University of KwaZulu-Natal
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School of Nursing

Exploring Gender-Related Experiences of Male Nurses in Selected Hospitals in eThekwini District with Specific Reference to Recruitment and Retention of Men in Nursing

By

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A Dissertation Submitted to the School of Nursing at the University of KwaZulu-Natal In Partial Fulfilment of the Requirements for Master's Degree in Nursing Education

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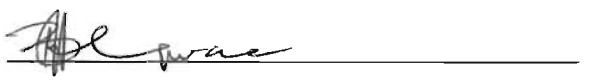
2011

DECLARATION

With this, I declare that the dissertation titled ***"Exploring Gender-Related Experiences of Male Nurses in Selected Hospitals in eThekwini District with Specific Reference to Recruitment and Retention of Men in Nursing"*** is my own original and independent work. It has never been submitted before for any other degree at any other University. All the resources and materials that have been used or quoted have been acknowledged by means of references.

Student: Hlongwane Bonginhlanhla **Date:** 7 April 2011



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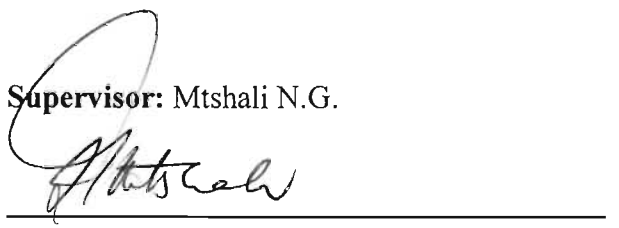

DEDICATION

This work is dedicated to male nurses and student male nurses in eThekwini district and the Hlongwane Family.

ACKNOWLEDGEMENTS

I would like to thank God, the Son and the Holy Spirit who have brought me this far.

I would like to thank the following:

The Department of Health of KwaZulu-Natal, Private Hospitals in Durban and the staff at all levels who helped me to attain my goal with this study.

The Managers of the selected hospitals in the eThekwini District who allowed me to conduct my research study at their institutions, and who granted me access to the participants.

The Head of the Nursing School and the staff of the University of KwaZulu-Natal for the support rendered to me during my studies at the University. This was greatly appreciated.

My supervisor, Professor N Mtshali for being dedicated, considerate, ever-willing to share your knowledge with me, and for carefully cultivating my understanding of research. May God bless you!

A special thank you to Dr ZZ Nkosi who took over as my research supervisor while my primary supervisor was away.

My parents, Mr M Hlongwane and K Hlongwane for your caring, support and for having a good vision of the future for your son.

My wife and children, countless thanks to all of you.

Ngiyabonga kini nonke okuhle eningenzele kona!

ABSTRACT

Background: The health care systems across are characterised by the gross shortage of nurses. A number of initiatives have been reported which seek to address this challenge. Literature shows that males remain an inadequately tapped source, They remain a minority in nursing compared to their female counterparts. Literature also shows that gender-based barriers for male nurses exist. The purpose of this study was to explore gender-related constructs that influence the recruitment and retention of men in nursing as experienced by male nurses in three selected hospitals in the eThekwini district.

Research Methodology: A qualitative, explorative and descriptive design was used in this study to illuminate the views of male nurses regarding their recruitment and retention in nursing.. Purposive sampling was used to select male nurses from three hospitals for interviews and a total of 37 participants participated in this study. The participants were drawn from private and public hospitals. Data was collected through individual and focus group interviews and was analyzed qualitatively.

Research Findings: Four major themes emerged from data. These included the journey to nursing, experiences of males in the nursing profession, retention of male nurses and strategies to recruit and retain males in nursing. Findings from the groups and categories of males in nursing in different hospitals showed similarities which reflected that the barriers faced by men in the nursing profession were still pervasive, consistent and had undergone few changes over time.

Recommendations: Recommendations were categorised into community, general education, nursing education, nursing practice and nursing research.

CHAPTER 2

Literature Review

CHAPTER 3

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CHAPTER 4

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CHAPTER 5

Discussion and interpretation of Findings, Recommendations and Conclusion

CHAPTER 1

INTRODUCTION

1.1. Background to the Study

The gross shortage of nursing is a worldwide concern and a number of initiatives have been reported which seek to address this challenge. Hart (2005) argues that males are an inadequately tapped source in an era hallmarked by a gross shortage of nurses. Gerencher, in O'Lynn (2004) reported that if men entered the profession at the same rate as women today there would be no nursing shortage. O'Lynn (2004) pointed out with some concern that the attrition of males already in the nursing profession is higher than that of their female colleagues and that the reason for this remains unclear. A high attrition rate is also reported during the training period. This author links the high attrition rates to the stereotypes associated with nursing as a profession. O'Lynn (2004) strongly suggests that it is important for nursing programmes to identify gender-based barriers, to understand their relative importance to male students, and to develop strategies to reduce them.

The literature shows that male nurses remain a minority in the nursing profession. According to Hart, (2005) male nurses' experiences, perceptions and needs mirror those of members of minority communities. Grady, Stewardson, and Hall (2008) emphasise that there are several reasons why men may be reluctant to enter the nursing profession and these include role stereotypes and gender biases. In their view, role stereotyping and gender bias may be perceived

as existing within nursing educational programs because teaching staff in nursing education institutions are composed of a gender-skewed, homogenous group comprised primarily of women. Furthermore, traditionally, nursing has manifested a fundamental moral commitment to caring, and has been identified with so-called feminine ways of caring. Other barriers that make nursing unattractive to males which are highlighted in Grady et.al (2008) include the limited number of male nurse educators, and the fact that nurse educators mainly use the term 'she' when referring to a nurse, besides which some nurse educators make anti-male remarks in the classroom, while male student nurses are not always treated as the equals of female student nurses, and finally, that in clinical settings there are limited opportunities to work with male nurses for socialisation purposes. Furthermore, there is no special effort made by nursing education institutions to target men when recruiting nursing students; there is no guidance presented on the appropriate use of touch especially when dealing with female patients; male nurses also work under duress as a result of the anxiety that female patients may accuse them of sexual impropriety.

The study by Harding (2007) targeted another socially constructed stereotype about men in nursing, namely that men in nursing are gay. Awareness of this stereotype by men in nursing has an influence on how male nurses provide care to other men. They feel uncomfortable not knowing how the male patient perceives the way in which they provide care to them or touch them (Harding, 2007). Authors such as Bohan (1997) and Meadus (2000) in Harding (2007) also reported that the perception of male nurses as being gay seems to be growing.

O'Lynn (2004) contends that male discrimination in nursing can be traced as far back as the times of Florence Nightingale. According to O'Lynn, Florence advocated nursing schools, but barred males from mixing with female nurses to the extent that males were downgraded to non-nursing positions such as those of ward attendants and orderlies. After the Crimean war, the military commissions where male nurses were placed were reduced to 1% in 1963 (O'Lynn, 2004). In South Africa, Anthony (2006) also reported a discriminatory statement that was made by the SANC in its early days. The SANC quotation stated, "A man (male) is a clumsy thing that does not know how to handle a sick person, nursing is a proper profession for women and they are created for that purpose." (2006, p.45).

Another form of bias against men in nursing was reported by Grady et.al (2008). Grady, et al. noted that discrimination against men was also marked in the curriculum, and that books used in the nursing profession discriminate against men. There is minimal emphasis on the contribution of male nurses to the profession, thus making nursing unattractive to males as it is perceived as a female profession. The nursing books, according to Grady et.al. highlight the contribution made by female nurses such as Florence Nightingale. Very little is mentioned about the contribution of males to the profession. In her study exploring the history of men in the nursing profession Mackintosh (1997) revealed that there has been a long tradition of men in nursing which is not well acknowledged. According to Mackintosh, (1997) this dates back from the foundations of the male monastic orders which were dedicated to serving the sick. The history of men in nursing includes the Alexian brothers in the 1300s. These brothers dedicated themselves to providing care for the sick during the period of the Black Death; In 1584, St Camillus de Lellis set up a religious order of men known as the 'Fathers of a good death'. Men who were members of this

order took a vow to devote themselves to the plague-stricken. According to Mackintosh (1997), the order of Camillus later developed into international medical and nursing orders many of which continue to work across the world today. During the Crimean war some of the men who were on the frontline fighting were also recalled by the army to work in the military hospitals under the direction of male ward sergeants. This paved the way for the greater involvement of men working among the injured and sick soldiers (Mackintosh, 1997).

The literature, on the other hand, indicates that nursing holds hidden advantages for men, for example, Evans' (1997) research conducted in Sweden, Norway and Finland suggested that males are attracted to those specialisations that support a masculine identity, and that they shape their work role to be more task-oriented than people-oriented. For example, most males are posted to orthopaedic units or emergency rooms where they play significant roles which require physical stamina. They are also found in psychiatric units for they can control potential patient violence effectively compared to female nurses (Xu, 2008). Male nurses also progress faster to leadership positions where minimal caring is required. According to Xu, (2008) some of these positions do not focus much on the soft aspect of caring (that is attention to detail and emotionalism) but emphasise leadership skills and technical competence. According to Evans, (1997) these qualities are typically associated with the male sex role thus putting males at an advantage. William (1997) explored the hidden advantages of men in nursing, and his work suggested that male nurses were preferred by doctors, and that they received special attention from doctors who viewed them as more competent than female nurses. The reason could be the fact that doctors in their profession were dominantly males. Hart (2005) and O'Lynn (2004)

issued the challenging statement that if the problem of gender-based barriers in nursing is not well addressed; it will affect the recruitment and professional practice of males in nursing.

1.2. Problem Statement

The literature shows that the number of male nurses in the nursing profession is an area of concern internationally. For example, Whittock and Leonard (2003) reported that in the UK male nurses have never exceeded 10% of the total number of nurses. Hart (2005) stated that statistics internationally show that male nurses comprise about 6% of the nursing population in the nursing profession. In Sydney, Australia, males accounted for 8, 1% of registered nurses (Fisher and Connell, 2001). In the United States in the year 2006, males comprised 5, 4% of the population of registered nurses (LaRocco, 2007). Although there are no statistics currently regarding male nurses in South Africa, Thembeka Gwagwa (DENOSA President) was reported by Bateman (2007) as pointing out that one of the areas to be addressed in South Africa in these times of gross nurse shortages was the unspoken gender bias which kept male nurse percentages in South Africa way below those of other developed countries.

In South Africa, legislation related to recruitment post-1994 takes the issues of equity into consideration, thus making males a priority in nursing. In sub-Saharan Africa, according to Munjanja, Kibuka and Dovlo (2005, p.14) gender and nursing aspects are such that "female nurses are mainly allocated to service delivery while the males are at the top of management and policy levels in many countries." In Cameroon, Munjanja, Kibuka and Dovlo (2005, p.14) state

that "the distribution of females who are in the workforce, is limited by families, marriage and culture." The gender balance among the health workers was aggravated by the impact of the Human Immuno Virus and Aids disease (HIV/AIDS). UNAIDS (2004) in Munjanja et al. (2005) state that women are at high risk of HIV infection for cultural and biological reasons. It is further noted that women are mostly caregivers in their homes and communities. The concern over the inclusion of males in the Human Resources plan for nursing is noticed in literature from countries such as Ghana. In Uganda, the Government Human Resource strategy does not address the gender issue, but the career structure is likely to benefit women.

The UK has, however, tried this system but it is not working. Whittock and Leornard (2003) reported that, despite legislation that is in place in the UK, the number of males entering and working in the nursing profession remains low (10,1%). In line with these authors' views, Sullivan (2003, p.253) states that, "recruiting male staff and students from diverse backgrounds is a constant challenge which is complicated by long-established traditions and by a largely all-female staff. Sullivan (2003) argues that just as racial and ethnic diversity is essential for nursing's future, so is gender diversity. However, in her view, the lack of sexual diversity in nursing is rarely discussed. "We wait for men to apply for admission to nursing schools and when they stay away, we figuratively shrug our shoulders at their lack of interest" (2003, p.253). The research by Whittock and Leornard (2003) which was conducted in a country (UK) with legislation in place to address issues of discrimination against gender raised some questions to be answered through research. These questions are: why does this situation prevail, (limited numbers of men in nursing) when in theory, equal opportunities for males and females exist in all areas of employment? And where males do select nursing as their chosen career which factors

persuade them to step outside the stereotype? (2003,p.244). In a study by O'Lynn, (2004) it emerged that gender-based barriers for male nurses exist, but it is not clear how they are related to attrition or poor attraction or retention of men to nursing. Furthermore, research does not clearly articulate the strategies to reduce gender-based barriers. In the context of this study, the question of interest is what are the lived gender-related experiences of male nurses in the nursing profession that have an influence on the recruitment and retention of men in nursing?

