitive" term explicitly used to address care? Similar term used
Voice: Challenging the stigma of addiction; a nursing perspective (Paivinen and Bade 2008) Canada	Description of a co-creation program of artistic expressions	Community nursing Nurses and women with a history of substance use and addiction	Not specified	Yes Also: gender perspective in nursing
Gender biases and discrimination: a review of health care interpersonal interactions (Govender and Penn-Kekana 2008) South Africa	Literature review	All healthcare professionals	NA	No Gender biases and discrimination
Exploring male and female patients' experiences of psychiatric hospital care: a critical analysis of the literature (Maatta 2009) Sweden	Literature review	Nursing	5 articles	No Gender bias
Elderly peoples' experience of nursing care after a stroke: from a gender perspective (Åndersson and Hansebo 2009) Sweden	Qualitative exploratory	Rehabilitation 66–75 years old patients at stroke rehabilitation phase	5 female and 5 male	No Gender perspective/gender differences
Becoming a coronary artery bypass graft surgery patient: a grounded theory study of women's experiences (Banner 2010) United Kingdom	Qualitative: Grounded theory	Cardiology Patients with coronary heart disease waiting to undergo coronary artery bypass graft surgery	30 female	Yes
Bringing gender sensitivity into healthcare practice: a systematic review (Celik et al. 2011) Netherlands	Systematic literature review	General setting Articles	11 original studies	Yes

(Continues)

TABLE 1 | (Continued)

Study, authors, country	Methodology	Clinical setting and population	Sample	"Gender sensitive" term explicitly used to address care? Similar term used
The Nexus Between Bridewealth, Family Curse, and Spontaneous Abortion Among Southern Sudanese Women (Adhiambo Onyango and Mott 2011) Sudan	Qualitative: descriptive	Public health Midwifery Women treated for abortion complications at a county hospital in South Sudan	26 female	Yes
The gendered impact of irritable bowel syndrome: a qualitative study of patients' experiences (Bjorkman et al. 2014) Sweden	Qualitative: exploratory	Digestive Patients with irritable bowel syndrome	$N=19$ 9 female and 10 male	Yes Also: gender perspective
Ethics and gender issues in palliative care in nursing homes: an Austrian participatory research project (Reitinger and Heimerl 2014) Austria	Qualitative: Action research	Nursing homes Health professionals: nurses, ancillary nurses, medical doctors, managers, psychologist and social workers	$N=35$ 27 females and 8 males	Yes
Nursing care management to men with cancer (da Mesquita et al. 2015) Brazil	Qualitative: Grounded theory	Oncology Nurses	6 nurses	No Gender perspective
Promoting gender in medical and allied health professions education: Influence on students' gender awareness (Siller et al. 2018) Austria	Quantitative: Observational	Education Students of medicine, midwifery, nutrition science, occupational science, logopaedia, physiotherapy, biomedical analysis and radiology technology	$N=483$ 352 female, 131 male	Yes Gender sensitivity as a dimension of gender awareness medicine

(Continues)

TABLE 1 | (Continued)

Study, authors, country	Methodology	Clinical setting and population	Sample	"Gender sensitive" term explicitly used to address care? Similar term used
Health professionals' perceptions of how gender sensitive care is enacted across acute psychiatric inpatient units for women who are survivors of sexual violence (O'Dwyer et al. 2019) Australia	Qualitative: Case study	Mental health Health professionals	$N = 40$	Yes
El género y la enfermería estado de la cuestión (Alvarez Teran 2019) Spain	Literature review	Education Nursing study programs	93 Nursing study programs of public Spanish universities for 2018–2019 course	No Gender perspective
Outcomes of gender-sensitivity educational interventions for healthcare providers: A systematic review (Lindsay et al. 2019) Canada	Literature review	General setting Healthcare providers	29 articles	Yes
Design and psychometric properties of a questionnaire to assess gender sensitivity of perinatal care services: a sequential exploratory study (Simbar et al. 2020) Iran	Mixed methods: Sequential exploratory study	Perinatal services Hospital policy makers, managers and service providers	Phase 1: $N = 34$ for qualitative development of the tool Phase 2: $N = 285$ health providers (midwives and health educators) for quantitative psychometric validation of the tool	Yes
Women veterans' experiences with perceived gender bias in U.S. Department of Veterans Affairs Specialty Care (Mattocks et al. 2020) USA	Qualitative: Exploratory	Veterans General setting	80 women veterans	No Gender bias

(Continues)

TABLE 1 | (Continued)

Study, authors, country	Methodology	Clinical setting and population	Sample	"Gender sensitive" term explicitly used to address care? Similar term used
Understanding gender sensitivity of the health care workforce at the Veterans Health Administration (Than et al. 2020) USA	Quantitative: Cross-sectional	Veterans Health Administration nurses, medical assistants and clerks	$N = 256$ (74% female)	Yes
Transgender and gender diverse health education for future nurses: Students' knowledge and attitudes (Sherman et al. 2021) 2021 USA	Mixed methods	Education Students enrolled in an accelerated Bachelor Scientific Nursing program between 2014 and 2015	$N = 160$ (90% female)	Yes
Balancing security and care: Gender relations of nursing staff in forensic psychiatric care (Kumpula et al. 2022) Sweden	Qualitative: ethnography	Forensic psychiatric nursing Nursing staff	$N = 31$ 6 female and 6 male	No Gender perspective
Healthcare professionals' experiences and perceptions regarding health care of indigenous pregnant women in Ecuador (Carpio-Arias et al. 2022) Ecuador	Qualitative: exploratory	Obstetric Health providers: specialist doctors, general doctors and nurses	$N = 15$ 10 female and 5 male	No Gender perspective/gender approach
Notions about men and masculinities among health care professionals working with men's sexual health: A focus group study (Persson et al. 2022) Sweden	Qualitative exploratory	Sexual health Health care professionals from both primary health care centres and clinics specializing in sexual and reproductive health	$N = 35$ 24 femal, 11 male	No Gender awareness

