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D Juliff

K Russell

The University of Notre Dame, Australia, kylie.russell@nd.edu.au

C Bulsara

University of Notre Dame Australia, caroline.bulsara@nd.edu.au

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Male or Nurse what comes first? Challenges men face on their journey to nurse registration

AUTHORS

Dianne Juliff

Doctor of Philosophy Candidate, RN, RM, MSc(Nursing)
Student and Sessional Lecturer/Tutor, School of
Nursing and Midwifery
The University of Notre Dame, Australia,
19 Mouat St, Fremantle, Western Australia.
Juliff_di@hotmail.com

Doctor Kylie Russell

Doctor of Philosophy, RN, MHlthSc(Education)
Acting Associate Dean, Post Graduate Coordinator,
School of Nursing and Midwifery
The University of Notre Dame, Australia,
19 Mouat St, Fremantle, Western Australia.
kylie.russell@nd.edu.au

Associate Professor Caroline Bulsara

Doctor of Philosophy (Primary Health Care), BA
(Hons) English and American, Grad Dip Education
Research Coordinator, School of Nursing and
Midwifery
The University of Notre Dame, Australia,
19 Mouat St, Fremantle, Western Australia.
caroline.bulsara@nd.edu.au

KEYWORDS

male nurse, intimate touch, nurse image, marginalisation, role misconceptions

ABSTRACT

Objective –

This paper aims to provide an account of the first phase of a qualitative longitudinal study that explored the initial challenges men in nursing face to become registered. What is known is that men, a minority group within nursing, face the usual challenges of all new nurses in their quest to register as nurses. In addition, they have added pressures that hinder their quest due to being male.

Primary Argument

An Australian nursing shortage is looming due to nurses retiring from this female-dominate profession. Hence, the retention of men in nursing is an area requiring attention in order to support a sustainable workforce.

Subjects and Setting

Nine newly graduated male registered nurses participated. These nurses had recently commenced employment in the Western Australian metropolitan health region.

Findings

Individual face-to-face interviews produced the theme of role misconception with a major focus on male or nurse what comes first. This theme was derived from the categories of gender stereotyping and marginalisation.

Conclusion

This study suggests the need for a gender-neutral image when promoting nursing within and outside the professional environment. Furthermore, consideration for a professional title mutually accepted by both women and men in nursing, with the gender-neutral 'nurse' title preferred by the men in this study. Moreover to acknowledge that men in nursing will augment a technical savvy workforce that will complement emergent complex nursing practices, and enhance a more comprehensive Australian nursing workforce that will assist with meeting the health care needs of a diverse population.

INTRODUCTION

Within Australian health workforce management, an emphasis is placed on the retention of newly graduated registered nurses and the recruitment of males to generate a sustainable nursing workforce to replace those retiring and leaving the nursing profession (HWA 2013; AIHW 2012). However, there remains a consistent and a slow increase in men entering nursing due to nursing still being regarded as a female-predominant profession (Moore and Dienemann 2014). Of concern is that men employed in female-dominated workplaces leave at a greater rate than women (Bygren 2010). Furthermore, some areas are still resistant, from both staff and patients, to men in nursing where high intimate nursing care is required, (Inoue et al 2006). Gender-based role strain and issues around intimate touch nursing care have been suggested as a reason why men in nursing migrate more towards the technical, rapid assessment areas of emergency and intensive care (MacWilliams et al 2013; Harding et al 2008). Although, the reasons for the higher percentage of nurses who are male in these areas are not really known, “these areas may be perceived as more acceptable or masculine” and have “a preference for male employee in these areas” (HWA 2013, p15). Men who enter nursing have usually ‘thought long and hard’ about their decision to undertake this career path and are aware of the nuances such as the female image and stereotyping in nursing (Moore and Dienemann 2014).

METHOD

The aim of this component of a qualitative longitudinal study was to explore initial challenges men in nursing face in the attainment of their registered nurse qualification. The study utilised a phenomenological approach in order to explore the lived experiences of the men. Personal perspectives on their journey, via each participant’s own words, was gained through the use of face-to-face in-depth semi-structured interviews with open-ended questions. This interviewing style was employed to “facilitate rapport and empathy, and permit great flexibility...to produce rich and interesting data” (Smith et al 2009, p66).

Research question and sample

The research question that informed this first phase was “how has your journey as a male nurse been so far?” Nine newly qualified registered nurses who were male were recruited via purposeful sampling using snowballing technique.