1.3. Purpose of the Study

The purpose of this study was to explore gender-related constructs that influence the recruitment and retention of men in nursing as experienced by male nurses in three selected hospitals in the eThekwini district.

1.4. Research objectives

1. To explore the issues of gender-related roles of male nurses compared to those of female nurses in the nursing profession.

2. To explore how the gender-related issues shaping male nurses affect their recruitment and retention in the nursing profession.

3. To describe how the strategies used by male nurses are able to assure their positive gender role in the nursing profession.

1.5. Research Questions

1. What are the issues for male nurses that place their construction of masculinity under pressure (gender-role conflict)?
2. How do the issues shaping the construction of male nurses in the nursing profession affect their recruitment and retention in nursing?
3. What strategies do male nurses employ to overcome the pressures (gender-role conflict) placed on their construction of masculinity?

1.6. Significance of the study

The study may influence health care leaders, government agencies and marketers to bring about transformations that will enhance the recruitment and retention of males in the nursing profession. These stakeholders may develop collaborative efforts that will work out strategies which will attract men to nursing and society may be socialised about the cultural accommodation of the new challenges in the workforce. The study may further contribute to nursing education and nursing practice, improve discrimination within the nursing labour force

which will, in turn, improve the nursing profession, enculture society on the global nature of gender and nursing, familiarise the health consumers regarding gender balance and gender equity in the nursing profession, and provide a baseline for further research (Polit and Hungler, 1995).

1.7. Conceptual Framework

Dunn and Griggs (1998) developed a gender-role conflict model. According to Dunn and Griggs gender roles are socio-culturally developed normative behaviours and expectations which are prescribed by society (See Figure 1). Context plays a major role in determining how gender roles are perceived. A number of factors contribute to how gender roles are perceived. These factors include geographic location, age, biological, socio-cultural and religious factors.

Dunn and Griggs' model shows that conflict occurs when behaviours conflict with perceived gender roles. Historical traditions and stereotypes contribute to gender-role conflicts. Gender role conflict has an influence on social relations, and may consequently lead to barriers, inequalities, fear and anxiety to people in those roles which conflict with the norms. O'Neil, Helms, Gable, David and Wrightsman (1986) explain that much of the gender-role conflict men experience in nursing is based on a deep-seated fear of femininity. Historically and socio-culturally, nursing is stereotyped as a female profession. Men entering into this profession which is characterised by female traits face a challenge of gender-role conflict.

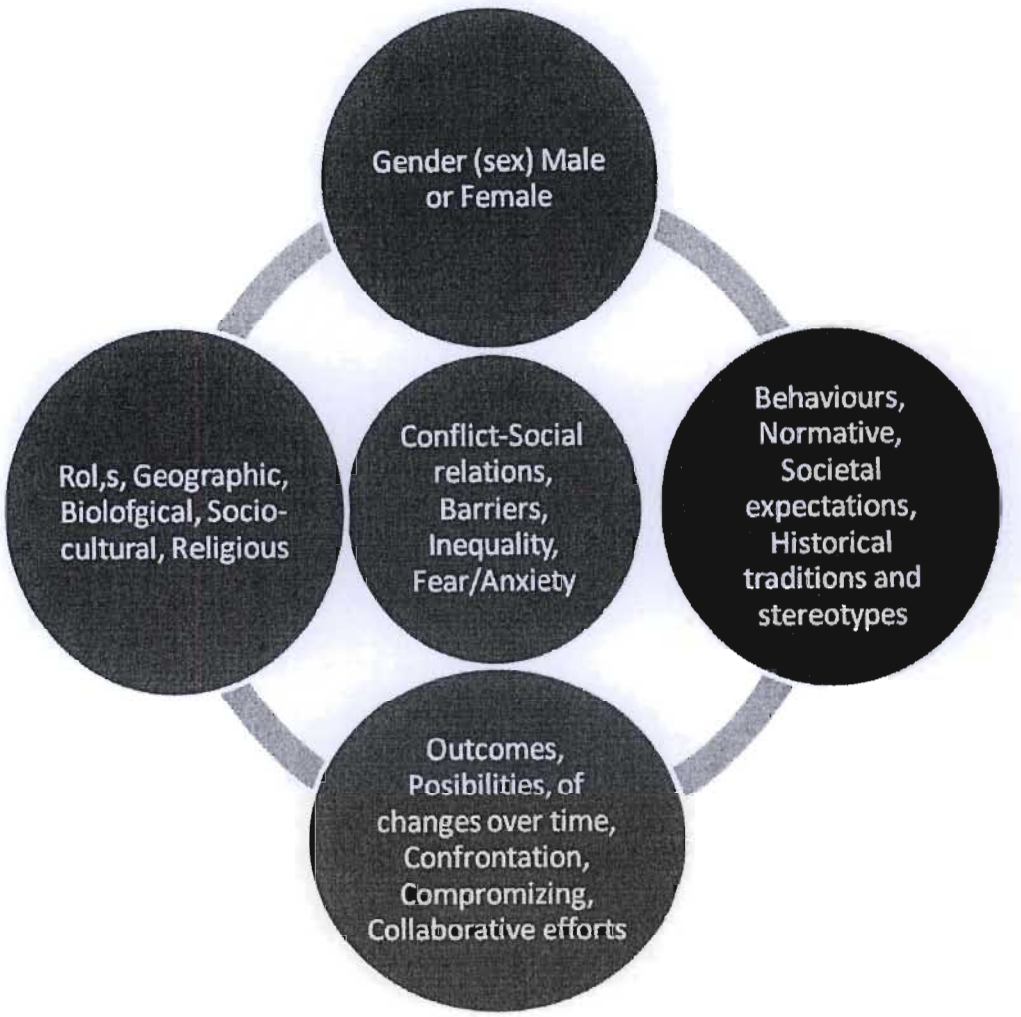

Figure 1: Gender Role Conflict Model adapted from Dunn and Griggs (1988) in O'Lynn (2004, p.231)

The gender-role conflict model by Dunn and Griggs (1998) explains that there are many barriers experienced by men in nursing education programs as they confront the feminine paradigms, imagery, and modelled behaviours of nursing practice. Gender role conflict in the context of this study may contribute to poor attraction and retention of men in nursing. The Dunn

and Griggs' model highlights the point though that gender roles are not fixed, and often change with age, circumstances and within a society or geographic location as cultural values and norms shift. For example, in the Netherlands, 23% of the nursing population is male (Irish Nurses Organisation, 2002).

According to Dunn and Griggs, (1998) how gender roles are perceived is likely to change with a change in times and context. The process of change includes confronting the situation that has led to conflict, compromise from the parties involved (those proposing the change and those against the change) and a collaborative effort from those who are in support of the change and those who were against the change. In the context of this study, the change in the way gender roles are perceived in nursing may contribute to the number of men entering nursing and who are retained in the profession.

1.8. Operational definition of terms

1.8.1. Experience: Experience equates to an action from which one learns (Searle, 1991).

1.8.2. Recruitment: Recruitment refers to the process of sourcing, screening, and selecting men for the nursing profession. This includes marketing nursing to the public with a special focus on men being attracted to nursing as a profession (Searle, 1991).

1.8.3. Retention: Retention involves instituting measures to encourage male nurse employees to remain in the organisation for the maximum period of time (Searle, 1991).

1.8.4. Men in nursing: This is an all-inclusive term which refers to both qualified male nurses and student male nurses (Lippincott, 2001).

1.8.5. Gender-related experiences: These are experiences which are undergone by men in nursing as a result of the socially-constructed concepts of masculinity and femininity related to nursing. These may be perceived as discriminatory in nature by men in nursing (Searle, 1991).

1.8.6. Male nurse: This term refers to qualified male nurses. This term includes registered male nurses, enrolled nurses and enrolled nursing assistants (Lippincott, 2001).

1.9. Conclusion

Nursing is regarded as a feminine profession. According to the perception of male nurses, such a statement creates a serious concern that needs to be thoroughly addressed. A historical statement in Mackintosh (1997) reflected that "men in the nursing profession have been a long tradition", but this was not well acknowledged. When nursing is regarded as a feminine profession, this is noted as discrimination against men. It is thought that such discrimination will affect the recruitment and the retention of men who are eager to join the profession and those who are already in the profession. What is not known are the subjective, gender-related experiences of male nurses set against the backdrop of their female counterparts.

CHAPTER 2

Literature Review

2.1. Introduction

According to Burns and Grove (2007), literature review forms the theoretical and analytical framework that serves as the foundation for the research study. Babbie and Mouton (2002) state that the purpose of a literature review is to demonstrate familiarity with a body of knowledge, to show the path of prior research, to integrate and summarize what is known in a specific area, to learn from others and to stimulate new ideas. During literature search, multiple electronic databases were searched such as Google Scholar, Science Direct, ERIC via EBSCOhost, Health Source: Nursing/Academic Edition via EBSCOhost, JSTOR, Medline via ebscohost, SA ePublications via SABINET online, Academic search complete via ebscohost and the TDNet Journal Portal of the Research Libraries Consortium. The literature review is grouped into a number of themes in this chapter.

In general, nursing is dominantly a feminine profession and men in nursing are found to be a minority. The men in nursing are the core of various experiences in the nursing profession. It is noted that gender-related barriers experienced by men in nursing are the most common issue. The gender barriers for men in nursing are traced back to their recruitment, both in the nursing education programme and in nursing practice. Some of these experiences contain a lot of challenges, and as a result they cause the attrition of male nurses which affects the retention of

men in the profession. It is also perceived that society makes certain contributions, e.g. by not motivating men to enter the nursing profession. Anthony (2006, p.44-45) states that the media has reported that men are more likely to leave nursing than their female counterparts. "If gender bias is unrecognised, unaddressed, components of nursing education programs outcomes are clearly detrimental to our profession and limit our ability to recruit and retain a robust workforce."

2.2. Gender-based barriers for male students in Nursing Education programs: Prevalence and perceived importance

In a quantitative study conducted internationally in Montana by O'Lynn (2004), the aim of the study was to describe the prevalence and perceived importance of barriers, and to develop a tool to measure male friendliness in the nursing programs. A diverse sampling method of male nurses was used with a tool addressing potential gender barriers structured on a Likert scale format. The sample was randomly selected from the two populations which were mutually exclusive, believed to represent different levels of male advocacy activities and democratic characteristics.

The findings revealed that there were barriers which were importantly different in prevalence between different sub-samples of male nurses, while no barrier was rated unimportant by more than 20% of the respondents. The similarities in the findings between the groups of male nurses, diverse in geography, school attendance and graduation dates suggested that the barriers men

faced in the nursing school are pervasive, consistent and have changed little over time. It was concluded that nursing education as a whole had failed to provide an environment that is optimally conducive to attracting and retaining men as students and preparing them for the nursing profession. Out of these findings, the author was able to develop a tool that was "Male friendly." (O'Lynn, 2004, p.229).

Gender-based barriers for males exist, however the relationship of these barriers to male students' academic success, retention and satisfaction, as well as male students' transition into the nursing practice in the profession are relatively unexplored phenomena. Authors suggest that gender barriers contribute to male student nurses' attrition at a rate as high as 50%. This creates a very big gap compared to that of their female counterparts, since they (males) are not entering the profession at the same rate as female nurses. The suggestions are to identify the gender-related barriers to male nurses and to develop strategies to reduce them.

In conclusion, the barriers in nursing schools are really pervasive and the environment there is not male-friendly. There is a need to develop nursing strategies that will enhance the recruitment and the retention of men in the nursing profession.

2.3. Exploring factors affecting the attrition of male nursing students from an undergraduate course

Stotts (2006) states in her qualitative study that "the aim of the Australian Government Campaign was to recruit nursing students to nursing degree programs". The campaign was

successful because applications were increasing in large numbers. This reflected the fact that Higher Education had responded to the recommendations made by the National Review of Nursing Education.

Australia recognised the range of backgrounds and experiences held by the students which demanded greater flexibility in terms of educational experiences. The end results were the delivery of nursing programs by distance education which increased the use of technology. The enrolment of students was at least 20%. Although male nurses increased in numbers, their numbers could not be compared to female nurses. Major challenges to the retention of male nurses in the nursing profession were prevalent. The university was being provided with less funding. This created pressure on the higher education institutions to be more efficient. The problem was that, between 40 to 50% of the male students who entered the nursing courses dropped out, failed or transferred to other courses (Villeneuve, 1994; Poliafico, 1998 and Wilson, 2005 cited in Stotts, 2006, p.326).