(Continues)

TABLE 1 | (Continued)

Study, authors, country	Methodology	Clinical setting and population	Sample	"Gender sensitive" term explicitly used to address care? Similar term used
The impact of sexism and gender stereotypes on the legitimization of women's low back pain (Prego-Jimenez et al. 2022) Spain	Quantitative: Cross-sectional	General setting Nurses, physicians and nursing and medical students	$N = 80$ 71 female, 9 male	Yes
Discontinuity of women veterans' care in patient-centred medical homes: Does workforce gender sensitivity matter? (Than et al. 2022) USA	Quantitative: Cross-sectional	Veterans Affairs Medical Centres Health professionals: physicians, nurse practitioners, and physician assistants. Staff members: registered nurses, medical assistants and clerks Patients' registers	94 providers and 167 staff members 9.958 patient registers	Yes
Analysis of gender perspective in the use of NANDA-I nursing diagnoses: A systematic review (Rifà-Ros et al. 2023) Spain	Systematic review	Nursing diagnoses	41 studies	No Gender perspective
Gender differences, inequalities and biases in the management of Acute Coronary Syndrome (Mateo-Rodríguez et al. 2022) Spain	Literature review	Healthcare professionals General setting	NA	No Gender bias/gender differences/ gender inequalities
Developing an understanding of gender sensitive care: exploring concepts and knowledge (Miers 2002) United Kingdom	Literature review	General setting Nursing	NA	Yes

(Continues)

TABLE 1 | (Continued)

Study, authors, country	Methodology	Clinical setting and population	Sample	"Gender sensitive" term explicitly used to address care? Similar term used
Gender awareness is also nurses' business: Measuring sensitivity and role ideology towards patients (Aliri et al. 2022) Spain	Quantitative: Scale validation	Education		Yes
Towards diverse SOGIESC-transformative theorizing in nursing: A revisitation and expansion of Im and Meleis' guidelines for gender-sensitive theorizing (Cleofas 2024) Philippines	Qualitative: Theory development	Education	NA	Yes Also: Gender-responsiveness
Gender sensitivity in nursing practice: Assessing the impact of childhood experiences of domestic violence and perceptions of sexism among healthcare providers on their gender sensitivity (Yun and Kim 2024) Korea	Quantitative: Cross-sectional	Nursing General setting	146 nurse practitioners working in hospitals	Yes

Abbreviation: NA, not applicable.

3.2.2 | Organizational Commitment With Equity

It is imperative that organizations in which nurses practice adopt gender-inclusive models of care, along with policies and guidelines that incorporate a gender perspective (Govender and Penn-Kekana 2008; O'Dwyer et al. 2019). Gender-aware policies recognize gender inequality and guide interventions. These policies can be categorized into three types: gender-neutral (addressing the needs of all genders equally), gender-specific (targeting the needs of a particular gender), and gender-transformative (aimed at challenging inequalities to balance power dynamics) (Persson et al. 2022). These should provide clear guidance for gender-equitable practices, supported by leadership models and managerial roles at all levels (Adhiambo Onyango and Mott 2011; Govender and Penn-Kekana 2008; O'Dwyer et al. 2019; Rifà-Ros et al. 2023), that is:

a. Recognition of nursing as a predominantly female profession, with the healthcare organization committing to working conditions that reflect this reality. Leadership and decision-making roles will exemplify diversity and equity (Simbar et al. 2020; Kumpula et al. 2022).

b. Explicit acknowledgment of gender differences and health inequities, ensuring that the research adheres to gender-sensitive principles (O'Dwyer et al. 2019).

   The organization must acknowledge that healthcare systems have historically been constructed based on patriarchal structures. Organizations should strive to move beyond this dominant model to prevent its influence on decision-making processes and organizational culture (Siller et al. 2018; Foss 2002). An illustrative example is provided by Than et al. (2020) and Reitinger and Heimerl (2014), who examined the transformation of the United States Department of Veterans Affairs. Traditionally characterized by a masculine orientation in both leadership and patient demographics, the department provides now healthcare to war veterans. In recent years, the adoption of gender equality policies has enabled the hiring of professionals specialized in women's health and training existing staff to better meet the needs of female veterans. Additionally, institutional environments must ensure patient safety and privacy, such as by providing women-only spaces in cases involving sexual assault (Govender and Penn-Kekana 2008).

3.2.3 | Education in Gender Perspective

Training in gender perspective should be incorporated into both the undergraduate nursing curricula (Siller et al. 2018; Arcos et al. 2007) and continuing professional education programs (Cleofas 2024; Govender and Penn-Kekana 2008; O'Dwyer et al. 2019). Arcos et al. (2007) and Alvarez Teran (2019) highlight that a gender perspective must be embedded into the learning objectives across the syllabi of all courses and degrees. Practical activities and educational exercises should aim to address and mitigate gender stereotypes within the knowledge, skills and competencies developed by nurses. Furthermore, teaching materials should model this approach by explicitly acknowledging the gender of instructors and including bibliographic references authored by individuals of diverse gender identities (Alvarez Teran 2019).

In terms of specific content, the authors advocate for the inclusion of accurate terminology related to sex and gender, acknowledgment of sexism within the discipline, and critical analysis of androcentrism in healthcare delivery (Kumpula et al. 2022; Arcos et al. 2007). It is also essential to delve into the origins of gender-based health inequalities and discrimination, while fostering critical reflection on the personal values and gender-related assumptions of nursing students (Siller et al. 2018). Finally, efforts should also be made to explicitly identify and address the nuanced differences in nurse–patient interactions based on gender considerations (Alvarez Teran 2019).

3.3 | Attributes of the Concept

The most recurrent characteristics can be classified into three main attributes.