Ethics

This study was conducted in accordance with the National Health and Medical Research Council’s (2007) Australian code for the responsible conduct of research. Prior to commencement of the study, ethical approval was gained from the University of Notre Dame Australia, Human Research Ethics Committee.

Procedure

Once recruited, participants were invited to select a location for their interview to take place, along with the nominated time and day that suited individual participants. To protect the confidentiality of those recruited they were referred to as participants or men in this study, and their data was de-identified. Verbal consent was gained prior to the commencement of each audio-recorded interview to confirm the prior written consent. The research question was asked to elicit their experience in a non-threatening manner. Probing questions were then used to explore more in-depth experiences they volunteered. The participants’ responses were audio-recorded by the first author. The interviews varied in length, lasting for approximately 45 minutes. After each interview, the first author transcribed verbatim the participants’ responses. The data analysis was concurrent with data collection and involved the coding of the transcripts through the comparison between codes and categories to produce the theme. The analysis process via the iterative stages fashioned the categories that revealed the theme of role misconception as a major challenge they faced.

Trustworthiness

Trustworthiness was derived from Lincoln and Guba's (1985) credibility, dependability, confirmability and transferability criteria. This was met by the use of member checks for accuracy of transcription; peer assessments of interview transcripts, data process and analysis; direct participant quotes to support findings; and an audit trail evidence of the analytic decisions through the use of the researcher's diary (Houghton et al 2013).

FINDINGS

When the men in this study were asked, "how has your journey as a male nurse been so far?" the majority of them responded by indicating that they had enjoyed the study and learning aspect of their journey. Comments included "*loved the whole experience of nursing so far*", "*loved the study and clinical practice*" and "*the whole identity of being a nurse*". Although two felt their nursing education was female orientated, and at times this gender orientation was off putting, thereby leading to the identification of a key theme of role misconception.

Role misconception was extracted from the issues of gender stereotyping and marginalisation that the participants experienced on their journey to registration. Gender stereotyping within the health setting for most of the men in this study was being mistaken for a medical student and even a doctor. Furthermore, some of them verbalised that often patients were surprised that they were doing nursing, comments included "*what's a guy doing nursing*", "*didn't you want to be a doctor?*" Another participant stated, "*I think society has a skewed view of what nurses do and how males fit into the nurse role*".

A common theme emerged that participants did not want to be seen as unique or different. All the participants respected and supported the title of nurse. Of note, they felt that the image of nurses was female fixated, with two of them vocalising their disdain for the title of 'sister'. One of the men narrated "*I wasn't expecting to be so identifiable as a male nurse*". The major issue for most of the men was centred more on being called a male nurse. Three of the men revealed that on occasions they have stated, "*I am not a male nurse, I am a nurse*", finding the male and female differential "distasteful and unnecessary". One declared he does not like the reference to 'how good it is seeing more males in nursing' and verbalised "*I am just a nurse*". Another retorted with "*being a nurse as opposed to being a male nurse at the end of the day we're all nurses and we all have to do the same job*". Other exemplars included a nursing academic referred to "*having a boy look*" when a student could not find a reference he needed; another with "*academics alluding to males not being able to express themselves when reflecting on how they feel with their experiences isn't right*".

A consequence of the stereotyping impact for some of the men in this study meant that when going out socially and asked what they do, many would give responses such as "*I work in health*", "*I'm a public servant*", leaving the enquirer to interpret what they actually do. Reason for their avoidance in providing their actual job title was due to previously experiencing the looks of surprise or being teased about their career choice or being asked about their sexual orientation. Similar comments like "*my friends outside nursing joked and teased me about nursing and that I might turn gay*" were also reported.

Marginalisation consisted of two main areas, the feeling of being the outsider within and when providing nursing care. The provision of nursing care covered both issues of intimate touch and patient allocation. The majority of the men in this study initially feel overwhelmed with feelings of being the 'outsider within'. Comments included "*initially coming into the large student group was daunting*", "*sometimes you feel a bit on the periphery*". Hence there was a gravitation towards self-formed male groups in an attempt to nullify the outsider within feeling. One of the men commented "*the boys tended to hang out a bit...I think because most were mature age... you just tend to relate a bit better and I guess it's the male thing also*". Another with "*it was the same in the practice environment where I would engage more easily with the males working on the ward who were of similar age and background*". However, two participants revealed that although of

the same gender they had nothing really in common with the male groups and aligned more with those who had previously worked in the health field as they had.