A literature review by Brady and Sherrod (2003) in Stotts (2006) postulated that, although there are factors contributing to students' attrition from nursing courses, these may not necessarily be gender specific. Both female nurses and male nurses have families and work responsibilities which may provide additional contributory factors which constitute challenges resulting in the attrition of male nursing students, e.g. feminine stereotyping which provides evidence that male nurses must cope with challenges and gender-based barriers occurring during their educational experiences. According to Deary (2003), cited in Stotts (2006), stress was one the factors that contributed to student attrition. Individuals' personalities were identified as one

of the unique influencing factors. Wilson (2005), in Stotts (2006) used a phenomenological approach when investigating Australian male nursing students' experiences, and found that low self-confidence emerged from the informants as the most significant theme. They felt fearful and apprehensive about completing their degree. The reasons were not specific to any gender because there were many female and male nurses in their group and some had been away from learning for considerable long period of time. However, it was noted that male students in the study reported feelings of role conflict as having a negative impact on their progression with their courses. The university faculty was also noted as highly problematic in supporting the students in completing their course. This put more pressure on the university itself to be more efficient in making study means available and user-friendly for male nurses, and to have strategies that could address or facilitate the retention of male nursing students in undergraduate nursing courses.

The findings from the data analysis were identified in three categories, namely, isolation, nursing role and traditional gender roles (Stotts, 2006, p.330). In isolation, male nurses felt that they were excluded from the academic, as well as the clinical setting. The feeling of isolation caused a number of informants to reconsider whether they wanted to continue with their nursing courses. Many difficulties that were revealed by male nurses included the fact that they were not free to respond to questions posed to them, or that they failed to answer questions in the classroom because they were afraid of appearing silly or less academically adept in the female-dominated context. They ended up biting their tongues. The female nurses they worked with, particularly in female wards and children's wards discriminated against them. They did not get proper support from the female nurses because they did not confide in them as male nurses. The

male students raised concerns that sometimes they felt embarrassed at being picked out to perform tasks like Electro Cardiogram (ECG) procedures purely because, with males, it is easier for them to remove their shirts to put the leads onto their chests. Such a situation was revealed as being particularly difficult especially when they were still new, and it was regarded as a great problem particularly when there was only one male among a large group of female nurses. Another discriminatory action noted was the collection of urine specimens. This was usually asked of a male nurse rather than a female nurse. Male nurses experienced this as discrimination because there is no difference in a urine sample whether you are male or female. With the nursing role and traditional gender roles, such actions were most often associated with behavioural roles linked to female nurses. The reflection was that there are gender differences in terms of role expectations by society because of stereotypical socio-cultural practices of what is regarded as normative. Participants (male students) expressed a need to interact more often with male role models in both academic and clinical settings to gain more support and inspiration during the course of their training. The link between the nursing role and the traditional was observed when males were involved with the technical aspect of nursing. The technical aspects of nursing made male nurses more comfortable or in touch with their gender strength as it matched their natural sex role. This aspect was directly associated with their sex role and was found to stimulate their interest; however, there is very little research available which explores the reasons why this is so.

According to Stotts, (2006, p.331) the reason men gain pleasure from technology is "socially gendered." From an early age males are more likely to acquire skills in problem-solving and

building. They have a degree of comfort when it comes to dealing with technical objects. The interest developed from technology helps males to be retained in the nursing profession.

A gap in the literature exists in that the study focused on tertiary education which was undertaken by distance learning, in other areas with gender-related barriers in the nursing schools and nursing colleges scant research has been conducted.

2.4. Who are men in nursing?

The main critical component of Hart's (2005) study was the recruitment of men into nursing. He states that "multiple studies and surveys conducted in nursing research have shown that due to the growing number of older adults and aging population of working nurses, the current nursing shortage will last for years" (2005, p.). Men in nursing represent an untapped reserve of future nurses, yet comprise only a small percentage of the workforce .According to Hart (2005, p.32), the small percentage of male nurses "needs to be addressed and to focus on recruitment, and retention of male nurses into the nursing profession." At the same time as Hart's study, Hodes, with the California Institute for Nursing and Health Care's American Assembly for Men in Nursing conducted an online survey of men in nursing. In an analysis of these surveys, men in nursing were found to be a minority in the profession, and their experiences, perceptions and needs mirror those of members of other minority communities. In a National Sample Survey of Registered Nurses (2000), men represent about 6% of registered nurses in the nursing workforce in the USA.

Hart (2005) states that, "the small percentage of men in the profession,remained the same for many years". The men who participated in the survey stated reasons why they had chosen nursing as a profession, namely that their intentions were a desire to help people, the fact that nursing presented many career options, and that it provided job stability. Nursing was regarded as one of the professions that did not face lay-offs or downsizing. Of those surveyed, 56% experienced difficulties during their nursing education. They noted that they were often perceived as "muscles" or "uncaring". This was stated by their female colleagues. These statements were made purely because of their gender. Fifty percent (50%) of these men experienced difficulties in the workplace. As they were the gender minority, they were regarded as "muscles" and found communication with their female colleagues difficult. Some men expressed concerns related to the feminisation of nursing traditions in both the education and the practical setting. They noted that even the gifts donated for special celebrations or commemorations by nurses, such as for celebration of Nurses Week, had a feminist touch or image, that made them to be mainly appreciated by female nurses (Hart, 2005, p.33).

In summative observations, it was noted that the respondents were sharing their concerns so that the situation of gender-related barriers affecting men in nursing could be addressed. Male nurses are creating a state of gender balance in the nursing profession which will assist further in adding a unique perspective when dealing with female and male patients.

The literature shows the need to recruit and retain male nurses, but there were no solutions as to what strategies are to be used to motivate men to enter the nursing profession.

2.5. Experience of being a male student nurse

Kelly, Shoemaker and Steele (2008) stated that, "The purpose of the study was to identify male students' perceptions of motivational factors, barriers and frustrations encountered in becoming a nurse." The students believed that the society perceived nursing as a feminine profession. It was thought that male nurses were influenced and supported by their immediate families and wives. The students further believed that the school counsellors did not assist them in choosing nursing as a career. Although the nursing schools were perceived to be supportive to male nurses entering the nursing profession, male nurses had feelings of isolation and self-doubt. Kelly at al. (2008, p.1) state that "Nursing education made the effort to recruit nurses from all segments of the society but male nurses are still under-represented". Male nurses comprise 3% to 5% of all nurses.

The method of study used was a qualitative approach using a focus group. The use of a focus group is recognised as a technique which allows the researcher to gain more information of perceptions, feelings and attitudes for greater understanding of the participants' insight in a non-threatening environment (Kelly et al., 2008, p.2). The instruments that were used were focus interview topics on the image of nursing, the motivation to enter and stay in the nursing school, the barriers encountered in becoming a male nurse, problems which were encountered after recruitment, and the entering of men into the nursing profession.

Findings from the participants reflected negative comments on the image of nursing such as: nursing was not interesting, it was mostly concerned with practical matters not ideals; there is no autonomy; a nurse performs work under somebody's direction and she occupies a subservient role, and nursing is an occupation rather than a profession. The media, e.g. television, was reflected as an influential factor that promotes these kinds of attitudes. As students were in the nursing profession they adopted images that were positive about nursing as a profession, compared to those of society. Students' beliefs about nursing were that nursing was highly respected; was a service-oriented, altruistic profession with the use of a team approach to health problems. Students visualised nurses as "Angels of Mercy" who were caring, compassionate and enjoyed working with people. This reflected strong beliefs in changed perceptions, however nursing was perceived as unmanly (not for men), and men in nursing felt isolated and mostly excluded by their female counterparts.

According to Kelly et al. (2008, p.3) various motivational factors were stated by the other participants. There were those who offered positive responses and those who discussed the challenges to the recruitment of males into nursing. The positive responses involved practical and altruistic reasons, for example, nursing ensures job security; provides human diversity in caring for patients and working with a diverse group of colleagues, the presence of and working with technology; nursing offers a broad spectrum of jobs and job opportunities; in the nursing workforce, autonomy is well accepted compared to the situation in factory jobs, and lastly, the participants had the desire to help people. The participants' previous contact with the health care system was an additional point which was perceived to be a motivating factor for entering into nursing. For a few of the students, the contact with the health care system was a painful event

involving personal loss characterised by statements such as, "I reached a point in life where I wanted to give back what had been given to me... I knew about the nursing shortage...". Some respondents took up nursing as an alternative because of certain limitations. They had been unable to gain access to their field of interest, for example, entering medicine as a career. Some male nurses who were not successful in entering medicine ended up taking an aide's course. When they found it challenging, they then pursued nursing as a professional career. Other respondents were motivated by family members such as parents, sisters, and spouses in reaching the decision to become a nurse (Kelly et al., 2008, p.3).

The barriers to becoming nurses which have been identified were traced back to the high schools. The report stated that there was a lack of information from the counsellors. Some students were afraid of being perceived as unmanly. It was noted that nursing involved a change of gender roles according to how they had been encultured by their families. Students stated further that they had received little or no guidance from the high school counsellors and were not encouraged to pursue nursing as a career. It was noted that the high school counsellors did not know anything about nursing (Kelly et al., 2008, p.3).

In the educational setting, male nurses perceived schools to be supportive though there are many challenges. Students reported excitement and satisfaction when they were in the clinical setting. There was a driving force that kept them going. On the other hand, they described that they had experienced stress and had encountered pressure while they were in training. This was accompanied by feelings of self-doubt, isolation and perceptions of different treatment compared to that received by their female counterparts. Kelly et al. (2008, p.4) stated that "Several students

considered dropping out of school because they found assignments to be overwhelming." The students further rationalised that class content was perceived to be irrelevant. With regard to their class performance, students reported being shocked by the fact that, despite the effort they put in to achieve good results in the nursing programs, they were awarded "C" grades even though they had previously been "A" students. They concluded that nursing is a foreign language and was much harder than they expected. In nursing the students were found to be more committed than any students in other fields. Kelly et al. (2008) highlighted the descriptions provided by the students such as," In nursing, we are not learning to regurgitate, the faculty needs to teach you like a nurse; there are so many things given at a faster pace... I have limited time to study....". Students perceived that in their previous studies, e.g.in high school, some had succeeded without studying, however, in the nursing courses they regarded study as an absolute necessity. Some of the students expressed self-doubt and were not sure if what they were doing was the right thing, and some concluded that nursing was not for them.

The implications of the results obtained from the study were that the schools which are interested in recruiting male nurses should be aware of the importance of marketing nursing in an androgynous manner. Advertisements, posters and brochures for recruitment should not perpetuate the image of nurses as only being female. The media, such as television, should provide positive images of nursing. The nursing training schools should provide the school day visits by the prospective students, the recruiters should emphasise job security, diversity, technology and the concept of helping and caring for others. The family members should be included in the recruitment process as a support network for prospective male nursing students. The high schools' counsellors should be better informed and should be encouraged to promote

nursing as a profession for both females and males. Gender equity should be ensured, with male staff considered as a necessity. The reason behind this is that the nursing profession is currently dominated by females. In order to retain males in the nursing profession it is preferable that they are not referred to as "male nurses" but rather as nurses (Kelly et al., 2008, p.6).

2.6. Cautious caregivers: Gender stereotypes and sexualisation of men through nurses' touch

Evans (2002) stated that the aim of her study was "To explore the experiences of men nurses and the way in which gender relations structure different work experiences for women and men in the same profession." The method of this study was based on philosophical and methodological assumptions. Kimmel and Messner (1992, p.3) in Evans (2002, p.442) state that, "Rarely, if ever, are men understood through the prism of gender. Similarly, rarely do we understand the ways in which gender – that complex of social meanings that is attached to biological sex, is enacted in our daily lives." Gender is not only perpetuated by women but is also active among men, so social actions by gender may lead to potential political conflict between the two genders, e.g. feminism in nursing has raised the question of masculinity. Connell (1987) in Evans (2002, p.442) defines masculinity as a social construct of what it means to be a male, demonstrated through practice that captures the nature of the performance of gender at a certain time and place. Connell analyses the definitions of what constitute the differences between masculinity essence notions and feminine essence. Connell theorises that masculinity is not uniform, but is reflected in the notion of hegemony and dominance, particularly in society.

He further classifies the hegemony and dominance in the social classes, e.g. upper, middle, etc. There are other subordinated classes of men, such as those in nursing, who are measured by hegemonic standards as evidenced by the stigma of homosexuality that surrounds them. Hegemony is a question of relations of cultural domination. (Connell,1993, in Evans, 2002).

In nursing, the theory used to understand men is based on collaboration between men and women and the combination of the feminist and masculinity theories in order to gain an epistemological understanding of men and masculinity. Evans (2002, p.442) states that the significant challenges facing researchers conducting studies concerning men, are to "confront and recognise" men who are gender-based in historical, institutionalised power and privileges as well as limitations. If these are well analysed, they will reveal the whole picture of male nurses' experiences in relation to women in nursing and women in society.

