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The male of the species: a profile of men in nursing

Abstract:

Aim: To establish a profile of men in nursing in Western Australia and explore the perception of men in nursing from the perspective of male and female nurses.

Background: A project team, including some of the current authors, produced a YouTube video and DVD about men in nursing which led to further inquiry on this topic.

Design: The study employed a non-experimental, comparative, descriptive research design focused on a quantitative methodology, using an online survey in early 2014.

Method: A convenience sample incorporated registered and enrolled nurses and midwives in Western Australia.

Findings: The range of data included demographic information and the respondents' perceptions of men in nursing were collected. Findings indicated that the main reasons for choosing a career in nursing or midwifery were similar for both genders. Common misperceptions of men in nursing included: most male nurses are gay; men are not suited to nursing and men are less caring and compassionate than women. Suggestions to promote nursing to men included: nurses are highly skilled professionals; there is the potential to make a difference for patients; nursing offers stable employment, professional diversity and opportunities for team work. There is a diminished awareness of opportunities for men in nursing and negative stereotypes related to men in nursing persist.

Conclusion: The study produced recommendations which included: using the right message to target the recruitment for men and promoting a more realistic understanding of the profile and perception of men in nursing.

Key Words: Men in Nursing, Quantitative Research, Survey, Workforce Issues, Nursing Labour Markets

Summary Statement:

Why is this research or review needed?

- An empirically based profile and insight into the perceptions of men in nursing, by male and female nurses, in Australia is lacking.
- Decisions to recruit more men into nursing should be based on an understanding of men's concept of nursing and the challenges faced by men who enter nursing.
- Recruiting men (or women) into nursing can be costly and understanding what will attract men and help them stay in the nursing profession may have a positive impact on recruitment processes and workforce stability.

What are the key findings?

- The main influencing factors for choosing a career in nursing were similar for men and women.
- Significant misconceptions about men in nursing have existed and these continue to have a negative impact on recruiting men into nursing and on the men who are employed as nurses in the profession.
- There is a perception about a limited awareness of the career opportunities offered to men in nursing, resulting in reduced recruitment potential.

How should the findings be used to influence policy/practice/research/education?

Findings should be used;

- To help influence recruitment policies and retention practices for men in nursing.
- To support men in nursing and bolster an understanding of the perceptions and experiences of being a man in nursing.
- To offer targeted recruitment to attract more men into nursing.

Introduction

This paper provides a summary of the findings, implications and recommendations from a study that sought to establish a profile of men in nursing in Western Australia (WA) and gather information about how men in nursing perceive themselves and are perceived by their female colleagues.

Background:

During the production of the DVD and YouTube video, 'Men in Nursing', http://www.youtube.com/watch?v=kORSrMhsEzk&feature=youtube_gdata_player, (Beament et al., [JE1]2013) and following involvement at subsequent conferences, it became clear that there were limited empirical studies that explored issues related to men in nursing in Australia. Previous data has provided little towards an in-depth profile of the male nurse population in Australia and the experience of being male in nursing.

At the time the study was undertaken, there were 354,399 registered and enrolled nurses in Australia, 10.41% of whom were men (Australian Institute of Health and Welfare 2011; Nursing and Midwifery Board of Australia 2014). At the start of the study, the total number of registered nurses, midwives, or enrolled nurses in Western Australia was, 36,440 with 8.82% being men (Nursing and Midwifery Board of Australia 2014). These figures are on par with comparable countries where the proportion of men in nursing is similarly low – 10.2% in the UK (Mohammed 2012), 9.0% in the US (O'Lynn 2013) and 6% in Canada (Rajacich et al. 2013), suggesting a potential issue of gender imbalance in nursing internationally.

The nursing and midwifery workforce 2011 survey (Australian Institute of Health and Welfare 2011) and biannual reports from the Nursing and Midwifery Board of Australia

(NMBA) provided limited data on men in nursing in Australia. Apart from highlighting absolute numbers and areas of practice, these reports shed little light on the men who work as nurses in Australia.

The structure and direction of the research project was influenced by prior research projects, including, Hodes Research (2005) undertaken in California, United States of America and Bartfay et al.'s (2010) study undertaken in Canada. The Hodes Research was an online survey that sought to gain an understanding about a range of issues men faced in nursing. The study succeeded in providing a substantial body of quantitative and qualitative data that highlighted the challenges and opportunities male nurses faced and significantly, it successfully established a profile of men in nursing in California. Other literature frequently portrayed men as lazy, effeminate and/or homosexual (portrayed in a negative context), incompetent, uncaring or even cruel (Bartfay et al. 2010, Stanley 2012 & Stanley 2013)^[JE2]. It was decided to test these previous study results and prevailing assumptions by further exploring the issue of men in nursing, specifically in Western Australia.