3.3.1 | Gender-Aware Nurses

This attribute refers to nurses who demonstrate competence in gender-related issues and are aware of the historical influence of patriarchal structures on the optimal health outcomes of women, men and gender-diverse individuals (Ritchie and Lewis 2003; Adhiambo Onyango and Mott 2011; Yun and Kim 2024; Åndersson and Hansebo 2009). These nurses adhere to the three psychological constructs of gender awareness towards patients, as defined by Salgado et al. (2002) and Sherman et al. (2021): (a) gender knowledge, (b) gender sensitivity, and (c) gender role ideology. These constructs should be considered when developing nursing care plans (Rifà-Ros et al. 2023).

3.3.1.1 | Gender Knowledge. The nurse understands how biological sexual differences influence individuals' health status, recognizes gender-specific health needs (Kumpula et al. 2022), and is aware of distinct health habits (behaviours?) and disease prevalence across genders (Miers 2002; Than et al. 2020; Salgado et al. 2002). Additionally, the nurse is familiar with available informational resources tailored to the needs of men, women, transgender and gender-diverse individuals (Åndersson and Hansebo 2009).

3.3.1.2 | Gender Sensitivity. The nurse understands how gender shapes the patient's social context within their community, influencing communication on health needs and the ability to cope with illness or loss of autonomy (Foss 2002; Lindsay et al. 2019). Gender sensitivity extends beyond the acquisition of knowledge or skills; it involves development of emotional awareness and values that enhance gender consciousness. This holistic understanding plays a critical role in fostering equitable attitudes and practices (Arcos et al. 2007).

3.3.1.3 | Gender Role Ideology. The nurse recognizes the presence of androcentrism (Adhiambo Onyango and Mott 2011) and is aware of societal beliefs about masculinity and femininity, as well as the biases these beliefs may introduce when assessing patients (Than et al. 2022; Maatta 2009).

A gender-sensitive nurse integrates this awareness of gender roles and stereotypes into nursing assessments and the identification of nursing diagnoses (O'Dwyer et al. 2019). For example, the nurse understands that hegemonic masculinity influences men's reluctance to seek help, express emotions or avoid risky behaviours (Adhiambo Onyango and Mott 2011). Similarly, the nurse recognizes that women have specific support needs, as research shows they struggle more to find safe spaces to express fears and needs within the family context due to their caregiving roles (Prego-Jimenez et al. 2022). Furthermore, a gender-sensitive nurse acknowledges that the traditionally hierarchical structure of the professional-patient relationship has fostered paternalistic styles of care and consciously avoids perpetuating this power imbalance (Ritchie and Lewis 2003; Cleofas 2024; Foss 2002; Sherman et al. 2021; Salgado et al. 2002). Instead, the nurse establishes a genuine and collaborative relationship with patients (Yun and Kim 2024; Banner 2010).

3.3.2 | Legitimation of Care

Gender-sensitive nurses validate patients' pain (Maatta 2009), narratives, and emotions, considering them when planning care or addressing everyday ethical decision-making (Foss 2002). They provide individualized, person-centred care that incorporates gender considerations (Govender and Penn-Kekana 2008; Yun and Kim 2024; Salgado et al. 2002; da Mesquita et al. 2015; Bjorkman et al. 2014) and give equal credibility to the symptoms and expressions of women, men and gender-diverse individuals. For example, they do not attribute patients' symptoms to gender-related hormonal changes unless there is evidence to support such an explanation (Paivinen and Bade 2008).

Additionally, they address patients using their self-identified gender (Adhiambo Onyango and Mott 2011) and provide culturally relevant information accordingly (Carpio-Arias et al. 2022; Prego-Jimenez et al. 2022).

Gender-sensitive nurses understand that patients' expectations of care depend on the subjective value they assign to it, which differs by gender (Miers 2002; Mattocks et al. 2020; Foss and Hofoss 2004). For example, Foss (2002) and Siller et al. (2018) found that women patients have greater control and knowledge of what constitutes care, are more observant, and are more critical of care quality—setting higher expectations than men. However, the same study revealed gender disparities in care delivery plans: women were less encouraged to remain active during hospitalization, received fewer analgesics and were offered less psychological support. Conversely, male patients were perceived more favourably by nurses and received more time, attention and sympathy. Additionally, women were less involved in decision-making processes compared to men (Siller et al. 2018).

3.3.3 | Ensuring a Gender-Sensitive Approach in Nursing Management and Leadership

Gender-sensitive nursing requires that management and leadership roles ensure the preservation of patients' privacy throughout the care process and the incorporation of a gender perspective within the multidisciplinary team (Åndersson and Hansebo 2009; Salgado et al. 2002; Banner 2010).

The development of cultural awareness and gender sensitivity among nursing leaders is essential to addressing systemic sexism within healthcare organizations. By prioritizing these efforts, nurse leaders can foster inclusive, discrimination-free environments that respect gender diversity. This foundation not only enhances workplace equity but also supports high-quality care outcomes for both professionals and patients (Arcos et al. 2007).

Nurse managers should foster effective communication within the care team, as it has been associated with greater gender sensitivity (Reitinger and Heimerl 2014). Additionally, they must clearly identify low levels of gender awareness among staff as a modifiable risk factor (Aliri et al. 2022). Finally, nurse leaders are also responsible for identifying patients who may be vulnerable due to gender-related factors and for ensuring that their care processes are monitored closely, particularly in cases involving survivors of sexual assault (Govender and Penn-Kekana 2008).

3.3.4 | Recording and Assessing Gender in the Nursing Process

Gender-sensitive nursing requires that nursing process records are properly structured to reflect gender-specific needs (O'Dwyer et al. 2019). For example, Persson et al. (2022) and Adhiambo Onyango and Mott (2011) found that, in a study on men's sexual health, sexual education was conducted discreetly and recorded as 'Sexually Transmitted Disease Prevention' due to the lack of appropriate space in clinical records.

Nurses also must review whether gender-based differences exist in nursing diagnoses, defining characteristics, and related factors and assess whether such differences address the specific needs of each gender or reflect implicit professional biases. Furthermore, they should use standardized and validated tools to assess gender-related variables and indicators (O'Dwyer et al. 2019).