Evans (2002, p.441) found that "Men are regarded as stereotypical sexual aggressors and are gay." This creates a contradictory situation of acceptance, rejection, and suspicions around men as nurturers and caregivers in such a way that their roles are stigmatised, and they become subjected to accusations of inappropriate behaviour. They are followed with caution when touching and giving care to patients. All participants affirmed the importance of caring, and caring traits, e.g. compassion, empathy and honesty. It was agreed that it gave meaning to the lived experiences of nurses. The perception of caring styles of male nurses compared to that of female nurses was confirmed not to be the same. Men indicated that they had their own ways of ensuring that proper care was given without learning what was done by female nurses. Women's caring was characterised by "warm fuzzies and more touchie feelie", yet men, although they

touch, do so less than their female colleagues. Men's touch was also good, but it involved humour which provided warmth to the patients and helped them to relax. Although humour was needed, and be in accordance with patient specific, it was found that its character and purpose was different when it was used by male nurses in respect of male patients. Male patients were found to be more comfortable with this and responded in a friendly way, e.g. cracking jokes, enjoying the freedom of sharing things with male nurses as men, which might be found to be inappropriate if applied by female nurses. Evans (2002, p.443) states that "If a female staff member comes in during men to men conversations, these would not continue".

It was found that although touch was identified as an important expression of caring by all participants, in nursing practice this did not come naturally to male nurses. Mens' hands were regarded as being rough, and some male nurses expressed the sentiment that touch was a new aspect which had not previously formed part of their existence. This was concurred with by both the participants and the patients. Male nurses regarded touching, particularly in terms of the female patients as uncomfortable, and felt that it was open to misinterpretation as a sexual touch which, in the case of the norms of social behaviour could lead to accusations against male nurses of inappropriate behaviour or sexual molestation. Male nurses reported that they were more vulnerable when they were alone with patients. There were some instances where a male nurse was reported by female colleagues when the male nurse had simply been reassuring a female patient (Evans, 2002, p.444).

Strategies to protect male nurses from accusations were identified, for example, taking time to build trust with a patient before touching, maintaining a degree of formality by shaking the

hand of a patient initially, since this sets the tone of interaction and can provide an opportunity to assess a patient's comfort; projecting the image of a nurse by wearing a uniform, working in teams with female colleagues in situations deemed to be unsafe, delegating tasks that require intimate touching of female patients to ensure that the patients remain comfortable, and modifying procedural techniques to minimise patients' physical exposure and the need for intimate touching (Evans, 2002, p.444).

It is concluded that in their interactions with patients, male nurses are caught up in complex and contradictory gender relations that aggravate them by placing them in stigmatised roles which leave them vulnerable to accusations of inappropriate touch. The gender relations are complex, and do not quickly lead to recommendations that can easily be implemented. The gender stereotypes in nursing embody challenges that do not need the action of male or female nurses alone, but merit meaningful change that is well-grounded in an ethos of alliance-building between male and female nurses. Both male and female nurses should begin a dialogue which will bring about new ways of reconstructing positive feelings in nursing institutions and can include nursing classrooms and the workplace.

2.7. Perceptions of sex role stereotypes, self-concept and nursing role ideals in Chinese nursing students.

In Hong Kong, at the Chinese University, Bond, Chan and Holroyd (2001) conducted a study which was aimed at examining the relationship between sex role stereotypes, self-concept and

the requisite personality characteristics of an ideal nurse using a cohort of Hong Kong nursing students. The method of study was quantitative. It involved the population of all pre-registration and post-registration first year nursing students. The total number of students was of mixed genders and comprised 113 females and 17 males. Out of 177 students, 47 students, of which 37 were female and 10 were male did not participate. The response rate for pre-registration students was 94% and 88% for post-registration (Bond et al., 2001, p. 296). The instrument used was the SAPPS (Sino-American Person Perception Scale). Due to the fact that two countries were used, that is, America and China, the scale was designed to be linguistically and culturally balanced. Eight factors were used, namely emotional stability, extroversion, application, openness, assertiveness, restraint, helpfulness and intellect. The design used an independent variable (gender) and dependent variables (rating ideal nurse, typical nurse and self).

Findings on the mean rating for a typical and an ideal nurse as well as the self were analysed using a multivariate analysis of variants. The aim was to reduce the incidence of type 1 errors. It was found that there was no difference in the main effects of all eight (8) dimensions between the two genders and the rating of an ideal nurse and the self. The reflection was that there was a socially shared conception of an ideal nurse and that there was no difference in the self-rated personality of nursing students. Lai and Bond, in Bond et al. (2001, p.297) concluded by saying that, there was no difference during the initial stages of training between males and females. However as the training progressed males were found to be rated higher on assertiveness and openness than females".

The limitation of the study was that the students under study were undergraduates on a course, not hospital-trained nurses. The data was not generalised to other populations of Chinese nursing students, as only one tertiary institution was sampled. More participants needed to be drawn from other non-degree nursing schools to provide a more relevant and generalised picture. The study should have included an in-depth investigation on, for example, income, marital status, family situations and sexual preferences in order to contextualise the discussion.

The conclusion was that the study needed further review with an exploratory focus on finding the differences in the career goals of the Chinese men and women, as well as exploring the gender perceptions of the profession, and examining the changes brought about by further education and experience in the students' growing approximation to the ideal nurse. It would have been beneficial to investigate the relationship between males and females in nursing. The study further highlights the implications for the recruitment and education of both male and female nursing students in Hong Kong. There were many influential expectations related to normative and personal expectations from girls, e.g. they are meant to be passive, restrained and to exhibit nurturing responses, while males were expected to be assertive, groomed to be accustomed to applying supremacy, being in control and giving direction because of the bureaucratic structure that was in force in their society. Such a structure was also found to be in existence in the workplace (Bond et al., 2001, p.299).

2.8. Stepping outside stereotypes: A pilot study of the motivations and experiences of males in the nursing profession

In Whittock's (2003) study, she states, "The rate of registered male nurses in the United Kingdom (UK) seldom exceeded 10% of the total population, but the Netherlands managed to attract male nurses into the nursing profession in much greater numbers. Whittock (2003, p.242) "examined and critiqued available literature on male nurses in nursing from both historical and present day perspectives." She discussed factors such as caring, over-performance and career progression and notions of masculinity. It is stated that, in the UK, the Equal Opportunities Commission expressed concern at the persistence of stereotypical career choices by young men and women. There were no references to gender issues. What was noticed was that male school leavers preferred to enter the skilled trades, with only 0.3% pursuing health care occupations compared to school-leaving females of whom about 36% chose personal service occupations including nursing. Further research by Rees (1992), and Whittock (2000, 2002), suggested that career advisors, teachers and parents did very little to motivate their young to enter the nursing profession (Whittock 2003, p.244).

Whittock (2003, p.242) conducted an ongoing pilot study to examine the motivation and experiences of a sample of pre-registration and post-registration male nurses in the UK across a range of ages and ethnicities. The aim of Whittock's study was to produce evidence which advanced the recruitment of men into the nursing profession which was experiencing difficulties. She also aimed to motivate and persuade more male nurses so that their influx could overcome the problem of the nursing shortage, while in turn resolving the ethical problem attached to

draining recruits from developing countries which embodied implications for the future management of nurse recruitment. The themes emerging from this study examined the implications on the future management of nurse recruitment.

When introducing the pilot study, Whittock (2003, p.242) stated that the UK experienced a "shortage of qualified nursing staff." The British Government guaranteed about 20 000 nurses by the year 2004 (Department of Health, 2000 in Whittock, 2003), however, the Royal College of nursing (RCN) maintained that the number of nurses had to exceed 110 000 if the retirement of and other losses of nurses remained constant. In the UK, nursing was a career for women, because men in nursing had never made up more than 10% of the total nursing profession. When the UK was compared to other countries, there was a greater discrimination in the percentage rating, for instance, the Netherlands, according to the Irish Nurses' Organisation (2002) in Whittock (2003), had a population of 23% of male nurses, while other countries like Germany and the Phillipines had substantial populations of male nurses. According to comments by Mackintosh (1997, p.7) in Whittock (2003, p.243), "The outline history of men as nurses in the United Kingdom appears to indicate that men as well as women have an equally valid historical role within the occupation." The question then was to find out what motivated male nurses in Britain, both as school leavers and more mature males to enter the nursing profession, what were the day-to-day experiences of men in nursing?

Whittock (2003, p.244) states that "Despite legislation and recruitment drives, the proportion of men entering and working in the UK nursing profession remained low." The UK is recognised

as a country with equity status for its citizens, but reports indicated a slight rise in men in nursing from 10% to 10, 2% (Nursing standard, October 2002, p.13 in Whittock, 2003). The questions are: why does this situation prevail, when in theory, equal opportunities exist for males and females in areas of employment, so, where males select nursing as their chosen career, which factors persuade them to step outside the stereotype?

Facing such a nursing shortage, there was a need to recruit nurses using a campaign that would recruit nurses from other countries with diverse backgrounds. Sullivan (2000) in Whittock (2003, p 245) argued about the question of race and ethnicity in diversity groups and nursing staff, while it was stated that nursing in the UK was dominantly for "all whites and all female staff", and she adds further that, "racial and ethnic diversity was essential for nursing's future, so was the gender diversity". She commented that sexual diversity in nursing was rarely discussed because men were waiting to apply for admission to the nursing schools. It was concluded that the low rate of men in nursing was due to their lack of interest. The low rate of males in the nursing profession was a reflection of the motivation of men to enter the nursing profession.

The methodology used was that the interviewees were initially contacted via an introductory letter containing information about the study, and then a sample was selected from those who agreed to participate after returning the consent forms. Pre-registration students experience placement in a variety of clinical settings across a range of hospitals, while the placement of post-registration students worked across a number of clinical areas and hospitals within the areas of common purpose of study. The age range and the ethnicity of the population were considered.

The respondents were selected from the various ranges of the hospitals including the non-traditional hospitals for males (Dingwall, 1992 in Whittock, 2003, p.246). The sample consisted of 42 male nurses from various ethnicities comprising 67% British whites, 10% Black Africans, 5% who were Asian and White from other white groups. The mean age of the population was 33 years; 64% were unmarried, the lowest age for entry was 18 years while the highest age was 57 years, and the longest period of service was 40 years. The instrument used was the semi-structured interview and these instruments once complete were transcribed, taped and analysed.

The themes which emerged from the study were: initial motivation, career advice and motivation, caring, age and culture, exclusion, sensitive issues, student placement, issues of sexuality and identity and methodological issues. With the initial motivation, the influence of the parents, particularly the mothers was noted. Whittock (2003, p.246) states that those mothers were employed "in the nursing profession or allied to the health profession", but adds that they ignored the fact of such influences.

Career advice and motivation from sources: the interviewees from all age groups reported that they lacked information and advice in relation to the nursing profession. They strongly stated that nursing mostly portrayed a high rate of female images in the nursing literature, and that this caused failure in specifically targeting males or motivating them to enter the nursing profession. Further to that there were no representatives from nursing or other caring professions visiting their schools to give guidelines or advice on the profession.

Caring: it was stated that males could be as caring as females. A number of interviewees shared experiences from their families before they even entered their nursing career and how that

influenced the way they care for their clients. According to Whittock (2003), those who had experienced problems often dropped out at an early stage of their training. Regarding age and culture, no particular case was proved in respect of the different ages and cultures of the interviewees including the younger males of other ethnicities. The only exception was the attitude of the black males towards their senior female colleagues, where the most prevalent concern ranged around seniors giving orders.

Exclusion: males had various concerns and experiences, for example, being excluded from other specialisations in the nursing field such as midwifery, and being excluded from performing certain gender specific procedures. Whittock (2003) states that such concerns emanated from their female counterparts rather than from patients. What was noticed was that some interviewees felt at easy when working with older patients, while younger men expressed concern when caring for female patients. The comment on this issue was that they had to deal with work that demanded masculinity, e.g. manual handling, caring for aggressive patients.

Sensitive issues: dealing with these issues was hard, particularly with the opposite sex, for instance a female patient with a male nurse, and male patients with female nurses, particularly the younger nurses. It was reported that male patients preferred to be cared for in the presence of male nurses with regard to certain procedures like shaving, bed baths, etc. This was particularly noticed when the patient was an adolescent male (Whittock, 2003, p.247).

Student placement: although the students were allocated randomly, the concern was that if it seemed more suitable to place males in settings like the theatre, this might lower the attrition rate. Such placements might be regarded as discrimination, but could also be viewed as positive discrimination. Issues of sexuality and identity: the assurance of sexuality across age and ethnicity was difficult, and it appeared inappropriate to ask participants directly about their sexuality, however some of them were willing to discuss this and wished to confirm their heterosexuality. According to Williams and Heikes (1993, p.28 in Whittock, 2003, p.247) the way males were referred to "alluded to sexuality and sex orientation."