A literature search was carried out using relevant key words to interrogate OneSearch, Academic Search Premier, CINAHL and *Trove* (at the National Library of Australia). Little Australian-based research, of an empirical nature was located. However, what was secured, pointed to key themes that addressed the masculinity of male nurses (Fisher 2011, Stanley 2012), the perception and general stereotyping of men in nursing (Harding 2007, Stanley 2012, Rajacich et al. 2013) and the barriers encountered by men entering or already in the nursing profession (Rajacich et al. 2013, O'Lynn 2013). Some literature was also found that examined the career development of men in nursing (McMillian, Morgan & Ament 2006,

O'Lynn 2013). However, few sources revealed a deep insight into how men in nursing were perceived and none were from a Western Australian perspective.

Recent literature about men in nursing claimed that nursing remained the realm of women (Maiolo 2014, White 2014) and that the path to nursing for men continued to be difficult; with the nursing culture dominated by women (Olson 2014). However, contemporary literature acknowledged that a paradigm shift was taking place, as men drove the campaign toward greater recruitment of male nurses (Olson 2014). There was increasing evidence that the percentage of men in nursing was increasing in the UK, the USA and Australia and that more men than ever were entering the nursing workforce (Marsh 2012, O'Lynn 2013, Pratt 2014, Stanley et al. 2014).

Brown (2009 p.120) and Kleinman (2004) examined the level of achievement by men in nursing and asserted that although men accounted for a small proportion of the nursing profession, they seemed to have a professional advantage resulting in a 'glass escalator effect' that enhanced men's position in nursing (McMurry 2011 p.23).

An examination of the gender and caring perceptions of Australian male nurses and male engineers by Loughrey (2008) demonstrated that the sample of male nurses adhered to female role norms more so than male engineers. This study reinforced the common pervasive gender stereotyping that Fisher (2011) argued needs to be eliminated if more men are to be attracted into the nursing profession. The media also played a role in further stigmatising male nurses. Stanley (2012) found the portrayal of male nurses in films to be generally negative with the men frequently shown as being morally corrupt, effeminate or simply incompetent, with few media depictions showing male nurses as competent or self-confident. Harding (2007)

supported the notion that the stereotyping of men in nursing as 'gay' was still evident. Portraying male nurses in such a negative light may have a deleterious effect on public perception of male nurses, which in turn, may create barriers for entry into the nursing profession and negatively impact on the recruitment of men into nursing (Meadus & Twomey 2007, Roth & Coleman 2008, Stanley 2012 and Rajacich et al. 2013). Rajacich et al. (2013) concluded that a better understanding of the men's experiences would benefit the healthcare system by providing policy makers with the strategies needed to attract and retain men in nursing.

It was apparent that challenges existed for men, whether contemplating a career in nursing or if already established in the profession. Evidence showed that there continued to be a problem of acceptance of men in nursing by some of their female colleagues, with a report from McMillian et al. (2006) suggesting that traditional attitudes toward male nurses persist. O'Lynn (2013) reported that the main challenge faced by men in nursing was communication and working with female colleagues, an issue that is more prevalent nowadays, with the increased emphasis on teamwork in the fast paced health care environment. Although, substantial literature was available regarding men in nursing generally, there was a paucity of literature related to men in nursing that offered insight into the issues faced by men in nursing in Australia. Furthermore, the available literature highlighted a gap in the present knowledge about how men are perceived by their peers and how they see themselves. In addition, greater attention needs to be given to how nurses perceive the major issues impacting on recruitment into and retention of more men who are already in the nursing profession.

Significance of the Study

This study offers an outline of male and female nurse's perceptions about male nurses and compares the differences between their perspectives about men in nursing. It displays information that supports strategies for increasing the recruitment of men into nursing and describes the respondent's perceptions of how to positively promote the concept of men in nursing. As well, the study provides a wider understanding and profile of the population of men who are nurses in Western Australia. The study findings are thought to be valuable for future workforce planning as they address areas that impact on male nurse retention and the motivating factors for why men enter or stay in the nursing profession.

The Study

Aim

The study aim was to establish a profile of men in nursing in Western Australia and gather information about how men in nursing perceive themselves and are perceived by their female colleagues (Box 1).