3.4 | Consequences of the Concept

The literature identifies several consequences arising from gender-sensitive nursing practices.

3.4.1 | Patient Empowerment

Empowering patients in health-related matters is one of the most significant consequences. For example, among men, it may lead to greater proactivity in managing their own care. Such empowerment stems not only from developing individual competencies but also from challenging and transforming the dominant paradigm of hegemonic masculinity within the healthcare system—a framework that often hinders optimal health outcomes for men (Bjorkman et al. 2014). Empowerment is also observed among women and gender-diverse individuals, enhancing their decision-making capacity regarding their healthcare. This

contributes to a more inclusive and equitable healthcare environment that responds to specific needs and helps reduce disparities (O'Dwyer et al. 2019; da Mesquita et al. 2015; Bjorkman et al. 2014).

3.4.2 | Harm Reduction

To reduce harm and prevent retraumatization, it is essential to limit the use of restrictive and invasive interventions, adopting a care approach that prioritizes patients' emotional and psychological well-being (Govender and Penn-Kekana 2008). Harm reduction strategies may involve creating safe, supporting environments where patients—particularly women facing significant addiction-related stigma—feel heard and validated. Providing non-judgmental support in these cases not only addresses healthcare needs but also helps mitigate the social prejudices they encounter (Bjorkman et al. 2014).

3.4.3 | Enhanced Quality and Effectiveness of Nursing Care

Quality care cannot be optimal without the integration of a gender-sensitive approach, as patients' needs are directly influenced by their gender. For example, a study by Foss and Hofoss (2004) and Mattocks et al. (2020) based on 699 patient satisfaction interviews in Norway revealed that male patients prioritized timely access to appropriate medical treatment, whereas female patients emphasized the importance of being treated as a whole person and having their symptoms taken seriously. Gender sensitivity also aims to eliminate gendered power dynamics within caregiving processes, which in turn enhances the quality of care (Govender and Penn-Kekana 2008; O'Dwyer et al. 2019; Simbar et al. 2020). Furthermore, gender sensitivity has been associated with greater treatment adherence and an increased likelihood of attending follow-up appointments (Lindsay et al. 2019; Banner 2010).

3.5 | Empirical Referents of Gender-Sensitive Nursing Concept

Empirical referents are observable indicators that confirm the existence of a phenomenon in the real world and serve as a pathway to identify its attributes (Walker and Avant 2019). In the reviewed literature, several instruments and indicators related to gender-sensitive nursing were identified:

- Gender Awareness Inventory-VA (GAI-VA): This scale was developed and validated within the military healthcare context to assess three constructs of gender awareness in patient care: gender sensitivity, gender role ideology (or levels of stereotyping) and gender perspective knowledge (Sherman et al. 2021). Two studies included in this concept analysis applied the scale to evaluate gender awareness in the predominantly male context of the U.S. Veterans Affairs healthcare system (Reitinger and Heimerl 2014; Lindsay et al. 2019).
- Nijmegen Gender Awareness in Medicine Scale (N-GAMS): Originally developed by Verdonk et al. (2008) and Kvigne et al. (2005) to evaluate physicians' gender awareness, this scale has been psychometrically adapted for nurses. It measures three dimensions: gender sensitivity towards patients, gender role ideology concerning patients and gender role ideology regarding healthcare professionals (Kumpula et al. 2022; Maatta 2009).
- Transgender and gender diverse people (TGD) knowledge and attitudes survey: Based on a framework of personal, interpersonal, institutional and cultural aspects of homophobia, this scale measures nursing students' self-reported skills in caring for TGD individuals and their knowledge of TGD-specific resources (Åndersson and Hansebo 2009).
- Gender sensitivity of perinatal care services questionnaire (GS-PNCS): Developed through an expert panel that included midwives, this tool was validated to measure gender sensitivity of healthcare providers towards mothers and fathers in the context of prenatal, childbirth and postpartum care. It comprises eight main domains: supportive policies to promote gender-sensitive services, structural reforms, managerial considerations, women's rights advocacy, educational and care considerations, promotion of paternal involvement and sexual health education (Rifà-Ros et al. 2023).
- Virtual clinical cases: Prego-Jimenez et al. (2022) and Maatta (2009), building on the work of Bernardes and Lima (2011) and Verdonk et al. (2008), used identical clinical case vignettes for male and female patients to observe whether legitimacy—measured in terms of psychological attributions to pain, perceived disability, willingness to offer support and credibility of the patient's pain rated through a Likert scale—was equitable based on the patients' gender.
- Patient satisfaction from a role perspective: Foss (2002) and Siller et al. (2018) found in a Norwegian sample that, while older female patients were compliant in assuming a passive patient role, younger female patients reported lower satisfaction, primarily linked to their exclusion from decision-making processes.
- Use of inclusive language: Studies highlighted the importance of inclusive language both in oral communication with patients and written nursing documentation, including progress notes and nursing diagnoses (Adhiambo Onyango and Mott 2011; O'Dwyer et al. 2019).
- Frequency and distribution of nursing diagnoses: Analysis of nursing diagnoses, defining characteristics, and related factors for men and women across hospital, community or other health settings reveals insights into gender-related patterns (O'Dwyer et al. 2019).

Below, we propose a summary table of each defining attribute to example indicators, the reliability of instruments and populations validated in (Table 2).

3.5.1 | Operationalization of the Concept for Practice and Research

The content of the reviewed articles presents a wide range of variables related to gender-sensitive nursing, as summarized

TABLE 2 | Defining attributes and their indicators.