Methodological issues were interpreted as being biased because the researchers were different sex interviewers. The authors were aware of the possibility of introducing bias because both the researchers were employed in senior posts within the university, and the interviewees were their subordinates. It was concluded that, although the findings seemed to spell out what the literature suggested, it was too early in the process to draw conclusions and speculations as to the results of the study. Though the number of applicants in nursing was increasing, e.g. 25% in the year 2000 and 28% in 200, the actual enrolment of students was 10 -14%. Of the given percentage, 50% of the total were nurses from other countries, some of whom constituted the ethnic minority. The males who successfully registered for a degree at the university entered independently and were not advised by the university. The school career service did little or nothing to portray nursing as a career for young men. There was a negative image reflected by nursing, e.g. that it was a caring job which involved dirtiness and this was related to nurses having to do the cleaning (Whittock, 2003, p.248). The gap in the study was that the parents and

allied health professional workers were bringing their daughters for nurse training, but not their sons (Whittock 2003, p.248).

2.9. Israeli men in nursing: Social and personal motives

Romem and Anson (2005) state that the aim of their study was to, "Explore what led Israeli men to choose nursing as a profession." In the essence of their background, nursing education in Israel, men were excluded from nursing just as in other western societies, but due to the shortage experienced in nursing, there were urgent needs which led to the recruitment of men into the nursing profession, but that was only for a short period of time. In Israel nursing is perceived as women's work. Men in nursing had to cope with the stereotypes attributed to them. Men were the minority in a women's profession and did not make much effort to enter the nursing profession. According to Romem and Anson (2005, p.173), currently, there is no study which examined Israeli men who were willing to enter the nursing profession and, if they were found not to be willing to enter the profession to establish what the reasons for this could be.

The history of nursing in Israel largely resembled the processes that took place elsewhere in the industrial developed world, but the first training programmes, found inoculation and giving of health education to the sufferers. The goal on how to meet the need for clients were relaxed in such away that seven additional schools were opened and short training courses were arranged for new, young unemployed immigrant men who were relatively poorly educated but willing to work.

By 1948, the war, independence and mass immigration demanded an urgent need for intervention by health personnel. People were suffering from active tuberculosis, mental disorders, and geriatric patients suffered from infectious and chronic diseases. Such a health threat called for the immediate implementation of mass programmes to train the "largest pool of male nurses graduands in Israel" but reflected a significant decline in professional prestige (Romem and Anson, 2005, p.174). Bergman and Weis (1971) and Kersten (1991) cited in Romem and Anson (2005) in their investigation of candidates for nursing schools and their parents, critically reported that "Parents' attitudes and support were most important for young males to choose a nursing career and found that the students of nursing were influenced by role models that were familiar to them."

The method of study was quantitative using questionnaires as instruments. The questionnaires were distributed among the registered male nurses and registered female nurses in similar positions, using the criteria of the job description of registered male and registered female nurses in charge. The ten questionnaires which comprised about 74% were omitted because the data was missing. Fifty-two (52) items in closed questionnaires were constructed, with in-depth interviews of five registered female nurses and five registered male nurses. The questionnaires were pre-tested on a group of 15 male and female nurses. The group was later excluded from the study. The questionnaires covered the following domains: socio-demographic characteristics, exposure to the profession, motive for choosing the profession and motives for remaining in the profession while other males are leaving. Validity was established by judges comprising male and female candidates who were experienced in nursing training programmes during the admission process. Reliability came from one round of the pre-testing carried out on 15 nurses.

Analysis was done using the factors through a verimax rotation of the reasons for choosing the profession. The results of the study were that, out of 123 males and 137 female registered nurses, 91 (35%) men and women were recruited at the psychiatric hospital and 169 (65%) were recruited from general hospitals. The mean average of the respondents was 37. The majority of the respondents were married (75%) with a mean of 2.24. The gap identified in the literature was that the method of study used indicated that nursing seemed to appeal more to men who did not belong to the mainstream of Israeli society. Romem and Anson (2005, p.178) concluded by saying that, "Although the nursing profession is perceived as women's work, it is steadily characterised by an influx of men in most Western countries including Israel."

2.10. Masculinities and men in nursing

In the study conducted by Fisher and Connell (2001), the aim of the project was to investigate the social practice by which the relationships between male nurses and others were constructed. Both authors were aiming to answer questions like how male nurses describe their gender relationships with the institutions of family, work and other social networks, what were the issues for male nurses who placed their construction of masculinity under pressure, and what strategies male nurses employed to overcome the pressures placed on their construction of masculinity.

The methods used were focused interviews (semi-structured), which examined seven (7) key areas, namely, personal/social background, professional history, daily interactions with patients,

other health professions, administration and public image of men in nursing, difficulties/disadvantages, advantages of men in nursing and their views on how the profession is changing (future gender dynamic). The population consisted of 20 males. They were all listed on the Registration Board. The method used a combination of passive network sampling. Quota sampling was used to recruit the 20 participants and ten years' experience was a requirement for post-registration participants. The data analysis used was the progressive-regressive conversation method, and interviews were linked to issues of history and culture.

Findings from participants reflected clear patterns of social practices with clear descriptions of gender relations. The perceived question about male nurses' masculinity was "sexuality." Participants believed that male nurses were stereotyped as gay, were the brunt of jokes and were, at times, confronted directly, questioned as to their sexual orientation. The heterosexual male participants stated that, in some instances, they had a need to adopt heterosexual stances and, at times, they used homophobic strategies including violence when propositions were made by a colleague.

In conclusion, all participants believed that they were at times stereotyped as gay. They believed that there was a division of labour in nursing where practices were carried out along gender lines. The participants also described the burden of doing the heavier work in practice, like the lifting of heavier patients and objects as men. They felt that they were discriminated against by being allocated to violent and aggressive patients. The gap in the study was that the results obtained were not final conclusions and, in the study, only selected themes were presented.

2.11. Construction of men who are nurses as 'gay'

Harding (2007) examined the construction of male nurses as gay and described how that construction discourse impacted on a group of male nurses from New Zealand. The background of the study focused on a discourse stereotyping male nurses as gay which was followed by the privileges of hegemonic masculinity and marginalised homosexuality. Although there are no figures relating to the gay population in nursing and the larger population in society, Salvage (1985, p.24 in Harding, 2007, p.637) states that the "Gay proportion appeared to be higher in men in nursing than in the larger male population" outside the nursing field. According to Harding (2007, p.637) a strong emphasis was that "Heterosexism is believed to be normal, God-given and regarded as a privileged way of relating to each gender." Homosexual and gay stereotypes pose a great challenge to nursing since nursing is part of a larger culture in society, and will therefore reflect societal values that marginalise homosexuality.

The philosophical assumptions reflected that there was no satisfactory rule for choosing between the words 'homosexual and gay'. Thompson (1987 in Harding, 2007) states that the word, 'gay' could not be confused with the term 'homosexual' as they mean quite different things. 'Gay' implies a social identity and consciousness actively chosen, while 'homosexual' refers to a specific form of sexuality, however Sedgwick (1990) in Harding (2007, p.637) provides a further analysis of these definitions, revealing that they "seem to be more terms applicable to a distinct non-overlapping period in history and have no overarching label." The hegemonic masculinity reported by Connell (1995) revealed that some "expressions of masculinity are more honoured than others while some are actively dishonoured". In other

cultures like the western culture, those in ethnic minorities are socially marginalised. Masculinity is a relational concept, and is defined not in the level of personality, but through a system of symbolic differences. So peoples' perception of knowledge of what it means to be a man is fluid, and their definitions arise from setting definitions in opposition to a particular set of others (Kimmel, 1997, p.224 in Harding, 2007, p.637).

Morgan (1992) in Harding (2007) states that "Masculinity is about the maintenance of certain forms of relationships between women and men" while Brannon (1976) in Harding (2007) commented that, in particular, "The most salient facet is the proscriptive norm against anything feminine".

According to Weeks (1985) and Moss (1996) constructing sexuality in modern Western masculinity means "the creation of identity through opposition with otherness." The formation of a binary discourse of men is constructed not only through opposition to women, but also as a part of a transgression with normative heterosexuality, called the "heterosexual matrix" (Butler, 1990 in Harding, 2007).

In the conceptual framework of the construction of men as gay, they use the queer theory which explains the construction of men as an inheritance resistance to heterosexist epistemologies. They argue that sexuality is not an inborn construction, but that it is socially constructed, and is based on how sexuality is defined by culture (Tyson, 1999 in Harding, 2007). In the methodology, a discourse analysis was analysed as an umbrella. One approach used issues of identity, self-hood person, social change and power relations. The second approach that was used had less concerns. It placed a strong emphasis on the orientation of the language used, such

as how accounts are constructed, the use of rhetorical devices and how they were deployed. The selection of participants was done using both purposive and snowball sampling. Purposive sampling was used because the researcher was looking for participants who were acquainted with the workplace since their experiences would provide valuable insights. Eighteen (18) participants who were selected were studying nursing in New Zealand, and their workplaces included clinical nursing, midwifery, mental health, the armed forces, education and administration. The responses were provided to those who were positioned differently, and were also related to age and long service in the career. Further to that, participants ranged from those who had recently started or completed nursing education to those who were about to retire after 40 years of service in the nursing profession. Data were collected from the years 2003-2004 using interviews and venues selected by the participants. The questions for the interview were loosely structured and open-ended questions were used. An interview guide was used so that interviews covered the same ground and raised issues important to the research study. The questions related to the biographic data, and the participants were asked to describe why they became nurses while some questions flowed from the responses (Harding, 2007, p.638).

The themes which emerged from the findings characterised the participants' workplace experiences, such as the persistence of the stereotype of gay male nurses, meeting homophobia, and strategies to protect one's sexuality. All participants stated that in their experience, the majority of men in nursing are heterosexual, only the public still fostered the perception that male nurses are gay (Harding, 2007, p.639). Those who were gay received funny comments from their female counterparts such as, "You are a waste". There were certain issues of sensitivity for some, particularly those who were concealing the fact that they were gay and

harboured feelings of being evil and bad (Harding, 2007, p.640). The strategies to protect one's heterosexuality were the ability to say "no", and not perceiving whether people thought you were gay as a value judgement, and emphasising your heterosexuality (Edward and Bruce, in Harding, 2007, p.641). The study limitation was that, although the findings provided further understanding of the experiences of men who are nurses perceived as 'gay', the findings were not generalised. All of the participants were white, middle-class, male nurses from New Zealand. Any future study should include the experiences of non-Caucasian men who have different experiences of the construction of masculinities and sexualities.

Harding (2007, p.643) concludes by stating that, "Heterosexuality continues to govern global culture, and discrimination remains part of the everyday life of gay people worldwide. The discrimination which occurs includes political and cultural exclusions, cultural abuse, legal violence, street violence, personal boycotts and homosexual masculinity positions." This sits in a paradoxical relation to masculine gender hierarchy. Men entering the nursing profession found it to be a stereotypical female occupation, and were regarded as people who didn't conform to the hegemonic masculinity and opened themselves up to the risk of having their gender identity questioned. By choosing a nursing role which seems unmanly, they become associated with effeminateness and homosexuality. In such a social matrix, male nurses construct both masculine and professional identities, and thus experience gender differences. The implications for the profession are that non-sexual touch caring is affected in such a way that the discourse which stereotypes male nurses as gay and conflates homosexuality and sexual predation, creates a barrier to the provision of care for other men. Such a stigma may deter the entry of men into and their retention in the nursing profession. In the changing recruitment context, more men are to be

encouraged into the nursing profession, and nursing education should play an important role in helping to understand and resist the socio-political constraints that shape male nurses' experiences.

2.12. Masculinity, male development, gender and identity: Modern and post-modern meanings

Phillips (2006) stated that the aims of modern and post-modern scholars were, "To address the crisis in masculinity by questioning the meaning of masculinity and by rethinking masculinity, male development, gender and identity; to explicate current modern humanist positions and post-modern positions on these issues using a summary of contemporary theories in mens' studies, to present post-modern positions by exploring sex as a biological given reflecting post-structural psycho analytic on production of individual subjectivity, masculinity identity and society." The implications of these perspectives were identified.

Phillips (2006, p.404) adopting the modern position states that, "Men are born with some amount of innate maleness or masculinity that is fixed and will evolve or develop in a biologically predetermined manner, identified as male within a relatively narrow range of normality, while the post-modern position states babies are born into a culture that begins creating or defining them as males from utero according to the new technologies or from birth." Males come to know themselves and others come to know them as males through gender norms that proliferate in every aspect of the cultural context, including the visual and the auditory. Such

scholars limit or expand the cultural availability of particular forms of masculinity (Phillips, 2006).