The ‘outsider within’ from a practice environmental aspect was an expression some participants mentioned to highlight the feeling of being isolated, and a minority within nursing, with comments from female colleagues such as *“it’s good you’re standing up and being different from the norm”*. One participant expanded this with *“through my pracs (clinical placements) I felt like an outsider most of the time”*. Another participant shared an instance in a mother and baby unit where both the mothers and the female nursing staff questioned his presence. He stated *“felt a kind of hostility towards me for being a guy; this was actually hanging over me while I was there”*.

Providing nursing care marginalisation related to intimate touch in varying degrees for the men in this study, with most of them just taking it as a given barrier in the career they had chosen. Most stated that as student nurses they were always supervised when performing intimate touch nursing care. So they felt it was not a real issue for them as yet. It was seen as more of an issue for the nurses who allocated patient loads with participant comments of *“coordinator will avoid assigning a guy to a specific patient”*. However, they were aware of the potential for accusations of inappropriate behaviour and innuendoes of sexual deviance or homosexuality. Furthermore, acknowledged that intimate care by a nurse who is male can be an issue generally in instances when the patient is female, due to cultural beliefs and in gender sensitive ages such as the adolescent patient. Similar comments of *“she allowed me to do obs and medications but she didn’t want me to doing the catheters and toileting and the more intimate stuff... I can see where she was coming from”* were elicited during the interviews. Two of the men stated that on occasions it happened in the reverse where a patient has a preference for a nurse who is male. One commented,

“when faced with age and gender issues I give the patient a choice. I don’t get upset nor discouraged when the patient prefers care from a nurse who is female as at times the reverse has occurred where a patient has had the preference for a nurse who is male”.

This is not to say that male patient intimate touch was not as an issue for them, with some of men in this study concerned not to be seen as ‘gay’. One of the men stated *“there’s a little bit of stereotype, every now and then, a comment or someone asked me if I was gay...I think my wife would be disappointed with this suggestion”*.

Intimate touch issues did not seem to be what enticed the men in this study to a more low touch technical area of nursing. They provided comments of,

“the intimate stuff is not an issue for wanting to go to emergency”, “just love the excitement and the never knowing what is coming through the ED door”, I loved my mental health prac...I really did think that’s what scored it for me”.

Most of men in this study, as they entered the practice environment, gave their preferences toward mental health and the technical specialty areas such as critical care, operating theatres and emergency departments with comments such as *“I’m always interested in the technical elements of nursing, the drips, all that stuff”, “get to use my critical thinking in a pressured environment”*. They believed these environments would constantly change and would challenge them, and resonated with *“can’t wait to be challenged”, “it’s great having that theory and actually seeing it in practice”, “in emergency it’s triaging, critical thinking skills and prioritising... at the forefront...making a difference”*.

Patient allocation marginalisation occurred when the participants were predominantly allocated male patients instead of female patients. Thus excluding them from gaining experience in nursing duties relevant

to their learning needs at the time. One reported, "I kept being allocated menial tasks in a female ward", and felt the opportunity for learning was not provided nor encouraged by a clinical nurse. He felt he was treated differently because he was a male student nurse. Another added that being both older and a male "have different expectation of you...you are the exact same level as fellow nursing students (they) assume you bring something different to the table that's not necessarily the case".

DISCUSSIONS

The gender orientation findings of this study add support to previous research where the male nurse's role in care provision is often negated due to gender bias (Ierardi et al 2010; Duffin 2006), and the feminised nursing curriculum (Christensen and Knight 2014). The men in this study, similar to a recent study (Koch et al 2014), felt men in nursing were more acceptable these days. Although, they also agreed with others that barriers still exist (Stott 2007; O'Lynn 2004). These men lend weight to previous findings that gender discrimination and gender stereotypes still occurs within the nursing profession (Kouta and Kaite 2011). Most of them articulated with other studies in that nursing is still seen as a 'woman's job' (Snyder 2011; Wingfield 2009). They also supported the notion that to improve society's acceptance of men in nursing required the nursing profession to de-feminise by enhancement of the image of nurses who are male through portraying them in their caring roles (Colby 2012).

This study reinforced previous research where there was expressed surprise that men were doing nursing (Wingfield 2009). Furthermore it concurred with other studies that gender stereotypes are constructed by society and influenced by the media (Weaver et al. 2014; O'Brien et al 2008). Reported elsewhere (Rajacich et al 2013; Herakova 2012) and claimed by the men in this study, the male nurse title reinforced their minority status and add to the gender-bias and stereotyping, both within and outside nursing. Moreover, they reiterated the need for a gender-neutral title for men in nursing and concurred with previous studies that recommended 'nurse' as opposed to 'male nurse' be used (Rajacich et al 2013; LaRocco 2007).