Atributes	Indicators and instruments		Instruments validity and population
Gender-aware nurses		Use of inclusive language. Patient satisfaction from a role perspective.	– GAI-VA psychometrically validated in English for Veterans Affairs healthcare system (for the whole healthcare team) – HRGK psychometrically validated in Spanish for nurses and physicians – N-GAMS has shown reliability and replicability among several countries and languages for nurses and physicians – GS-PNCS validated in perinatal care providers in Iran – TGD's preliminary efficacy and feasibility measured in United States nursing students
Gender knowledge	– Gender perspective knowledge of GAI-VA – HRGK – TGD-related knowledge		
Gender sensitivity	– Gender sensitivity subscales of both GAI-VA and N-GAMS – GS-PNCS		
Gender role ideology	– Gender role ideology subescales of both GAI-VA and N-GAMS – TGD-related attitudes		
Legitimation of care	– Virtual clinical cases accompanied with legitimacy items		– Legitimacy items showed feasibility in Spanish and Portuguese nurses
Ensuring a gender-sensitive approach in nursing management and leadership	– Preservation of patients' privacy and intimacy – Actions to promote gender awareness level among staff		
Recording and assessing gender in the nursing process	– Appropriate space in clinical records to call gender-related issues as they are – Frequency and Distribution of nursing diagnoses, defining characteristics, and related factors for men, women and other gender identities		

Abbreviations: GS-PNCS, Gender Sensitivity of Perinatal Care Services Questionnaire; HRGK GAI-VA, Gender Awareness Inventory-VA; HRGK, Health-Related Gender Knowledge; N-GAMS, Nijmegen Gender Awareness in Medicine Scale; TGD, Transgender and Gender Diverse People (TGD) Knowledge and Attitudes Survey.

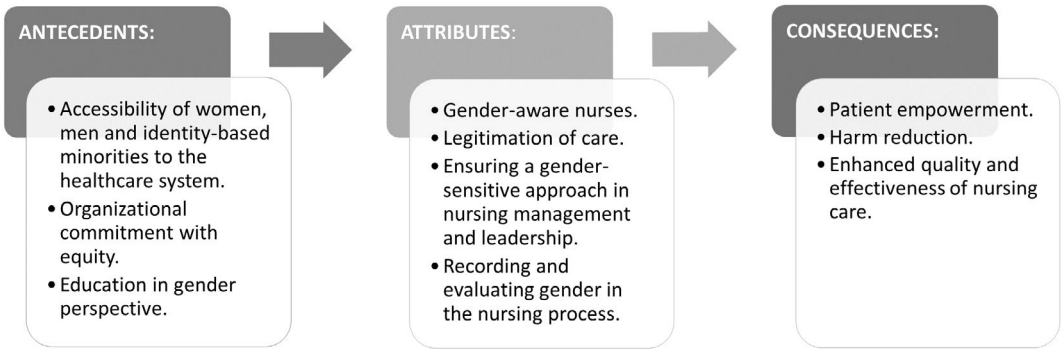

FIGURE 2 | Antecedents, attributes and consequences of the concept gender-sensitive nursing.

in Figure 2. Several operational variables—classified under Country or Place, Undergraduate Nursing Education and Health Institution—can be considered modifiable variables that influence the empirical reference levels for gender-sensitive nursing. The local culture of gender equality and the human rights policies of a place would condition the gender mainstreaming in education, nursing practice and healthcare organizations. At the same time, the degree to which gender perspectives are integrated into

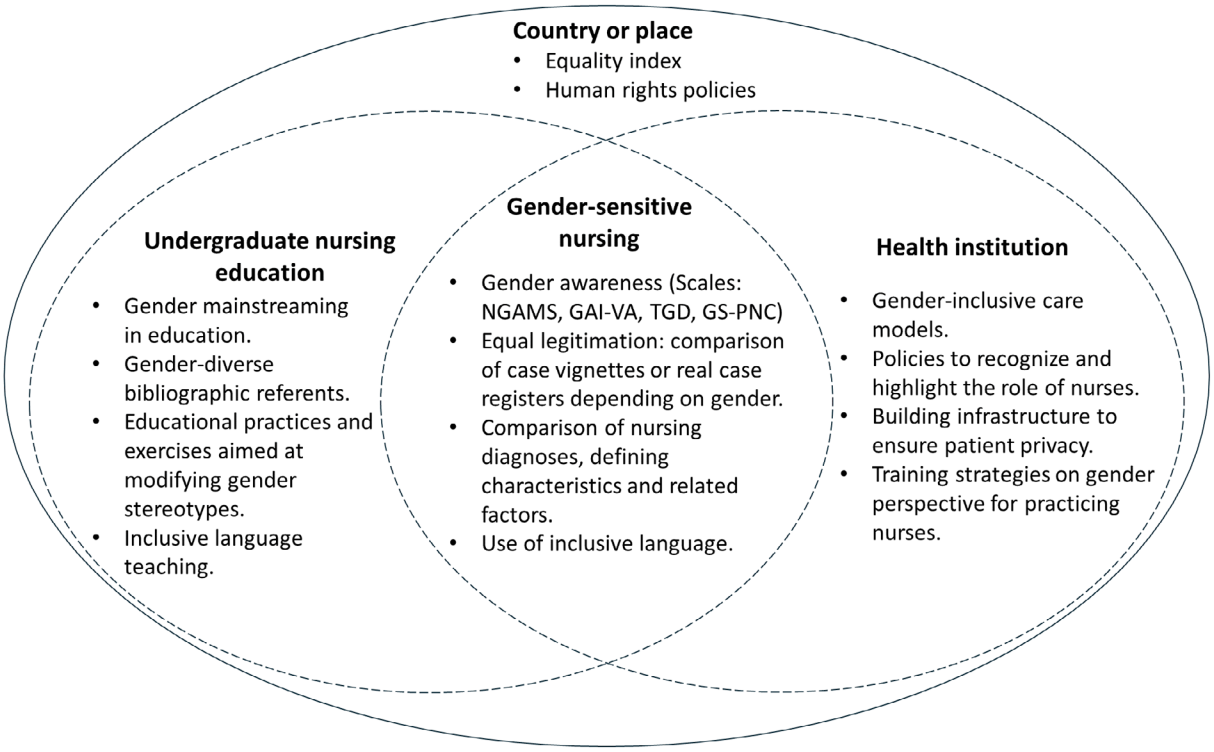

FIGURE 3 | Operationalizing variables related to gender-sensitive nursing.

nursing curricula, as well as the policies and patterns of health institutions would impact nurses' levels of gender awareness that can be measured with a sort of empirical referents (see Figure 3).

