

# Investigation of the Relationship Between the Ambivalent Sexism and Job Satisfaction in Healthcare Professionals

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## Abstract

**Purpose:** The purpose of this study is to examine the relationship between ambivalent sexism perception and job satisfaction of health professionals.

**Material and method:** The research was conducted in a descriptive manner and its universe consisted of physicians and nurses working in the internal medicine and surgical clinics of SBU Gülhane Training and Research Hospital between May and August 2023. The sample size calculation universe was calculated with the known sample formula and the study included 145 physicians and 145 nurses, a total of 290 people who volunteered to participate. In the study, data were collected with the “Socio-demographic Information Form”, “Ambivalent Sexism Inventory (ASI)” and “Minnesota Satisfaction Questionnaire (MSQ)” and the data were analyzed by SPSS 23 package program.

**Findings:** A positive correlation was determined between ambivalent sexism and job satisfaction ( $p < 0.05$ ). However, while a relationship was found in the context of gender and marital status in the MSQ, a significant relationship was found in the context of gender, profession, age group, working years and the idea of continuing the profession in the MSQ ( $p < 0.05$ ). In the context of gender, it was determined that men had higher general and benevolent sexism scores, and men had higher external and general satisfaction scores, but when examined in the context of profession, no relationship was found between sexism and profession, and it was found that doctors had higher levels of satisfaction in job satisfaction and its sub-dimensions than nurses.

**Conclusion:** As a result of the research data, the relationship between ambivalent sexism and job satisfaction in health professionals was examined and a positive significant relationship was found.

**Keywords:** Ambivalent Sexism, Health Professional, Job Satisfaction

## INTRODUCTION

The concept of sexism is explained as an ideology based on the idea that one gender is superior or different from the other in the “Gender Equality and Women's Empowerment Action Plan 2023-2030” published by the United Nations (UN). The concept of ambivalent sexism is a theory first put forward by Peter Glick and Susan T. Fiske in 1996, and according to this theory, sexism is defined in two sub-dimensions: Benevolent sexism and hostile sexism [16]. Hostile sexism refers to the hostile attitudes and behaviors of men towards women, while benevolent sexism refers to the attitudes and behaviors that are considered positive, such as women needing to be protected and glorified by men [9].

When the health sector is examined in terms of the positions of women and men, it is known that women are more prevalent than other professions, and it is seen that the health sector is also affected by the concept of gender [6]. In the field of nursing, when the historical development of nursing is examined, it is seen that wound care, the importance of compassion, and its association with emotions such as compassion and empathy have caused it to be referred to as a women's profession for many years, and this situation is affected by the concept of gender [2].

Sexism and ambivalent sexism have recently been on the agenda on various platforms. In the document published by the UN as “Progress in Sustainable Development Goals (SDGs): Status Report on Gender Equality 2023” since September 7, 2023, it is stated that gender inequality and sexism are a major global problem, but it is also stated that women and men still do not have equal income levels. When the literature is examined, it is seen that gender inequality and sexism do not only affect income distribution between women and men. In the study conducted by Xinyi Ye (2023), it is mentioned that gender stereotypes cause discrimination in the workplace. However, it is known that one of the direct effects of sexism is on job satisfaction [14].

This study aimed to examine the relationship between ambivalent sexism perception and job satisfaction of nurses and physicians selected to represent healthcare professionals. The research questions of the study are as follows:

- A. Is there a difference between the sociodemographic characteristics of healthcare professionals and ambivalent sexism?
- B. Is there a difference between the sociodemographic characteristics of healthcare professionals and job satisfaction?
- C. Is there a relationship between ambivalent sexism and job satisfaction in healthcare professionals?

### **Material and Methods**

This research study, which was conducted to examine the relationship between sexism perceptions and job satisfaction of descriptive and relationship-seeking health professionals, was carried out with the participation of physicians and nurses working in internal and surgical clinics at SBU Gulhane Education and Research Hospital.

The universe of the study was determined as physicians and nurses working in internal and surgical clinics at SBU Gulhane Education and Research Hospital between May and August 2023 (N= 1170). In determining the sample size of the study, the known sample calculation method was used, while the sampling method of the study was selected as stratified sampling. The universe of the study consists of 1170 healthcare professionals (nurses, physicians) who are actively working at SBU Gulhane Education and Research Hospital. According to this formula; The sample size was calculated as 290 people (145 physicians, 145 nurses) with a reliability of 95% and a margin of error of 5%. Considering that there would be data loss, 10% of the participants were calculated as missing (n: 29) and surveys were applied to 319 participants and ten surveys were removed from the study because they contained incomplete data. The data collection process was completed when 290 healthcare professionals who were not on annual leave and wanted to fill out the form voluntarily were reached.