Design

The study used a non-experimental, comparative, descriptive research design with a focus on quantitative methodology. It employed a single point in time, on-line SurveyMonkey© questionnaire (distributed via email) to a convenience sample of registered nurses, enrolled nurses and midwives in Western Australia.

Survey Instrument

The self-reporting, SurveyMonkey© questionnaire consisted of 34 multiple choice questions with prescribed categorical responses that were predominantly quantitative in nature. There

was a limited facility to elaborate and add comments which allowed some qualitative data to be captured in four of the 34 questions.

The initial development and structure of the questionnaire was designed with reference to a web-based questionnaire used by Hodes Research (2005) that employed a similar style survey. The questions in Section E of this study, concerning attitudes and perceptions towards men in nursing employed six questions from a study carried out by Bartfay et al. (2010). Permission to use the survey questions was sought and secured from the previous study authors. The survey instrument was reviewed for content validity and structure by an expert panel of nurse academics, undertaken over several months until the intent meaning and phrasing were revised and agreed on.

The questionnaire gathered descriptive data on the following topics: background information; path to nursing studies; views on nursing as a career and attitudes regarding the image of men in nursing; and promotion of men in nursing. The questionnaire structure meant that all respondents were asked to respond to the same questions in the same order, other than two final questions applicable to male nurses only.

Recruitment

Registered nurses, enrolled nurses and midwives in Western Australia were invited to participate in this study. Participants were informed about the study via an internal Western Australia, Department of Health, (WA DOH) email, an e-newsletter and via an article in the *Western Nurse* publication. The electronic link and email included a link to the questionnaire and the Participant Information Form. The latter explained the study purpose and addressed the ethical considerations, specifically the issues of consent and anonymity. Instructions on

how to complete the questionnaire were included in the actual questionnaire. The questionnaires were sent to email addresses listed on the WA DOH system with the word; 'nurse', 'nursing', 'midwife' or 'midwifery' in the title.

Data Distribution and Collection Method

It was estimated that the SurveyMonkey© questionnaire had the potential to reach the email inboxes of approximately 19,000 publicly employed registered nurses, enrolled nurses and midwives, although it was estimated that for a range of reasons (old email links, emails not being forwarded correctly etc.) only about one third of this number received the SurveyMonkey© email. At the time the survey began, there were 36,440 registered nurses, midwives and enrolled nurses registered to practice in WA (Nursing and Midwifery Board of Australia 2014), although many worked outside the public health service and were therefore outside the survey's scope. It was difficult to estimate the exact number of nurses and midwives that either received or opened the link to the questionnaire. However, it was clear from the responses received that a representative sample of Western Australian nurses and midwives responded to the survey.

Once distributed, the respondents had up to four weeks (mid-December 2013 to mid-January 2014) to respond and were only able to complete the questionnaire once, capturing data at a particular point in time. A few respondents chose to print-off and return paper based versions of the questionnaire. These were posted to the chief researcher and entered by a research assistant into the electronic data record, maintaining respondent anonymity.

Ethical Considerations:

Ethical approval was granted from the University of Western Australia Human Research Ethics Committee (HREC) and participant anonymity was secured in the survey process (Approval Number: MBDP: M431).

Setting:

Predominantly Western Australian public health service environments, with some public, private, nursing education institutions and non-government providers across rural, remote and metropolitan locations were included in the study catchment. The study outline and process is summarised in Figure 1.

Data analysis

The data were analysed using Statistical Product and Service Solutions (SPSS 21). The quantitative analysis used a descriptive analysis which focused on the percentages in each of the groups. A chi-square test for independence was used to determine the relationship of various answers between genders. A significant p-value (< 0.05) indicated that the response was influenced by gender type. The chi-square test of independence has the requirement that the cell sizes are greater than or equal to five. This requirement was met for all analyses and P values were determined as a result.

The four questions containing qualitative data were analysed by examining phrases for content. From these, categories and sub-categories were created, themes identified, patterns confirmed and an integrated picture about the data content was created. Qualitative data were analysed with an NVivo10 program. Findings from this section of the study are not specifically reported in this paper.

Validity and reliability

The survey instrument was influenced by two separately developed survey instruments which were used in studies by Hodes Research (2005) and Bartfay et al. (2010). The Hodes instrument was adapted from the original to suit its use in the Australian context. To ensure the validity of the survey instrument, content validity evaluation measures were used with an expert panel's aid and the participation of nurse academics and researchers who were involved in the iterative review process which determined that the instrument had content validity. The survey questions from Barfay et al. (2010) were used, with permission and without change. Cronbach's alpha was used to measure the homogeneity in the survey and a Cronbach's alpha of 0.91 was associated with these questions.