3.6 | The Authors' Operational Definition

Based on how gender-sensitive nursing is conceptualized in peer-reviewed literature, we propose the following definition: Gender-sensitive nursing refers to nursing practice grounded in gender awareness, recognizing how gender roles and ideologies shape health experiences, care needs and professional practices. It legitimizes care as a socially and ethically significant activity and ensures the systematic integration of gender considerations into nursing management, leadership and the nursing process, including the recording and assessment of gender.

3.7 | Case Studies

3.7.1 | Case Study: Contrary Case

María, a nurse who graduated 2 years ago, was assigned as the instructor for a third-year nursing student in the internal medicine unit. During her studies, María did not receive training in gender-sensitive nursing care or in recognizing potential biases that may arise in patient care (not gender-aware nurse). The hospital where she works does not have an established orientation program for novice professionals, nor does it offer ongoing professional development that addresses gender-related issues as part of a gender-sensitive organizational culture.

María encountered a situation in which she and the nursing student responded to a call bell in a patient's room. Upon entering, one of the patients reported being 'in pain'. To assess the pain, María asked about its descriptors, such as location, duration, continuity, and whether any particular positions made it more bearable. The patient stated, 'I have had this pain for a long time', and added, 'My mother, whom I care for, also suffers from a lot of pain, which makes me very nervous and prevents me from sleeping well'. María informed the patient that she would check her medical record to determine whether an analgesic treatment had been prescribed.

As they walked back to the nursing station, María commented to the student that this was a typical case of 'chronic pain' often seen in older women, which tends to be highly resistant to treatment (no legitimization of care). When the students asked whether the patient's statement—'My mother, whom I care for, also suffers from a lot of pain, which makes me very nervous and prevents me from sleeping well'—should be documented as a stressor (no recording and evaluating gender in the nursing process), María responded that such issues, while valid, were not within the scope of the hospital care and should be managed by primary care or social work services. She did not consider it necessary to request a consultation for a comprehensive approach to the patient's pain (not ensuring a gender-sensitive approach in nursing management and leadership).

3.7.2 | Case Study: Borderline Case

Mario is a nurse specialized in emergency nursing with 10 years of experience in the emergency unit at the referral hospital in his city. During his time in the unit, Mario has pursued training in gender-specific care and assessment through courses he sought out on his own initiative (gender-aware nurse).

During one of his shifts, a 65-year-old woman arrives at the emergency unit, reporting epigastric pain and nausea that began approximately 6 h earlier. During the initial patient interview, she mentions that she recently retired. Mario observes signs of fatigue and sadness in the patient's demeanour (legitimization of care) and asks about her daily routine in this new stage of life. She shares that she spends a significant amount of time caring for her dependent mother, who requires assistance with regular daily activities, and supporting her son by helping care for her two granddaughters.

While performing triage, Mario reviews her electronic medical record and finds no significant family history. The patient has diabetes, managed with oral antidiabetics. Her blood pressure during the assessment is 170/85 mmHg. When the patient inquires about this reading, Mario explains that it is slightly high but assures her that 'everyone's blood pressure is elevated in the emergency room' attributing it to nervousness.

After the initial evaluation, Mario consults with the on-call physician, who prescribes intramuscular Primperan and a gastric protector, considering that the patient's current symptoms could be that of a stress- or anxiety-related gastric episode. Drawing on his gender-related care training, Mario expresses concern to the physician that the patient's symptoms may be consistent with Acute Myocardial Infarction (AMI).

Although the patient is discharged with instructions to return if her condition worsens within a reasonable time, Mario documents his clinical actions in the care plan. However, he struggles to identify a specific section within the electronic record to note his concern.

Three hours later, the patient returns to the emergency unit with no symptom relief and now reports shortness of breath with mild exertion and jaw pain, stating, 'I feel like I'm dying'. Mario has already ended his shift but had verbally shared his concerns about the case with his colleagues. The nurses promptly reassess the patient and perform an ECG, which reveals findings consistent with AMI.

3.7.3 | Case Study: Model Case

Ana is a geriatric nurse working in a nursing home. She understands the frailty factors that may affect the autonomy of the elderly, particularly anxiety, cognitive impairment, and reduced dynamic balance in women, as well as functionality in men (gender awareness-knowledge).

One of her patients, Julia, is an 85-year-old resident who has been eating less than usual, participating less in occupational activities, and seems somewhat unsteady when rising from her chair and walking. When Ana asks what is wrong, Julia replies that she doesn't want to be a burden, adding that the nurses already have enough work and that focusing on her would be a waste of their time. Ana knows that Julia has dedicated her life to caring for her six children and her late parents, making it difficult for her to adopt the role of a care recipient rather than that of a caregiver (gender awareness-sensitivity). After some encouragement, Julia confesses, 'I've had a stomachache for a few days, but it's my fault. My daughter always says I'm too emotional and tend to somatize my feelings. Besides, I wouldn't bother you over a little pain; women are built to endure it'. Ana responds empathetically, assuring Julia that no one should suffer pain unnecessarily (gender awareness-role ideology). She assures Julia that her pain will be reported to the physician to investigate what might be wrong and also takes the time to listen to Julia on the emotional aspects and concerns that she associates with her stomachache (Legitimating care).