### **Inclusion Criteria for the Study**

All individuals who worked as physicians and nurses in internal and surgical clinics of SBU Gülhane Training and Research Hospital on the specified dates and who agreed to participate in the study on a voluntary basis were included in the study.

### Ethical Aspect of the Study

Approval was obtained from AYBU Health Sciences Ethics Committee with the research code 2022-1040 for the ethical aspect of the study. After the approval of the Ethics Committee, the institutional permission was obtained from the Clinical Research Education Planning Committee of SBU Gülhane Training and Research Hospital affiliated with the Ministry of Health. Permission for the “Ambiguous Sexism Scale” from the scales used in the study was obtained in writing by the scale owners. No consent was obtained for the other scale to be used, the “Minnesota Satisfaction Questionnaire, since it was open to use. During the data collection, participants were informed about the study and a full Informed Consent Form was signed, and verbal consent and text were obtained. The aim of this document was to implement the principle of “Informed Consent”.

### Data Collection Tools

- **Sociodemographic Information Form:** The form, consisting of 7 items, includes items related to the individual's gender, family type, marital status, years of work, and desire to continue their profession. Questions were created by referencing articles related to the subject in the literature to create the form.
- **Ambivalent Sexism Inventory- ASI:** Ambivalent Sexism Inventory (ASI) is a 6-point Likert-type scale consisting of 22 items and the first sub-dimension, measuring both positive and negative attitudes towards women. In the scale developed in 1996, Peter Glick and Susan T. Fiske divided sexism into two as benevolent and hostile, and argued that both coexist in humans [17].
- **Minnesota Satisfaction Questionnaire:** MSQ is a scale adapted into Turkish by Aslı Baycan in 1985, and its current form is a 20-item 5-point Likert Scale. According to the study, it is suitable for use in Turkey [3].

In the study conducted, Cronbach alpha numbers of the MSQ scale and its sub-dimensions were calculated as values close to the reference scale scores, and it was determined that it had high internal consistency.

### Implementation of the Study

As mentioned above, during the study process, information was provided to physicians and nurses working in the internal and surgical clinics of SBÜ Gülhane Education and Research Hospital between May 2023 and August 2023, and after obtaining the Informed Consent Form (from those who volunteered to participate in the study, data was collected using the “Ambivalent Sexism Inventory ” and “Minnesota Satisfaction Questionnaire” using the survey method. In order to prevent the same individuals from participating in the study again, each person was given a numerical code.

### Evaluation of Data (Statistical Analysis)

Statistical analyses were performed using the SPSS (IBM SPSS Statistics 23) package program. In this study, assuming that the measurement values had a normal distribution, the independent sample t test was used in independent two group comparisons, and the ANOVA test was used in independent three or more group comparisons. The Pearson correlation coefficient was calculated to examine the relationship between two quantitative variables with a normal distribution.

### FINDINGS

According to Table 2, it was determined that there was no significant difference in the mean of the benevolent sexism sub-dimension of the participants' ASI scale according to gender ( $p < 0.05$ ), while the mean of the hostile sexism sub-dimension and the general ASI average showed a statistically significant difference according to gender ( $p < 0.05$ ). Therefore, it was determined that the hostile sexism and general ASI averages of men were higher than the averages of women. It was determined that the mean of the

intrinsic satisfaction sub-dimension of the MSQ did not show a significant difference according to gender ( $p < 0.05$ ), while the mean of extrinsic satisfaction and general satisfaction showed a statistically significant difference according to gender ( $p < 0.05$ ). In this context, it was determined that the means of external satisfaction and general satisfaction of men were higher than the means of women.

It was determined that the participants' ASI general average and the means of its sub-dimensions did not show a statistically significant difference according to their professions ( $p > 0.05$ ). However, when the MSQ levels were examined, it was determined that the averages of general satisfaction and general satisfaction sub-dimensions showed a significant difference according to the professions of the individuals ( $p < 0.05$ ). Therefore, it was found that the averages of job satisfaction and job satisfaction sub-dimensions of the physicians were higher than the averages of the nurses and that the satisfaction of the physicians with their jobs was at a moderate level.