Results

Results are offered from: Section A (gender composition); B (background information); C (path to nursing/midwifery); D (future nursing career); E (promotion of men in nursing/midwifery); and G (questions for male nurses only). Section F (about attitudes and perceptions towards men in nursing and other qualitative results were omitted from the paper, but are included in the study report (Stanley et al. 2014).

Results indicate that a higher proportion of male nurses responded to the questionnaire (23.4%) than was typically represented in the general nursing population for Australia (10.41%) (Nursing and Midwifery Board of Australia 2014) or compared with all employed nurses and midwives in the Western Australia nursing/midwifery population (8.82%) (Nursing and Midwifery Board of Australia 2014) (Table 1). In other respects the respondents' profile was broadly in line with the wider Australian nursing/midwifery population. The majority of the survey respondents (68.8%) were over the age of 41. This is

consistent with the Australian national average percentage for nurses over 41 years of age (65.3%) (Nursing and Midwifery Board of Australia 2014). In general, the study and national percentages for nurses and midwives in all age categories were relatively close, apart from respondents under the age of 20, where the study offered much lower concentrations than the national percentage (Table 1).

Over half the respondents (53.5%) (Table 2) had a length of service 21 years and over, however the proportion of females in this category, at 56.0% was significantly higher than the proportion of males at 45.3%. There was no other significant difference in the age profile of the male and female respondents, suggesting that perhaps male respondents came into nursing at an older age and although they may be similar in age to their female counterparts, they have fewer years' service (Table 1). Table 1 also suggests that the majority of respondents came from metropolitan areas. This may reflect the poor cascade effect from the survey distribution path or imply fewer opportunities to access email outside metropolitan settings.

The largest proportion of all respondents were born in Australia (56.1%) with the majority coming specifically from Western Australia (37.7%) (Table 1). Of the 43.9% of respondents who indicated they were born overseas, the majority were from the United Kingdom (50.2%) while the remainder came from a diverse range of other nations including, South Africa, Ireland, India, Malaysia and New Zealand. The Australian Bureau of Statistics (2011) data indicated that from the Australian population of 21,507,719 in 2011, roughly 30% were born overseas, with the largest proportion coming from the UK (Australian Bureau of Statistics 2011). Significantly, this indicated that the West Australian nursing and midwifery workforce

was populated by a higher proportion of overseas and culturally diverse nurses than was seen in the general Australian population.

In terms of work settings, male nurses were more commonly working in Critical Care and Emergency Care (21.8%), Management (11.3%) and Mental Health (27.9%) (Table 2). This supported Brown's (2009) view that many men in nursing tended to progress in their careers more quickly than women or that more men transitioned into management and senior positions. Some other work areas (e.g. 'Aged care' 0.8%, 'General practice' 0.4%, 'Surgical' 4.4%, 'Midwifery' 0.8% and 'Research' 0.8%) were significantly under-represented by men in nursing (Table 2).

Table 3 offers data that explored the path respondents took to nursing with variables such as previous activities, age at which nursing was first considered and started and the reasons for choosing a nursing career. These results indicated that men came to nursing later or after other careers at nearly twice the rate of female nurses (men 51.2%/women 28.7%) who came to nursing predominantly from school (men 18.8%/women 49.2%). Table 4 outlines the advantages and disadvantages of nursing with differences identified between male and female respondents. As such, there was a significant difference in what men and women saw as the advantages of a nursing career. Male respondents valued a stable career ($p = .011$) and reasonable salary ($p = .028$) more highly than female respondents. In contrast, female nurses saw more advantages in making a difference ($p = .001$), flexible working hours and working in a team ($p = .018$). Table 5 offers data from one question, where respondents were asked if they would recommend a nursing career to males, with the majority of both males and females indicating that they would, although fewer men (71.7%) would make the recommendation than female nurses (76.8%).

Table 6 offers data from respondents about the misconceptions of men in nursing, the endorsement of various selling points to promote the ‘men in nursing’ message, why men might not be attracted to nursing and how more men might be attracted into nursing. In all categories men felt the misconceptions more acutely, although more women saw men in nursing as ‘lazy’. As for the selling points of nursing as a profession, female respondents selected all options in greater proportions than did the males, with the marginal exception of the option relating to career stability (Table 6). In relation to the reasons men might not be attracted to nursing, men saw the issue of negative stereotypes as a more significant reason for men to be turned off nursing than did their female colleagues ($p = .028$). As for attracting more men into nursing, both men and women felt career guidance in schools, school visits and work shadow programs might offer the best approach for attracting more men.