Ana then shares her observations with the team, highlighting Julia's reduced cognitive engagement and signs of dynamic imbalance, both recognized as frailty indicators in older women. She emphasizes the importance of determining whether Julia's situation merely stems from a pain-related issue or is a sign of overall deterioration. Ana refers the pain issue to the geriatrician for a comprehensive evaluation (Ensuring a gender-sensitive approach in nursing management and leadership). She also documents her observations in Julia's evolutionary history and schedules periodic alerts for frailty assessments, employing the nursing home's standardized indicators and gender-specific scoring system for women. The electronic application includes measures of anxiety, cognition, dynamic imbalance and functionality (recording and evaluating gender in the nursing process).

4 | Discussion

This study aimed to provide an operational definition of gender sensitive nursing, which incorporates gender awareness and critical gender sensitivity across clinical practice, leadership and the nursing process in order to address gendered health needs and promote equity in care. This approach validates individuals' symptoms and narratives, addressing them in accordance with the gender with which they identify. It also includes adopting gender perspectives within multidisciplinary teams and the systematic inclusion of gender-related variables in the nursing process. Gender-sensitive nursing leads to greater patient empowerment, contributing to a more inclusive and equitable healthcare environment that responds to specific needs and helps reduce disparities. It contributes to harm reduction by minimizing retraumatization and promoting emotionally safe, non-judgmental care environments. Additionally, it enhances the quality and effectiveness of nursing care by addressing gender-specific needs, reducing power imbalances, and improving treatment adherence and follow-up. Gender sensitive nursing requires the interaction between equitable access to care, organizational commitment to gender equity, and education in gender perspective. Structural, cultural and policy contexts shape who can access care and how it is delivered. Together, gender-inclusive organizations and critically oriented nursing education enable practices that challenge inequalities and promote equitable, person-centred care.

As outlined in Figure 2, a wide range of actions can be implemented to promote gender-sensitive nursing, and their effectiveness can be subsequently evaluated. In undergraduate nursing education, the consistent use of inclusive language may be integrated throughout the curriculum. Its practical application can be later assessed by analysing the clinical documentation produced

by graduates once they are practicing nurses. Similarly, educational practices and exercises aimed at reducing gender bias in patient care can be implemented. To assess the effectiveness of these practices, identical clinical virtual cases featuring patients of different genders may be used to determine whether students exhibit gender-based differences in their clinical evaluations. In this regard, Labaka et al. (2023) and Bernardes and Lima (2011) identified gender-related health knowledge as a key modifiable factor in promoting gender awareness in patient interactions. However, they advised that traditional lecture formats alone are insufficient to significantly increase gender awareness, pain legitimization, or gender-related health knowledge among patients. Instead, they recommended active teaching strategies, such as guided university debates or problem-based learning. Despite these proposals, there remains a lack of studies focused on enhancing gender awareness within nursing degree programs. According to Ruiz-Cantero et al. (2019) and Labaka et al. (2023), several barriers hinder the integration of gender perspectives into health science curricula. These include scepticism about the academic relevance of gender issues exercises, time constraints for teacher training, difficulty in developing concrete solutions amid diverse content, curriculum overload, and the perception that gender issues are limited to women's health. The International Council of Nurses (2024) has called for greater collaboration with educational institutions to develop nursing curricula that address gender-related health disparities. They also advocate for continued professional development to ensure that nurses can recognize and respond to these disparities, ultimately enhancing care for women and gender-diverse individuals (Ruiz-Cantero et al. 2019). Such training is essential to prevent the perpetuation of gender bias in healthcare (Labaka et al. 2023).

At the organizational level, we propose that the effectiveness of gender-promoting policies and the implementation of gender-based care protocols may be measured through pre- and post-analyses. These may include measuring changes in the frequency of resolved nursing diagnoses, time to resolution, and the progression of risk diagnoses into problem-focused diagnoses, categorized by patient gender. In addition, the gender sensitivity levels of nursing staff can be directly measured using psychometrically validated scales such as GS-PNCS (Rifà-Ros et al. 2023), TGD, Knowledge and Attitudes Survey (Åndersson and Hansebo 2009), GAI-VA (Sherman et al. 2021) and the N-GAMS (Kvigne et al. 2005). The latter is particularly noteworthy as it has been adapted for use with nurses and has demonstrated strong international replicability among Dutch and Swedish health professionals (International Council of Nurses 2024), as well as Swiss (Andersson et al. 2012), Italian (Rrustemi et al. 2020), Portuguese (Bert et al. 2022), Spanish (Aliri et al. 2022), French (Morais et al. 2020) and Arabian caregivers (Goussault-Capmas et al. 2024). Nurse managers should consider low gender awareness levels among staff as a modifiable risk factor contributing to health inequities (Aliri et al. 2022). Recognizing this perspective may support the development of specific strategies aimed at ensuring equitable adherence to care established standards for all patients.

Notably, no previous work has conducted a rigorous concept analysis of gender-sensitive nursing. This absence is striking, especially considering that Miers proposed the need to understand this concept as early as 2002 (Miers 2002). This gap may paradoxically reflect gender bias in the study of gender bias itself, particularly given that nursing is widely regarded as a predominantly female profession. Such representation may contribute to the marginalization of nurses as active contributors to health research and management (Shamasneh et al. 2023). Given the increasing role of nursing within health systems, nursing managers should promote gender-sensitive care cultures to equip nurses with the knowledge and skills to reduce inequities. Each healthcare professional plays a role in addressing sexist stereotypes that may influence their caregiving process (Aliri et al. 2022). It is also important to note that the majority of the studies reviewed treated gender as a binary variable, referring exclusively to women and men. Very few studies discussed the health needs of transgender or non-binary individuals. This trend may reflect the influence of biomedical heritage bias that continues to shape nursing research on gender issues. In this context, the work by Lightfoot et al. on the concept analysis of trans-affirming care is particularly noteworthy (Lightfoot et al. 2021).