The key positions underlying modern humanist theories are an assumed separation between mind and body and a separation between the individual and society. Modernism and post-modernism also assume that individuals have a free will and have a pre-given biological body that, in the last, governs the choices and behaviour of men. Looking at post-modern positions, they explore the cultural production of sex as a biological given and differentiate the sex and gender and post-structural psycho-analytic on the sense of self, masculine identity and society. Phillips (2006) states that, "This perspective points to practices of masculinity, heterosexuality, high risk behaviour, dominance, physical and sexual behaviours, not only the innate characteristics, but a production of achievements of normative masculine identity (p.204). "

In the contemporary modern theories on masculinity, feminists critiqued traditional paradigms of human development averring that human development functions as a discourse of heterosexual normative ....., while masculinity applied to all people (Phillips 2006, p.405). Feminist scholars resist the use of the traditional pervasive norm and are persistently writing a canon on women's development. The feminists produced changes in social relations which stimulated new theories in men's psychological development, masculinity and identity.

Gender role theory draws from feminist discourse on social construction of gender. Contemporary gender roles are contradictory and inconsistent, but have predominant themes. Pleck, in Phillips (2006, p.407) considers "These themes to be prevalent gender stereotypes that function to form the standards and norms of masculinity ideology". In supporting the theory of

gender role strain Pleck stated that the only one and complete unblushing male in America is young, unmarried, white, father of the college education fully employed, of good complexion, weight and height and has a record in sport. It is thought that to such stereotypes, the culture transmits prevailing views on masculinity, and that gender roles are learned, and people who subscribe to such views like parents, teachers, and health care professionals impose gender norms on the developing child. He critiques the masculinity ideology and argues that it "creates trauma in male socialisation." Many men violate normative gender roles and such violation leads to cultural condemnation and psychological negativism on self-esteem and self-judgment.

Psycho analytic Object Relation Theory of Masculine Identity Formation: In this theory, Pollack, in Phillips (2006, p. 408) grounded in the work of Chodorow (1978 and 1989), mainly focused specifically on "the boy's early developmental struggles for gender selfhood." Pollack represented men's true essence as expressed in the poem that, "No man is an island, entire of itself, every man is a piece of the continent, a part of the main...". In this poem, Pollack expressed the individual man's innate abilities to feel a range of emotions and to care about other men. Pollack further stated that the males encounter experiences of traumatic loss when men as infants and young boys are pushed to leave the identity of infancy, and become separated from their mothers. In this regard, they experience a state of "emotional distance. Pollack further differentiates the core gender identity from gender role identity and argues that the gender identity is the "binary bedrock" of being a male or female, while the gender role identity is described as layered on the bedrock of core gender identity, and has internalised schemas of what it means to be a man to a particular individual in the social context of, for example, individual family, culture and society. The gender socialisation provides the interactional component

between the individual and society. In such a case there is a difference in the role modelling done by parents. The mother, for example, assumes that the son is different from her socially constructed gender role. The boys define themselves as masculine and must learn what it means not to be feminine (Phillips 2006, p.409). Pollack underscores that the historically insidious "Psycho-educational-oriented, skill-based and gender-tracked role socialisation models in the schools and home work side by side with one another."

Self in relation to theory of men and masculinity development: Bergman (1995) in Phillips (2006) states, "It is less accurate and useful to think of self than to think of self in relation." Bergman claimed that men and women have a primary desire for a connection with others. Relationship and relational connection are central, and male infants experience early connectedness and demonstrate ways of interacting with the world that is, "being with." The theory around the notion of self is traced from socialisation by parents, particularly mothers, who, it is said, "mother sons and daughters." According to this perspective it is said that mothers socialise their sons and daughters differently. Mothers thus become emotionally and physically separated from their sons in ways that cause men to become firmly bounded selves compared to women. It is claimed that the disconnection of boys from mothers is the primary violation in the lives of boys and mothers, and further to that, culture plays a great role in reinforcing masculinity in boys (Chodorow, in Phillips, 2006, p.411).

Bergman (1995) in Phillips (2006, p.411) theorises that, "To achieve maleness, the boys should learn that they must be physically, emotionally and relationally different from the mother" which is central to the disconnection from the relational process and the creation of

difference. With the construction of difference, they start a lifetime of comparing and competing with other men around cultural norms of masculinity.

In gender role theory: race, ethnicity and masculinity: Lazur and Major (1995) in Phillips (2006, p.412) indicate that "Masculinity ideology is used to bulwark against many men of non-dominant cultural groups who struggle to define themselves". These theorists argue that cultural variations from dominant masculinity can be attributed to racism and to norms specific to particular cultures of colour which barred them, made them feel different and caused them to be regarded as inferior to the dominant norm.

Post-modernism and the unpacking of modern assumptions about masculinity and men in this epistemological version, posit the analytic utility and the authenticity of the concepts "man, masculinity, woman, femininity that function and unifying truth about people and social relations". Phillips (2006, p.413) critiques the embedded assumptions of the innate predetermined individual and states that the individual, mind and body are understood as dynamic social creations, "The individuals cannot know themselves or be known by others outside of the language used for that knowledge". Identity includes and excludes particular characteristics in relation to assuming the normal, and gender is the effect of a regulatory practice that seeks to mark gender identity in a uniform manner (Phillips 2006, p.416).

The masculine subjectivity and gender in society are produced in a complex relationship between the social culture and psyche, through the body's signification and symbols. Butler's theory of signification in Phillips (2006, p.417) argues that "Body signs like words, gestures, and behaviours are performed in the sense that they produce an effect of internal gender core or

identity." The examples of masculine identity are outlined as acts of physical strength, aggression, competitiveness, heterosexuality, risk-taking and emotional stoicism (Butler, 1995 in Phillips, 2006, p.417).

The implications are that the universal subject most often articulated in both academic and popular writings about masculinity is that of a white, heterosexual, middle-class, able-bodied man. The homogeneous construction masks differences among men, and creates differences in relation to this privileged position. The post-structural position focuses on the framework of knowledge within which the universal masculine and different or marginalised masculinity have been historically constructed and are currently constructed.

The important questions to consider are how constructions of masculinity shape conceptions of manhood and limit possibilities, how cultural understandings of males' development, gender, sex and race affirm support and reproduce dominance, superiority, toughness, strength and sexuality as normative and ideal, and how certain practices come to signify or affirm man as normal or not normal?.

Suggestions for the post-modern approach for gender norms and psychological development include deconstruction of the dominant gender with men in their lives, histories, and in their cultural context, and assisting them to become critical thinkers who learn to question how assumptions about people and their behaviours come to be, and to question the consequences and the beliefs of norms, as well as the practice of masculinity. It is further recommended that men and healthcare providers be encouraged to challenge vocally and visibly the pervasive cultural representations of restrictive and governing normative masculinity (Phillips 2006, p.421).

2.13. Concept of care in male nurse work: An ontological hermeneutic study in the acute hospital

Milligan (2001) states that the aims of the study were to "Facilitate the reflection upon an aspect of practice chosen by the male nurses, to explore and analyse the experiences and compare them with current literature on the concept of care in nursing practice". Philosophical methodological understanding was an element of the hermeneutic circle, to explore the concept of care in male nurses in an acute general hospital setting. "Diverse nature is included in ontology in what is known as the ontological shift as described by Heidegger in Steiner (1992). The phenomenology in this aspect was used extensively to clarify the concept of care, and to gain more insight into the lived experience in order to lead to more thoughtful and considered nursing care. The hermeneutic circle consists of fore-understanding, co-constitution and interpretation" (Koch, 1995 in Milligan, 2001, p.8). "The aim of ontological hermeneutics was to let the nature of concepts stand forth and show itself" (Malpas, 1992 in Milligan, 2001, p.8). Consistent with the aim of the study, the concept of care was interpreted through the structured reflections, interviews and intellectual insight from them (Holden, 1991 in Milligan, 2001). The hermeneutic approach involved the fore-understanding which the participants and the researcher had of the topic under study. Co-constitution followed with the participants attempting to explicate their experiences, while the last co-constitution involved the process by which understanding works back through interpretation as it begins with prior understanding (Allen and Jensen, 1990 in Milligan, 2001). Within the interpretation a new understanding is developed.

The methodology involved eight (8) male nurses from the acute general hospital areas as voluntary subjects who agreed to participate. They were asked to complete a summary of their experience from practice which they felt exemplified care. Data included the participants' choice of practice experience, their reflections, the interviews, the field journal and relevant literature and research. The results revealed that six (6) participants selected positive experiences in which they felt that their performance was satisfactory, even though the events chosen for reflection were difficult and sad. The remaining two (2) participants chose to reflect further on the difficulties they had encountered within the experience. A conceptual mode was constructed showing that the meeting of needs, effective communication and information given were central to nurses' explanation of care within the practice. All but two of the participants broadened their gaze to include the significant others of the patients.

In conclusion, the reflections of the participants emphasised the emotional load of practice and the sensitivity on the part of male stereotypes of being able to cope with such pressures. Issues of gender should be emphasised in the nurses' education, since these nurses were sensitive to the impact of gender on their practice, both in terms of patients/clients and significant others, and colleagues.

2.14. Gender, peace and peace-keeping: Lessons from Southern Africa

Pillay (2006) in his paper based on women and violence against men states that, "More than half of the population of women are subjected to all forms of structural and physical violence,

gross human rights violations and denied full participation in all spheres of public life." In his study, Pillay aims to achieve gender equity in order to enhance peace-keeping. He further states that "Conflict and post-conflict conditions between the genders would create a new set of experiences that might create possibilities for the transformation of gender relations, however gender equity has to compete with the issues of identity, indigenous culture, indigenous knowledge, spirituality and religion" (Pillay, 2006, p.1). The status of women was to be improved, and it was to go with the de-contextualisation of male gender. Pillay argued that the movement towards gender equity and peace is accelerated when societies have risked breaking with traditional practice, and when they have stepped forward into new ways of thinking and being for both women and men (Pillay, 2006, p.1).

In relation to this study, the gender relation of male nurses with women is barred in the sense that the women in nursing dominate and have stereotypical characteristics against men entering a nursing career. Many barriers are experienced by men in nursing education programs, professional practice and in society, reflecting the characteristics of the stereotypes. The reason is that, most ethnic groups do not completely reach a good understanding of men entering the nursing profession, yet they accept men as doctors. As men entering a nursing career, gender identity, indigenous cultures and religious roles are still internalised. These affect their roles as nurses and how patients, clients and society perceive these roles against the roles ascribed to nursing. Gender role conflict in this context may contribute to males as nurses being poorly attracted to the nursing profession and sparsely retained in that profession. Although such possibilities are likely to happen, Dunn and Griggs (1998) in O'Lynn (2004, p.231) however

highlighted that "Gender roles are not fixed, they are often changed over time" within certain circumstances in society and the geographic location as the cultural norms and values shift.

Pillay (2006) further outlines how to engender peace in Africa. The method of doing this is through the use of radical conditions which are characterised by conflict and post-conflict. He states that "Conflict provides possibility and opportunity for many stagnant social structures to change, thereby creating the means for transforming gender roles." Women need to move out of their stereotypical "female roles" and join the workforce as a critical mass (Pillay, 2006, p.1). In application of this study to the discussion, a point of awareness is drawn as to what the effects or implications of gender role conflict will be on the relations between male and female nurses. It does not include the issue of using radical conditions. The mean of post-conflict is the one which will enforce the need for transformation that will motivate the recruitment and retention of men in nursing, rather than despair. Women in nursing need to think of positive ways of working together with male nurses as a unified force. Women in nursing need to recall the fact that men had a history in nursing long before the Florence Nightingale era. In nursing what is needed is gender equity, and men in nursing need to be empowered.

Pillay (2006, p.9) states that, "We need to learn from and implement the lessons from models of change." Men in nursing are needed; they are at the forefront of being an untapped resource in the face of the shortages that entangle the nursing profession because women alone cannot cope. People in society are familiar with the modern trends of the nursing profession. They should promote the recruitment and retention of men in nursing and use reflexive strategies that will

attract and hold men in the profession. The phenomena of traditional culture and religious stereotypes ought to be changed in order to ease the whole process.

The gap in this theory is that although there is profound and positive change in the status and roles of women which has occurred in almost all spheres of human life, violence against women still continues in all parts of the world. Violence takes many forms and is an indicator that transformation has not been adequate. Looking into the focus on the gender-related experiences of men in nursing in this study, men are the minority and face possible conflict with women in nursing, but there are very few research studies which reveal the violation of men by women.