Table 7 outlines findings related to the challenges men face and continue to face in nursing, with male respondents indicating that the most common issues they deal with related to being seen as ‘muscle’ by their female colleagues (58.2%).

Discussion

Path to Nursing and Midwifery

The hypothesis that male nurses enter nursing at an older age than their female colleagues was validated by the research findings (Table 3). Male respondents started to think about a career in nursing later in life and subsequently started their nursing careers later than their female counterparts. As such, 82.8% of female nurses had started to consider a career in nursing before their 20th birthday, compared with only 47.8% of male respondents. These findings were consistent with Hodes Research (2005) which found that only 16% of their

male respondents had considered nursing as a career before 20 years of age. In terms of actually starting their career, well over two-thirds of females (71.3%) indicated that they began their nursing careers while younger than 20 years of age, while just over one third of males began their careers at this age (37.7%).

The study results indicated that many female nurses commenced nursing directly from school (49.2%). As with our study, Hodes Research (2005) indicated that men came to nursing later in life and after other career experiences with 61% of men coming to nursing either from the 'military' (17%) or from 'another career' (44%). This suggested a more diverse entry path to nursing than in the past. It may also indicate a failure on the part of the nursing profession or universities to market or make a career in nursing attractive to male school leavers and several respondents suggested improving male nurse recruitment by targeting high schools.

Men also suggested that a desire to have a stable career was a significant factor in their career choice (39.6%). This reason also rated highly in the Hodes Research (2005) study findings. This was followed by being influenced by a family member or close friend who was already a nurse (25.5%) and a by a desire to secure a career with a variety of career paths in it (23.0%). Hodes Research (2005) suggested these reasons however, their findings added that the second most likely reason men chose a career in nursing was because nursing offered a diverse range of employment paths. They also suggested that a friend or family member's influence was a less significant factor in choosing a nursing career (Hodes Research 2005). Other factors which brought men into nursing included, a desire to travel and a variety of geographical career choices. While the desire to secure a high salary was mentioned, it was the least significant factor with only 6.0% of male and 10.2% of female respondents citing salary as a

factor in their choice to become a nurse. Interestingly, the Hodes Research (2005) placed salary as the fifth most likely reason for men to choose a career in nursing.

It is noticeable that for men, the hope of a stable career, secure employment, career variety and a desire to help people all rated highly as motivating forces for choosing a career in nursing (Table 4). These findings were consistent with Hodes Research (2005). Both men and women cited altruistic reasons, e.g. 'desire to help people' and an 'ability to make a difference', as key reasons for why they chose nursing and the advantages they subsequently associated with a career in nursing.

Nursing Career

When men were asked to suggest reasons for leaving nursing, the most popular option, selected by 27.9% of the male respondents were perceptions about a poor salary. The next reason suggested was the impact of negative stereotypes (15.7%). However, despite a suggestion of lower job satisfaction among the male respondents compared with their female colleagues, it must be noted that a reasonable proportion of male respondents (22.2%) said that there were no reasons they could think of to make them consider leaving the nursing profession.

Promoting men in nursing/midwifery

When respondents were encouraged to endorse various selling points to promote the 'men in nursing' message, 'career stability' a 'challenging and responsible profession' and a 'highly skilled profession' were particularly popular options for both genders (Table 6). Suggesting that, respondents believed that these selling points are not widely understood among the wider public and require a higher profile.

Table six also indicates that male and female respondents were emphatic that suitable approaches for attracting more men into nursing should involve, 'better career guidance at school' and 'school visits/presentations by male nurses'. With responses supporting the notion that nursing should be more effectively promoted to school aged boys.

Misperceptions

According to the respondents, the most common misperceptions which exist in society about men in nursing related to gender stereotyping; the 'inappropriateness' of nursing for males and the assumptions made about a man's sexuality as a consequence of his career choice. In particular, men felt that the sentiments, 'most male nurses are gay' (50.5%) and 'nursing is a profession more appropriate for females' (50.7%) are held by the public at large. There was broad agreement among respondents that the role the media plays in perpetuating these misperceptions, i.e. portraying nursing as being more suited for women and portraying male nurses as being 'gay', discouraged men from choosing nursing as a career. Male respondents, in particular, agreed strongly that the media was responsible for reinforcing these misperceptions.