**Table 1: Distribution of Socio-Demographic Characteristics of Health Professionals**

Variables (n=290 )		S	%
Age Groups	22-26 years old	90	31.0
	27-31 years old	130	44.8
	Age 32 years and above	70	24.1
Mean Age $\bar{x} \pm SD$		30.4	one hundred
Job	Physician	145	50.0
	Nurse	145	50.0
Gender	Woman	220	75.9
	Male	70	24.1
Marital status	Married	126	43.4
	Single	164	56.6
Family Type	Sunflower seed	256	88.3
	Wide	20	6.9
	Broken	14	4.8
Working Year	1-10 years	243	83.8
	11-20 years	25	8.6
	21 years and above	22	7.6
His View on the Consideration of Continuing in the Profession	Yes	220	75.9
	No	70	24.1

When Table 2 was examined, it was determined that the mean external satisfaction of the MSQ according to the ages of the participants showed a significant difference according to the ages of the health professionals ( $p < 0.05$ ). When the ASI levels of the participants were examined according to their marital status, it was determined that the hostile sexism average showed a significant difference ( $p < 0.05$ ). While no statistically significant difference was detected according to both scales in terms of family types, it was

determined that the average of the benevolent sexism sub-dimension of the ASI scale showed a statistically significant difference ( $p < 0.05$ ) and it was determined that the benevolent sexism levels of individuals with 21 years of work and above were higher than other working year groups. When the general average of the ASI and the averages of its sub-dimensions are examined according to the status of health professionals continuing their profession, it is determined that there is a significant difference ( $p < 0.05$ ).

When Table 3 is examined, it is found that the relationship between benevolent sexism and hostile sexism is statistically significant and has a moderate correlation with a coefficient of 0.51 ( $p < 0.05$ ), while the relationship between benevolent sexism and external satisfaction is statistically significant and has a very strong correlation with a coefficient of 0.86 ( $p < 0.05$ ). The relationship between hostile sexism and external satisfaction is statistically significant and has a very strong correlation with a coefficient of 0.87 ( $p < 0.05$ ), while the correlation between general ASI and internal satisfaction is statistically significant and has a very strong correlation with a coefficient of 0.83 ( $p < 0.05$ ). While it was determined that the relationship between general ASI and general satisfaction was statistically significant and a very strong correlation with a coefficient of 0.97 ( $p < 0.05$ ), it was found that the relationship between intrinsic satisfaction and general satisfaction was also statistically significant and a very strong correlation was established with a coefficient of 0.94 ( $p < 0.05$ ).

**Table 2 In Health Professionals Distribution of Socio-demographic Characteristics and Mean Scores of ASI and MSQ and its Sub-Dimensions (n=290)**