2.15. Caring - a masculine perspective

Mac Dougall's (1997) paper aimed "To examine the nature of caring in relation to men and their masculinity". Leinenger (1988) in Mac Dougall (1997, p.809) described the construct of caring using the anthropological standpoint considering caring as a universal phenomenon and states that "The expressions, processes, and patterns vary among cultures". From her perspective, Leinenger understood the significance of historical, cultural and social contexts of human beings as influential in caring. Valentine (1989) in Mac Dougall (1997) added that "Psychological elements of caring", namely, affective and cognitive are influenced by strong philosophical beliefs such as ethics, socialisation processes or cultural norms.

Mac Dougall (1997, p.809) initially qualified the feminist movement stating that, "It brought faith with many different perspectives of caring and praised as great achievement in the struggle

of women sense of identity as separate from men." Macaulay and Berkowtz (1970) in MacDougall (1997) revealed several comparisons of gender differences which were noted in the willingness to offer the self to help others. They reflected that women were less likely to be self-concerned, while men were less likely to be responsive to someone else's needs. The feminists critique the ability to care as feminine rather than a characteristic of men and strongly emphasise that nursing is still in its infancy for men, meaning that men have much to learn from feminists' examples. According to Noddings, (1984) caring for others was "intersubjective and feminine" but women are faced with a dilemma regarding how to balance caring in such a way that it is natural and allows for the freedom to make decisions. The arguments by feminists are divergent with the views of caring. Caring is seen as a burden to women and that, to a certain extent they ought to put their own needs first, because caring is devalued by the dominance of the male value system (MacDougall, 1997, p.809).

MacDougall (1997, p.810) claims that "Masculinities are multiple and are becoming increasingly common at any given time." He described that one form of masculinity rather than others is culturally exalted. This form is hegemonic masculinity defined as a configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy which guarantees the dominant position of men and the subordination of women (Connell, 1995, p.77 in MacDougall, 1997, p.810).

MacDougall (1997) stated that "The condition for the defence of patriarchy is that change is eroded." Boys during their development are groomed to gradually identify less with their mothers and to begin to identify more with their fathers, thus learning the postures and practices

of men. Kupers (1993) in MacDougall (1997, p.810) states that, in this relationship, "The child lacks a sensitive role model, and becomes a recipient of little or no applause for his early achievements". He thus grows up thinking that his role is to take care of others and wants to avoid being a brute and putting himself forward and being forceful. He becomes predisposed to develop into a man who is "incapable of filling emotional space". In searching for new ways to define maleness and masculinity, it would suggest that, for many men there is less contentment with their current situation and with their representation of masculinity, though their search has led them in varied directions. Clatterburgh (1990) in MacDougall (1997) tried to classify these differentiated representations of contemporary masculinities into six forms, namely, conservative perspective, profeminist perspective, men's rights' movement, spiritual perspective, socialist perspective and group specific perspective.

The conservative perspective has a very traditional stance and it is perfectly normal for men of this category to be politically and socially dominant. The profeminist perspective is sympathetic to feminism, in that for them masculinity is created through male privilege and the corresponding oppression of women. Feminists avow that the traditional masculinity is harmful to men, but is maintained by misogyny and violence against women. Patriarchy is viewed as a social and political order in which this masculinity exists.

The men's rights' movement defines the principal harm in the men's movement role as directed against men rather than women. A model for male liberation was not provided by females. The lack of such provision created a new sexism which came about, causing men to be victims. Mac Dougall (1997) states that the "Like all movements the men's movement has its

factions in such a way that today, the image of masculinity remains traditional, conservative and dominates in political and business life to wield the balance of power". Mac Dougall (1997, p.811) states further that "Men return to traditional roles, both at home and in the workplace". Kuper (1993) in Mac Dougall (1997) suggested that "Changes would only be created when new forms of masculinity paid serious attention to power relationships that would shape the experiences of both genders." Men's meetings with one another should be reinforced which would give an outcome in little more than non-traditional forms of male encounters.

The spiritual perspective is found in the conviction that masculinity derived from deep unconscious patterns which are best revealed through traditional stories, myths and rituals. The social perspective is grounded in the economically determined class structures. This is determined by who does the work, controls the labour and products of labour, thus the end of women's oppression can only come when capitalism is replaced with socialism. The group specific perspective suggests that masculinity presumes a universal masculinity that refers to whites, heterosexuals, middle-class men, but is opposed by gay and black men.

MacDougall (1997) believed that in the men's movement, "The tables have turned back to what existed before because of their collective power". MacDougall (1997, p.811) states that "Men in caring relations and behaviours are the minority" though there is a promise in light of their recent increase in numbers in nursing. Men are reflected as having strong desires to care for others to such an extent that they name various advantageous benefits in nursing such as job security and empowerment as main themes. However, MacDougall (1997) asked, "What happens

to those men entering nursing once they qualify?" and suggests that they join the traditional masculine path (William, 1989 in MacDougall, 1997).

MacDougall (1997, p.811) in examining gender experiences and techniques states that "The role of men nurses tends to gravitate towards managerial positions, high technology intensive care and accident emergency and operating theatre when they qualify". MacDougall (1997) further discussed gay men and caring, saying that, "They follow a different path compared to heterosexual men". Gay caring has become more prominent over the past 10 years and this was attributed to the incidence of HIV of which the caring environment was more gay-friendly. The gay men highlighted by Mc Cann, Wadsworth and Laserman (1992) were observed as good caregivers to their friends and lovers dying of HIV diseases, although care was more dependent on an intimate relationship than the nebulous concept of being gay in the community. According to Davis (1995) in MacDougall (1997), "Caring is to give commitment to the nurturance, growth and healing of the other" and such feelings are feared and denied in masculinity, are repressed, or treated with contempt.

MacDougall (1997) in his conclusion stated that, "The traditional masculine identity is still pervasive among modern men". Masculinity is found to have oppressive practices that affect women, gay men, as well as black men because of the different roles for black men in their societies. In nursing, masculine men are achieving positions of power in increasing numbers, however, according to MacDougall, the increasing numbers of men are criticised in that it is difficult to predict what effect on caring for the patients the male-dominated managerial structures will have, and it is suggested that this may bring about a negative impact regarding the

care of patients. MacDougall (1997, p.813) emphasises the fact that "Men have the ability to care but they need to be shown how". The gap in the theory is that sexism, racism and homophobia need to be continually challenged if caring is to achieve any authenticity. More research is required to examine the interplay between caring and masculinity.

2.16. Perceived and real barriers for men entering nursing: Implications for gender diversity

Roth and Coleman (2008) state that "The objective of the literature review was to describe the perceived or real barriers to men seeking a career in nursing, and to suggest strategies for ameliorating barriers". The background of this study was the increased nursing shortages in the United States. Many steps were taken to counter the shortages such as nursing programs being speedily created to motivate candidates to obtain advanced practice degrees.The students were assisted with financial aid using college scholarships, government sponsored debt-forgiveness and hospital-based tuition reimbursement programs. Roth and Coleman (2008, p.148), state that "Despite these efforts, the number of new nursing graduates and licensed nurses was rapidly declining". The decline occurred to such an extent that between the years 1995 and 2003 19,820 graduates registered for the national licensure examination for nursing, representing 20% of the overall decrease among potential applicants. Roth and Coleman (2008, p.148) state that "In June 2001, 126, 000 new nurses were needed to fill vacancies in hospitals across the country". Although there is a shortage of nurses in the United States, the shortage of men in nursing when compared to other countries is more profound, and men were recorded as constituting about 7,9

% of registered nurses. In the United Kingdom at 18%, men represent half of the potential candidates. From a historical perspective, men have worked as nurses from the time of the monastic movement, but today, few male nurses are aware of the significant contributions they provided to the nursing profession in the past.

Roth and Coleman (2008, p.149) state that this "leaves men with inaccurate perceptions about their role in the development of the profession". During the Nightingale period, the nursing profession used inherent assumptions underpinning nursing which were naturally feminine. These had the social concerns of creating an acceptable professional role for middle-class Victorian females (Mackintosh,1997, p.233 in Roth and Coleman, 2008, p.149).

Large numbers of men in nursing served in sectors like the military and mental health. Similarly today, men are more often drawn in large numbers to emergency rooms and mental health settings because these specialities were historically not perceived as feminine roles (Roth and Coleman, 2008). The methods used in this study were literature-based from databases like MEDLINE, CINAHL and Google Scholar using key words such as men, research, barriers, nursing, sex, gender, stereotypes, segregation and care, as well as a bibliography of selected articles which were empirically based on and examined perceptions of nursing, stereotypes and gender roles. The articles could relate to men and were excluded if they were not empirically based, or did not use a primary source. Older articles were included, the reason being that the problems and barriers for men in nursing were historically based.

The gap in literature was that out of 745 articles retrieved, only 16 articles were able to reveal any relevance to the purpose for reviewing literature related to barriers experienced by men in

nursing. Six of the articles selected were from Google Scholar and ten were from Pub Med. The articles were grouped into four major categories namely, Image of the nurse and nursing profession, Student's perception of nursing as a career, Characteristics of men who choose nursing and Environmental acceptance of male nurses (Roth and Coleman, 2008, p.149).

In the research findings from Lusk (2000) and Kalisch and Kalisch (1982) on the image of the nurse and the nursing profession, it was discovered that, although the researchers had reported the public's perception of nurses and nursing as a generally positive one, a potential barrier perceived by men was that "nursing was a traditionally feminine career." Of the novels reviewed between the 19th century and the 1970s, it was discovered that nurses were depicted as females about 99% of the time. Such positive images had a marked increase during the 1940s and 1950s when female nurses were reported on with respect and gratitude for their contributions to the war efforts (Roth and Coleman, 2008, p.149).

On examination of the female nurses using the hospital administration journals between the 1930s and 1950s, Lusk (2000) hypothesised that female nurses were depicted as "young and subordinated to male physicians and administrators". In the reviewed 598 images using content analysis, he confirmed that such nurses were eager to please without any appearance of wisdom, and further added in his report that, "In the majority of these images, nurses were portrayed as subordinate to doctors". Norwood (2001) in Roth and Coleman (2008) also reported that, "Despite the growing number in advanced practice in nursing and of nurse practitioners as primary providers, the media continues to present physicians as the only reliable primary resource of health care". The authors suggested that the public's perception associated

femininity with powerlessness in nursing, and that men, if given that kind of perception could compel them to conform to societal pressures to perform masculine roles (Takase, Kershaw, and Burt, 2002 in Roth and Coleman, 2008, p.149).

What was important about the findings in these articles on public images was that strong stereotypes of nursing still exist, and this creates serious problems for the recruitment and job satisfaction of nurses regardless of gender. Since the traditional and modern representations of nursing are influenced by stereotypes, it is contended that this could result in perceived and real barriers to men choosing to enter the nursing career as a profession (Roth and Coleman, 2008, p.150).

In a study by Hamsley-Brown and Foskett (1999) examining the student perceptions of a nursing career, the female and male students were interviewed separately and were stratified by different age groups. The outcome found rarely matched their desire to become nurses, despite the fact that the data indicated their admiration for nurses and their work. It was detected that the popular reason for not entering nursing was the perception that they would not obtain job satisfaction, and that, further to this, the nursing profession was physically unappealing. Young men were found to show a lack of interest in nursing because they felt that it was a feminine profession. Roth and Coleman (2008, p.150) state that "The middle class boys had the most negative perceptions of nursing and had fears of being perceived as gay or being feminine". The students perceived nursing as a profession embodying the characteristics of dedication, caring and friendliness; however, this was not associated with their own potential career. Hamsely-Brown and Foskett (1999) reported that this was a drawback, and criticised the fact that

nursing offered few opportunities of advancement and did not require strong academic achievement. With regard to the perceptions about the appropriateness of nursing specialities to gender, most of the specialties in nursing were better suited to females than males. The descriptions of nursing specialties for men were mental health, accident and emergency care. Although the perceptions for males and females differ, Muldoon and Reilly (2003) found that "Masculine individuals have a more positive sense of their ability to succeed as nurses when compared to women". Cohen, Palumbo, Rambur and Mongeon (2004) in their survey of a convenience sample of 301 students to assess their perceptions about a career in nursing found that "The middle school students rated nursing low on decision-making, leadership, financial viability and being powerful". Several findings revealed that some students believed that nursing did not provide opportunities like other professions to teach in the colleges and universities or to conduct scientific research. Only 7% of the students chose nursing as their desired profession, compared to 24, 5 % students who selected nursing as a second career choice. It was realised that the students from ethnically diverse background groups were more likely to have positive opinions about nursing (Grossman and Northrop, 1993, cited in Roth and Coleman, 2008, p.150).

Jinks and Bradley (2004) used the Lickert scale questionnaire to compare two groups of students. The purpose of this comparison was to determine whether their views of nursing differed over time. Out of 100 students, 92 nursing students were administered with questionnaires measuring their perceptions and stereotypes about nursing. The findings were that fewer students perceived women as affectionate and less independent compared to men. Furthermore, they disagreed with the statement that female nurses make better nurses than men.