Men also appeared to have stronger views about the impact that these common misperceptions have on the recruitment and retention of men in nursing. As highlighted in the question asking why more men were not attracted to nursing. Men were more emphatic in their choice of 'perception of negative stereotypes' (53.4%) compared with the female response rate (45.3%). In addition, males responded with strong agreement at almost twice the level of females (13.7% compared with 7.4%) to Question 25 which stated that, 'I believe that nursing is not perceived as a very masculine or a 'macho-type' of career for males to pursue in our society.' Indeed, 'negative stereotypes' which exist were identified by male

respondents as one of the main reasons that would make them think about leaving the profession. As Hodes Research (2005) found this was the most significant challenge that male nurses identified in their study with 73% of respondents citing negative stereotypes as an issue.

Challenges

Due to their status as a minority gender in the nursing profession a particular challenge identified by the male respondents included the issue of bullying by colleagues (36.8%) and other health professionals (21.8%) (Table 7). As well, they highlighted ways male nurses felt marginalised or victimised or were treated ‘differently’ purely on the basis of their gender. For example, 58.2% suggested that they were often used as ‘muscle’ by female colleagues, while others indicated that they had been considered inappropriate for some practice areas (e.g. midwifery) (36.8%). Other respondents suggested that there was reluctance on the part of some female patients to be cared for by males (31.9%).

Other professional groups with small numbers of male members, such as primary school teachers, flight attendants and child care workers, cite similar challenges (Tiemeyer 2007; McKenzie et al. 2011, Jozwiak 2012, Paton 2013 & Donaldson-James 2013). However, there was one point of note about these careers that separates them from nursing. Nursing, the word, has feminine connotations. The word can be affiliated with breast feeding a baby and nursing, the activity, has for the past century or more been strongly associated with ‘women’s work.’ However, being a teacher or teaching, or indeed the new title for airline steward, ‘flight attendant’ does not have any gender specific connotations overlaid on them. Teacher and flight attendant are neutral terms that can be respectably held by males or females. Therefore, recruiting men into these careers does not carry the burden or attendant

stereotypes the title 'nurse' seems to. Several male respondents suggested that recruiting more men into nursing could be supported by addressing the title 'nurse.' As one respondent suggested, dropping the tag 'male nurse' may be one approach to a more gender friendly outcome.

Many challenges men have faced or continue to face in the primary school teaching, kindergarten and flight attendant fields are in keeping with the perceptions offered by men in this study (Table 7). Views based on homophobic or stereotypical challenges also resonate, to some extent, with the findings from Hodes Research (2005), where a large majority of Hode's respondents suggested that the main challenge to men in nursing arose from negative stereotypes.

Limitations:

Some limitations were identified in this study. These included; reduced access to the whole of the WA nursing and midwifery population; limited numbers of lower age nurses, enrolled nurse and more senior respondents; SurveyMonkey© challenges including issues with the process of sending out questionnaires. Primarily because the anticipated cascade system did not reach all of the target participants. Also, a degree of selection bias may exist as the study used a convenience sample that had the potential for respondents who had strong views about men in nursing to participate in the study.

Conclusion:

The study produced a profile of men in nursing in Western Australia. It described and compared male and female nurse and midwives' perceptions of male nurses. It also gathered data about the experience of being a male nurse in Western Australia, with insights into the

challenges faced by nurses and midwives and male nurses in particular. In addition, the study set out to explore the likely strategies that could be employed to support greater male nurse recruitment and retention.

In terms of gaining an insight into the respondent's perceptions about society's view of men in nursing, the results suggested that nursing was seen as an intrinsically feminine occupation, together with the perception of negative gender stereotyping, exacerbated by the media. Men in nursing viewed themselves less positively and were viewed less positively by female nurses, by the media and society. As such, female participants were more positive with regard to validating the advantages associated with nursing as a profession. Many men reported 'challenges' associated with being the minority gender. The issues of job security, limited career advancement opportunities and poor morale dominated the reasons identified for why more men were not attracted to the profession.

Recommendations included increasing efforts to seek a higher level of recruitment for male nurses. This should be achieved by targeted recruitment; greater high school focused promotion; getting the recruitment message right; and finding new approaches to getting the recruitment message across to men. In addition, the profile and perception of men in nursing could be enhanced by focusing research with a wider cultural mix; addressing 'men in nursing' issues on a wider platform and varying the study platform to seek a better and more representative response rate.

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