Socio-Demographic Characteristics		Scale And Sub-Dimensions																	
		ASI						MSQ											
		Protectionism		Hostile Sexism		General ASI		Inner Satisfaction		External Satisfaction		General Satisfaction							
	x̄±SS	t statistic	p value	x̄±SS	t statistic	p value	x̄±SS	t statistic	p value	x̄±SS	t statistic	p value	x̄±SS	t statistic	p value	x̄±SS	t statistic	p value	
Gender	Woman	3.24±1.11	-1.026	0.306	2.77±1.02	-6,948	0.001*	3.00±0.93	3.55±0.78	-4,839	0.001*	-1.845	0.006	2.56±0.84	-3.121	0.002*	2.80±0.74	-2.503	0.001*
	Male	3.36±0.80			3.73±0.96			3.55±0.78			3.15±0.74			2.92±0.81			3.06±0.74		
Job	Physician	3.22±0.97	-0.702	0.483	3.10±1.09	1,461	0.145	3.16±0.89	0.460	0.646	3.28±0.69	6,598	0.001*	3.04±0.75	8,895	0.001*	3.18±0.69	7,963	0.001*
	Nurse	3.31±1.11			2.91±1.08			3.11±0.96			2.74±0.68			2.26±0.74			2.55±0.67		
Age Groups	22-26 years old	3.22±1.07			2.89±1.12			3.06±0.94			3.03±0.76			2.59±0.92			2.85±0.80		
	27-31 years old	3.20±0.98	1,311	0.271	3.04±1.09	0.668	0.514	3.12±0.91	0.950	0.388	3.08±0.66	0.950	0.388	2.78±0.78	3,291	0.039*	2.96±0.68	2,799	0.063
	32 years and above	3.44±1.10			3.07±1.04			3.26±0.94			2.85±0.81			2.48±0.84			2.70±0.77		
Civil Situation	Married	3.45±1.02	2,594	0.010*	3.09±1.09	1,134	0.258	3.27±0.90	2,129	0.034*	2.99±0.73	-0.444	0.658	2.64±0.82	-0.211	0.833	2.85±0.73	-0.358	0.721
	Single	3.13±1.04			2.94±1.08			3.03±0.93			3.03±0.74			2.66±0.87			2.88±0.76		
Family Type	Sunflower seed	3.26±1.07			2.96±1.10			3.11±0.94			3.02±0.72			3.01±0.73			2.65±0.84		
	Wide	3.40±0.82	0.196	0.822	3.45±1.05	1,912	0.150	3.43±0.78	1,100	0.334	3.06±0.78	1,178	0.309	2.64±0.83	2,813	0.062	2.87±0.73	1,664	0.191
Year of study	Broken	3.22±0.85			3.05±0.69			3.14±0.70			2.72±0.88			3.01±0.80			3.04±0.78		
	1-10 years	3.22±1.01			2.98±1.09			3.10±0.90			3.02±0.72			2.67±0.85			2.88±0.74		
	11-20 years	3.24±1.30	3,198	0.042*	3.15±1.21	0.473	0.624	3.20±1.16	0.376	0.687	2.92±0.84	0.647	0.525	2.49±0.80	1,701	0.184	2.74±0.79	0.524	0.593
	20 years and above	3.80±0.98			3.13±0.95			3.47±0.77			2.93±0.77			2.56±0.85			2.78±0.71		
Continue your career The Thought of Doing	Yes	3.24±1.03	0.881	0.379	2.97±1.06	0.939	0.349	3.10±0.90	1,049	0.295	3.16±0.69	-6.715	0.001*	2.82±0.81	-6,544	0.001*	3.03±0.70	-6,988	0.001*
	No	3.36±1.08			3.11±1.15			3.24±0.98			2.53±0.66			2.11±0.73			2.36±0.64		



$\bar{x}$  : mean, SD : standard deviation, \*  $p < 0.05$

**Table 3: In Health Professionals Examining the Relationship Between ASI and MSQ and the Correlation Between Their Sub-Dimensions (n=290)**

		Protectionist Sexism	Hostile Sexism	General ASI	Inner Satisfaction	External Satisfaction	General Satisfaction
<b>Protectionist Sexism</b>	r	1.00	0.51	-0.01	0.00	0.86	0.00
	p		<b>0.0001*</b>	0.90	1.00	<b>0.0001*</b>	0.94
<b>Hostile Sexism</b>	r	0.51	1.00	0.03	0.05	0.87	0.04
	p	<b>0.0001*</b>		0.60	0.38	<b>0.0001*</b>	0.47
<b>General ASI</b>	r	-0.01	0.03	1.00	0.83	0.01	0.97
	p	0.90	0.60		<b>0.0001*</b>	0.81	<b>0.0001*</b>
<b>Inner Satisfaction</b>	r	0.00	0.05	0.83	1.00	0.03	0.94
	p	1.00	0.38	<b>0.0001*</b>		0.60	<b>0.0001*</b>
<b>External Satisfaction</b>	r	0.86	0.87	0.01	0.03	1.00	0.02
	p	<b>0.0001*</b>	<b>0.0001*</b>	0.81	0.60		0.70
<b>General Satisfaction</b>	r	0.00	0.04	0.97	0.94	0.02	1.00
	p	0.94	0.47	<b>0.0001*</b>	<b>0.0001*</b>	0.70	

Pearson Correlation Test,  $p < 0.05$

## DISCUSSION

It is seen in many studies that one of the most important factors affecting ambivalent sexism is gender. In a study conducted on female and male nurses in Canada (176), it was concluded that women have more sexist perceptions than men, while in this study it was concluded that men have more sexist perceptions and women are exposed to more sexist attitudes [5]. When the concept of gender is examined in terms of job satisfaction, Dan Liu et al. (2021) found that gender did not have a significant effect on female health professionals in another study they conducted with health professionals, while in this study it was found that the average of external satisfaction and general satisfaction was higher in men than in women. Although some studies in the literature do not establish a relationship between gender and job satisfaction, it is seen that a significant relationship is established in some studies. However, in this study, in addition to the comment that women are less satisfied with their jobs than men, it can be commented that sexist perception due to gender has a negative effect on job satisfaction.