Being teased about their career choice or being asked 'if they are gay' resonated with this stereotype as a unique conflict for men in nursing previously reported (Stott 2007). Furthermore, reluctance at revealing they were nurses when asked about what they do to avoid being viewed as feminine has been reported recently (Zamanzadeh et al 2013).

The finding related to feeling overwhelmed initially and of being the outsider within on entry into the female-dominant nursing profession has been reported elsewhere (Christensen and Knight 2014). The reported marginalisation of the outsider within and gravitation towards male groups due to being in a female-dominated profession is consistent with other studies (Christensen and Knight 2014, Stott 2007). Most of the men in this study supported strategies that promoted networking with other men in nursing (Moore and Dienemann 2014) and the presence of male role models in nursing education (Stott 2007).

They all agreed with previous studies that female intimate care provision nursing can lead to them being uncomfortable about fulfilling role obligations (MacWilliams et al 2013) and feeling vulnerable (Harding et al 2008). However, it was not seen as a major issue for them. Similar to a finding by Harding et al (2008) the men in this study respected the fact that patients have rights and were not perturbed when they were met with refusal of their care from patients. The 'not too been seen as gay' theme was congruent with a previous study that revealed intimate touch in clinical practice in relation to both male and female patients is a concern for men in nursing (Harding et al 2008).

Although initially interested in the clinical setting, men often find themselves being drawn to more low-touch technical specialty areas (MacWilliams et al 2013). This was the case for the majority of men in this study

as they entered the practice environment insomuch as their desire for technical specialty areas. Their desire to work in the emergency department was predominantly due to an inter-professional team environment this area provided. Moreover, they dispelled the assumption that intimate touch was also a reason for their decisions of careers in mental health or the more technical areas.

Patient allocation marginalisation by being treated differently during clinical placement has been reported previously (Wingfield 2009; Keogh and O'Lynn 2007). Some of the participants supported previous research in relation to the limiting of their full participation in some nursing specialty areas (Evans 2004), and of feeling isolated in clinical practice at times in the female-dominant workplace (Wilson 2005). Another participant added that being both older and a male he was given more responsibility and inclusiveness in complex care than others on clinical practice at the same student level. This finding concurs with a recent study (Koch et al 2014) where staff delegated more responsibility to older students and treated them as qualified nurses.

LIMITATIONS

Inherent limitations were the qualitative nature of this study. It does not meet the underlying principle of replication nor generalisability due to the small sample size of the voluntary participants. However, it does provide an insight into the dialogue between the first author and the study participants in relation to their lived experience in their journey to qualification as registered nurses.

CONCLUSION

What this study adds reinforces the concerns of men entering the nursing profession. As they journey towards nurse registration, concerns are commonplace in relation to their professional identity, gender stereotyping and marginalisation that has been reported over the last two decades and still remains today. The men in this study emphasised that the image of a nurse, from within and outside the nursing profession, requires attention to enhance a more cultural and societal normalisation of nursing as a gender-neutral profession. Moreover, supporting the belief that a gender-neutral nurse image will encourage more men into nursing.

RECOMMENDATIONS

Retention of men in nursing will assist in meeting the increasing health service demands as the population ages. The study's findings may foster discussions on ways to improve their journey in the quest to obtain registered nurse qualification. Improvement recommendations include:

- Nurse educators and nursing curriculum developers' enhancement and promotion of a gender-neutral stance in nursing practice that reduces men in nursing being seen as unique.
- Nursing curriculum to include effectively protective strategies for nurse-patient relationships in relation to touch. Furthermore to include this education for both male and female nursing students due to increased population diversity requiring patient centered cultural sensitive nursing care provisions.
- Consideration for a professional title that is mutually accepted by both women and men in nursing that may lead to reducing men as a gender minority.
- A model of inclusivity with the establishment of male support groups to aid in a more seamless transition of men into the nursing profession.
- Consideration in the nursing faculty gender mix to expose both male and female nursing students to male faculty members, supporting the "importance of regular male role model contact" (Stott 2007, p330). Thus to demonstrate how men apply their nursing knowledge and skills to the art of nursing, especially in complementing the complex technical nursing practices that are emergent.

All of the above is recommended, ultimately to increase the recruitment and retention rates of men in nursing. Thus to enhance a gender neutral Australian nursing workforce that will assist with meeting the health care needs of the rapidly growing diverse population.

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