Regarding the empirical referents we found for gender sensitive nursing, Table 2 points out several operationalizing clues that deserve to be mentioned. Gender awareness is the attribute that has garnered the most attention, with validated instruments developed for war veterans, general health and the perinatal context. Similar to the findings from the literature review, most instruments and health record comparisons present a binary view of gender (man/woman). The TGD instrument is a notable exception, as it aims to measure knowledge and attitudes towards transgender and gender-diverse individuals. Additionally, the articles that discussed the inclusive use of language explicitly recognized minority gender identities. We consider that there is a lack of concrete examples on how to measure gender-sensitive approach in nursing management and how to record gender in the nursing process. To better assess the maturity of measurement across different attributes, we note that gender-aware nurses are well-equipped with psychometrically validated scales for its three subdimensions: gender knowledge, gender sensitivity and gender role ideology. While the legitimization of care has effective tools for addressing pain symptoms, additional instruments are necessary to evaluate other symptoms and gather patient perceptions distinct from those of health professionals. Additionally, the attributes related to ensuring a gender-sensitive approach in nursing management and leadership, as well as recording and assessing gender in the nursing process, have room for improvement. One proposal for enhancing the first attribute is to develop checklists that assess how patient privacy and intimacy are preserved in health units. This could be complemented by monitoring actions that promote gender awareness among staff in each service. For the last attribute, it is crucial to start analysing which nursing diagnoses and interventions are most prevalent based on the patient's gender. This analysis will help identify specific health needs or potential biases in diagnoses.

This study presents certain limitations that warrant consideration. Firstly, the evolving nature of gender perspectives poses challenges for concept analyses, as defining attributes are traditionally based on their frequency of occurrence in the literature. Consequently, less frequently mentioned—yet potentially

significant—attributes may be overlooked, particularly given the emerging status of this topic.

Secondly, the authors encountered difficulties in differentiating certain attributes from one another. For example, the sensitivity of gender awareness may overlap with those related to the legitimation of care. Gender awareness is defined as a multidimensional construct encompassing health professionals' gender-role ideology, gender sensitivity and gender-related knowledge. Together, these dimensions reflect the ability to recognize how gender influences health needs and to respond appropriately in clinical practice (Sherman et al. 2021). In turn, legitimation of care refers to nurses' recognition and validation of patients' pain, experiences and expressed needs as credible and worthy of clinical attention, regardless of gender. It involves appropriate attributions of pain, acknowledgment of its impact on functioning, willingness to provide support, and trust in patients' pain reports. Through legitimation of care, nurses enact gender-sensitive, person-centred and ethically grounded care (Maatta 2009). We opted to classify the attributes in accordance with the original articles to maintain fidelity to the source literature.

Thirdly, it is important to note that the majority of the scientific research was conducted in Western countries, potentially limiting the representation of the global gender context. The implementation of gender-sensitive nursing care is inherently influenced by the cultural norms and gender equity of each region. Religious beliefs and practices can hamper the implementation of gender-sensitive nursing in diverse healthcare settings. For instance, Farah et al. (2024) stated that cultural and religious structures significantly shape women's health-seeking behaviours, influencing access to services such as maternal care and contraception in the Middle East Region. Additionally, experiences of discrimination within clinical settings have been identified as healthcare system-related barriers that discourage transgender muslim people (Noor et al. 2024). Heteronormative and certain religious ideologies, along with homophobic government programs, further reinforce these barriers (Logie 2012).

In addition to cultural and religious influences, professional gender hierarchies within healthcare systems may also mediate the implementation of gender-sensitive nursing. Nursing has historically been constructed as a feminized profession, often positioned within a healthcare system long dominated by paternalism, physician-led hierarchies and male dominance (Hernantes 2026). These dynamics can limit nurses' autonomy, voice and decision-making power in clinical settings, thereby constraining their capacity to advocate for patients' gender-specific needs (Graells-Sans et al. 2026). Strengthening nurses' advocacy role through organizational support, leadership opportunities, protected spaces for participation, and formal recognition of their expertise can therefore facilitate the integration of gender-sensitive approaches into routine practice, while enabling nurses to actively confront the institutional and cultural barriers that hinder their implementation.

Furthermore, this concept analysis is based on English-language, which may shape the conceptual boundaries of the analysis. For instance, the antecedent of accessibility of care for women, men and identity-based minorities significantly depends on the cultural context, as political frameworks and regulations heavily influence gender-sensitive care. Without mandatory requirements, funding and accountability, implementation remains inconsistent (Vélez et al. 2020). Additionally, complex health systems with under-resourced gender units struggle to address unequal gender power dynamics and effectively coordinate gender mainstreaming (Idris et al. 2023). Moreover, cultural influences shape the attribute of gender awareness in nursing; while Western frameworks often prioritize individual autonomy and inclusivity, other cultural settings may emphasize relational decision-making, family involvement and culturally specific expressions of modesty, which can both support and constrain women (Idris et al. 2023). In terms of gender sensitivity in nursing management and leadership, workforce policies frequently reproduce structural discrimination—such as the glass ceiling, undervaluation of nurses/midwives, and inadequate working conditions—which adversely affects both worker rights and quality of care (Newman et al. 2023).

Future work should take into consideration this aspect. Finally, potential biases in data extraction and classification might have occurred due to subjective interpretation during the concept analysis. The involvement of two authors in extracting and interpreting the information was a measure adopted in order to minimize this likelihood.

5 | Conclusion

Gender-sensitive nursing validates individuals' experiences based on their self-identified gender and promotes structural improvements in healthcare. By fostering gender-sensitive nursing care, nurses empower patients in decision-making, contributing to harm reduction and the delivery of more effective, equitable care. Gender-sensitive nursing can be promoted through active teaching integrated into undergraduate nursing curricula, supported by organizational policies and gender-sensitive clinical protocols.

Author Contributions

A.L., M.I.T., A.M. and N.H. made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data. A.L., M.I.T., A.M., N.H. involved in drafting the manuscript or revising it critically for important intellectual content. A.L., M.I.T., A.M., N.H. given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. A.L., M.I.T., A.M., N.H. agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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Ethics Statement

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section. **Data S1:** Standards for reporting qualitative research (SRQR)*. **Table S1:** Template table.