When examined in terms of occupational factor, no significant relationship was found in the study conducted by Nebahat Özerdoğan et al. (2017) with physicians, nurses and midwives. In this study, it is seen that there is no difference between the perceptions of sexism of physicians and nurses. However, it should be taken into account that in both studies, women participated in more studies than men. When the studies in the literature are examined in terms of age groups in health professionals, a study conducted on 7781 psychiatric nurses in China found that job satisfaction decreases as age increases [20]. In this study,

it is seen that the external satisfaction of health professionals decreases as age increases, and it can be interpreted that job satisfaction decreases as age increases, which is directly proportional to the literature. In terms of marital status, a study conducted with 185 health professionals found no relationship between marital status and job satisfaction ( $p>0.05$ ) [10], and in this study, no significant positive relationship was found in terms of marital status. When examined in the context of family type, in a study conducted with 364 midwives in Turkey, no significant relationship was found between the family types and the MSQ ( $p>0.05$ ) [18], while in this study, it was determined that both scale means and sub-dimension means did not show a statistically significant difference according to the family types of the participants. In a study conducted on the working year dimension, no significant relationship was found between the working year and MSQ and its sub-dimensions ( $p>0.05$ ) [1], while in this study, it was determined that the MSQ mean and its sub-dimensions did not show a significant difference according to the working years of the participants ( $p>0.05$ ), and a finding supporting the literature was reached. When the data were evaluated according to the thought of continuing the profession, Nurseda Kodaman and Mehtap Kızılkaya (2022) addressed the job change status with 109 health professionals and associated it with low job satisfaction. In this study, it was seen that the means of MSQ general satisfaction and its sub-dimensions showed a significant difference according to the individuals' views on continuing their profession ( $p<0.05$ ). It was determined that the job satisfaction of those who thought of continuing their jobs was higher, and in line with these findings, MSQ shows a result directly proportional to the literature.

When both scales were examined in this thesis study, a strong relationship was found between external satisfaction and both protective and hostile sexism ( $p<0.05$ ), and a significant relationship was found between general ASI scores and internal satisfaction and general satisfaction ( $p<0.05$ ), and it can be interpreted that the perception of sexism held by health professionals affects their job satisfaction. The positive relationship between ambivalent sexism and job satisfaction can be associated with the fact that the number of female physicians in the sample is higher than the number of male physicians. It is also recommended that the number of male and female participants be equal for future studies.

When the findings of this study were examined in general, a relationship was determined between gender, marital status and age group in terms of ASI and its sub-dimensions, while a relationship was determined between gender, profession, working years and the idea of continuing the profession in terms of MSQ and its sub-dimensions. However, a strong positive relationship was determined between ASI and MSQ. In line with the thesis findings, we can comment that there is a relationship between ambivalent sexism perception and job satisfaction. In this thesis study, where the sample consists of health professionals working in clinics, physicians and nurses, revealing the relationship between job satisfaction and ambivalent sexism perceptions and sexism developing depending on gender, which is also included in the "Sustainable Development Goals", will contribute to the literature in terms of creating awareness as well as providing a protective and healing environment.

## CONCLUSION AND SUGGESTIONS

In this study, the relationships between the levels of ASI and MSQ and their sub-dimensions were examined in health professionals (physicians and nurses), while the mean scores of ambivalent sexism were low in the female health professionals participating in the study, it was determined that their mean scores of job satisfaction were also lower than those of men, and it was concluded that there was a linear and significant relationship between the occupational groups and the literature, but that there was a significant relationship between job satisfaction and the literature. When the mean scores of ASI and its

sub-dimensions and the mean scores of MSQ and its sub-dimensions were examined, it was determined that the relationship between ambivalent sexism and job satisfaction was positive and moderate, and as the mean scores of ambivalent sexism decreased, the mean scores of MSQ increased.

When these results are examined, the contribution of this study to the literature is to increase awareness by emphasizing the relationship between ambivalent sexism and job satisfaction in healthcare personnel. In this study where ambivalent sexism and job satisfaction are measured in healthcare professionals, it is recommended that other studies be conducted with an expanded sample size, studies that will contribute to the literature including other healthcare professionals in addition to physicians and nurses as healthcare professionals, in-service trainings be planned about ambivalent sexism and the situations it affects and awareness be increased on this issue, qualitative studies be conducted on ambivalent sexism and job satisfaction, and more extensive studies be conducted on in-depth variables.

## RESOURCES

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