Regarding the findings from the theme on the characteristics of men in nursing, Simpson (2004) in Roth and Coleman (2008, p.150) proposes the idea of the integration of female identity into the perceived non-traditional professional roles against those of men's hegemonic masculinity. Due to the cultural shift today, women can move into traditional masculine working roles as a method of enhancing their status and compensation without compromising what is believed by the society to be feminine. In such a situation, it is thus much harder for men to engage in work that is perceived as traditionally feminine (William, 1993 in Roth and Coleman, 2008, p.150). Simpson (2004) reported that, "Men's desire to work in nursing is very strong and further stated that men are more likely to be involved in specialities that are less feminine such as critical care and psychiatric nursing".

The findings from the environmental barriers as suggested by these authors were that an environment which is unsuitable for an individual's personality is potentially a strong factor influencing the person's desire to remain in the profession. Roth and Coleman (2008, p.151) referred to a study conducted by O'Lynn (2004) when examining the prevalence and perceived importance of environmental barriers, and reported that "The majority of barriers were gender role conflict". From the findings it was added that there was an absence of historical contributions by male nurses to the nursing text, the use of the feminine pronoun "she" was also prevalent in both nursing schools and the hospitals. Further to that, it was reported that men did not feel welcome as students in the clinical setting. When male nurses were in the clinical setting, they were nervous of being accused of sexually inappropriate care by the female patients. The strong emphasis was that men's desires to pursue nursing as a career were not supported by the people who were important to them (Roth and Coleman, 2008, p.151). Smith (2006)

surmised that some nursing education programs have potentially failed to create an environmental infrastructure conducive to attracting and recruiting men to the nursing profession. Men felt that their opportunities in the programs were hindered by the fact that they were men. The confirmed real barriers were reflected by the lack of male professors and clinical instructors. Mc Millian, Morgan and Ament (2006) further added that "The acceptance of male nurses by the female nurses" also contributed to the environmental barriers. What was noted was that rural nurses were less likely to accept male nurses into the nursing profession. According to Fotter, (1976) the female nurses reflected positive attitudes towards male nurses, and stated that more men should be recruited into nursing. Roth and Coleman (2008) stated that although female nurses have positive attitudes to men in nursing, there were other environmental factors complicating the men's experiences in nursing that include stereotypes with the adherent leading belief that, "they are gay or sexual deviants". Evans (2002) states that, "Male nurses work under conditions with an increased sense of vulnerability resulting in caution when providing care". Such situations result in male nurses moving towards positions requiring less physical contact.

The limitation of the literature is that it underscored the structure of nursing which has changed substantially over the past fifty years, but what is to be noted is that these changes have not always provoked a change in the public's perception of nursing.

2.17. Faculty notions regarding caring by male nursing students

In their qualitative study Grady and Stewardson (2008, p.314) stated that "Although men in nursing remain a small percentage of nurses, they enter the field of nursing in increasing numbers". In the nursing programs they encounter role stereotyping and gender bias through

faculty notions of caring. The purpose of the study was to describe the ways in which the faculty perceive and respond to caring by male nursing students to better understand how to facilitate it.

The method used was the interpretative phenomenological approach. It was devoted to understanding the faculty's perceptions of their lived experiences while working with male nursing students. The sample involved the faculty members in the nursing program with the above average enrolment of male students. The faculty was approached by the researcher to participate in the research study. The reason for selecting such a sample was to be able to relate an authentic account of the phenomenon as it was lived and experienced. The use of this sample is referred to as "purposive criterion sampling" (Price, 2003, Miles and Huberman, 1994, cited in Grady and Stewardson, 2008, p.316).

Data collection used semi-structured interviews with the student researcher. Each participant was interviewed twice, and follow-up interviews were performed to clarify data obtained during the initial interviews. One of the follow-up interviews was conducted as an e-mail communication because the participant had left the program for another position. All the interviews were audio-taped and transcribed (Grady and Stewardson, 2008, p.316). Data analysis used the method with eight steps as proposed by Moustakas (1994) and it was modified by the Van Kaam method. A linear manner in male nurse caring was reached, but the textual data analysis was continued in a recursive fashion, working back and forth among all stages of data analysis. Data was then verified to check for authenticity and credibility (Grady and Stewardson, 2008, p.316). The findings from the study were that the setting in the faculty included seven full-time programs, three part-time clinical adjunct faculties, and one part-time classroom instructor.

Since the inception of the faculty, the nursing program had had a high rate of faculty members, and a high director turnover, as there had been four directors of nursing in the past five years. The college had an open-door policy, a competitive nursing program, and there was gender diversity within the programs. The participants had varying degrees of experience as nurses and nurse educators. Their description of the caring phenomenon was based on themes such as, what constitutes caring in nursing, the ways male nurses learn to care, characteristics of caring by male nursing students, experiences of self, and examplars of caring among the male nursing students. The names used were fictitious to ensure anonymity. According to Jeans in Grady and Stewardson, (2008, p.317) caring is "A complex and multi- dimensional phenomenon which involves giving of oneself through a therapeutic relationship with the patients". The conceptualisation of caring in nursing is equally applicable to male and female nurses. In both genders this was something occurring naturally. Jeans, in Grady and Stewardson (2008) states that male students are more assertive than female nursing students. Role-modelling the therapeutic relationship with the patients was found to be a strategy to help male nursing students to gain a greater understanding of what constitutes caring in nursing. The clinical setting was found to be the environment where more caring occurred, and what was noticed was that male nursing students had a male way of caring that included the use of humour, respect and a business-like approach towards the patients. This constituted a unique characteristic of males. David stated that the male faculty were able to appreciate male nursing students' expressions of caring. It was noticed that male students viewed male instructors' ways of caring with greater trustworthiness (Grady and Stewardson, 2008, p.318).

Sandra, in Grady and Stewardson (2008, p.318) stated that there were "many differences in caring between genders". Caring in nursing includes continual learning, patient advocacy, caring mannerisms and empathy. Caring in nursing is more than what is usually thought of as traditional caring behaviour. Sandra however believes that male nursing students may feel the need to work harder at caring compared to female nurses who tend to view caring as an innate characteristic (Grady and Stewardson, 2008).

In synthesis and the descriptive meaning of caring, certain themes like altruism, antecedents, attainment, ambiguity, agency and anecdotes were revealed to elucidate the essences of faculty notions of caring involving male nursing students. Altruism meant viewing caring as a complex, multi-dimensional phenomenon involving interaction, while antecedents to caring in nursing are the desire and ability to care for others; attainment refers to caring as something owned by the student as he enters the nursing profession, however in nursing this can be developed further, e.g. using role-modelling, drawing attention to caring and non-caring instances; and ambiguity means that participants viewed a number of aspects of caring in male nurses students with uncertainty. According to Boykin and Schoenhofer (2001) in Grady and Stewardson (2008, p.321) suggestions were made that "As self-understanding as a caring person accrues, the nurse sometimes realises that such self-awareness was there all along only waiting to be discovered ... because many nurses were trained to overlook their caring ways instead of attending to them". Agency means that self as agent is an additional mechanism with which to elicit a phenomenological understanding of individuals, and anecdotes refer to providing clarification of something said during the process, e.g. an interview. Anecdotes are rhetorical devices in phenomenological writing, and are also the means by which to reflect meanings within a

particular experience. They make elusive notions more comprehensible, and possess the power to relate a specific instance while addressing the general or universal.

The limitations in this study were that the sample of the faculty in the nursing program was restricted, and relied on rich and thick descriptions of the findings to ensure transferability (Grady and Stewardson, 2008, p.323). The conclusion was satisfied by the fact that the findings of the interpretative phenomenological study were able to clarify the limited research on male nursing student caring, and the increasing presence of male nursing students within the nursing programs, as well as raising the importance of increasing the understanding of nursing educators' conceptions of caring. The nursing faculty held the power which was effective in liberating students from culturally constructed and restrictive roles.

2.18. Recommendations from previous studies

Men are to be encouraged to enter the nursing profession as a career. Nursing education should play an important role in helping to understand and resist the socio-political constraints that shape male experiences. Nursing and the society as a system must use reflexive strategies to attract and retain men in the nursing profession. Men in nursing should be critical thinkers, learning to question how the assumptions about people and their behaviours come to be, and to question norms and practices of masculinity. To encourage men, health care providers must challenge vocally visibly pervasive cultural representations of restrictive and governing normative masculinity. The traditional culture and religious phenomena should be changed in

order to ease the whole process of change. Men's meetings with one another should take place. This will give an outcome in little more than non- traditional form of men encounter. Nursing leaders should suggest strategies for ameliorating barriers against men in the nursing profession. Caring should be addressed openly and specifically as the core curriculum value within a nursing program. In designing the curriculum, nurse educators should exhibit concern for the affective domain of learning over and above the cognitive and psychomotor domains. The affective domain promotes the learning of professional values to provide a climate of acceptance for students' differences in values and attitudes. Furthermore, the students' reflections on values presented in the curriculum should be encouraged. The professional health care community and nursing practice have the responsibility for accepting and appreciating all competent nursing students, and all genders, particularly males, should be considered.

2.19. Conclusion

The gender bias in nursing should be recognised and properly addressed. The components of the nursing profession like nursing education and nursing practice should look at alternative, possible strategies that will enhance the recruitment and retention of men in nursing. This will be effective if the society is channelled to a positive image of men in nursing.

Men already in nursing programs and fieldwork should be supported. Caution should be taken against gender stereotypes and females in nursing, including the societies, need to move away from traditional and cultural stereotyping of men and nursing, and to give more support to men when entering or while in the profession. Gender peace in the nursing profession should be addressed. This will prevent the possibility of gender conflict in the nursing practice. There

should be a good understanding of the fluid transformations from historical, traditional gender roles in nursing, particularly in relation to men. Caring in nursing should be properly addressed with particular emphasis on the balanced use of all nursing domains.

CHAPTER 3

Research methodology

3.1. Introduction

In this chapter an explanation of the methods by which the research conducteded the study are provided. This helped in creating a framework regarding the methods to be followed by the researcher during the study. According to Babbie and Mouton (2002) a research methodology section indicates how the researcher has gone about in answering design the research questions. This chapter therefore shows the processes and the steps that were followed in response to question of interest in this study. It covers research approach and design, research setting, population and sampling, data collection instrument, data collection procedure, reliability and validity of the instrument, data analysis, ethical consideration and data management.

3.2. Research approach and design

The study adopted a qualitative exploratory contextual descriptive approach and a phenomenological design. The qualitative nature of the methodology allowed the researcher to collect rich data by taking into consideration the context from which the data was extracted (Gerrish & Lacey, 2006). It then provided rich accounts of understanding the human condition in the changing, yet continuous social-historical reality in which they were found, as stated by

Houser (2008). An exploratory approach involved an in-depth inquiry that was critical where a comprehensive understanding of a group or groups under investigation was sought. The contextual descriptive approach produced descriptive data where people's own written or spoken words described findings, and it attempted to uncover the nature of peoples' experiences within a social phenomenon (Gerrish & Lacey, 2006; Patton, 2002). The methodology selected was appropriate for a study that aimed at exploring and describing gender-related constructs that influence the recruitment and retention of men in nursing from the perspective of males in nursing.

The study used a phenomenological design. Phenomenology was both a philosophy and a method that emanated from an interpretive paradigm of the qualitative inquiry (Husserl, 1965). Crotty (1996) states that phenomenology is about experiences. The experience of the study did not refer to a day-to-day experience, which is, in most cases, a pre-reflective or pre-predicative experience. The description and understanding of "live experiences" by the researcher marked the cornerstone of phenomenological research. 'Lived experience' refers to a reflected upon and thought-out kind of experience. According to Husserl, the term "subjective" is indicative of the presence of a subject(s) at a point in time that involved that particular kind of an experience or event.

Phenomenological research relies on a number of schools including Husserl's phenomenology, existential phenomenology and hermeneutic phenomenology. The proposed study adopted Merleau-Ponty's existentialist phenomenological method. Giorgi (1985) states that existentialist phenomenology is characterised by four qualities: description, reduction,

essences and intentionality. *Description* means that while the phenomenon under study was described as experienced, it was not explained. *Reduction* means that the taken-for-granted assumptions and presuppositions about the phenomenon were temporarily suspended or bracketed. Bracketing was critical in the study because the researcher was a male nurse and shared some of the experiences lived by other male nurses. *Essence* refers to the core meaning of any given phenomenon that makes it what it is. According to Gerrish and Lacey (2006), the search for essences, essential themes of essential relationships involves exploration of a phenomenon by using the processes of free imagination, intuition and reflection. The researcher searched for those essences which were context-related. Phenomenologists advise that arriving at the essence or essential structure of the phenomenon is not the final step, but is a way in which we can understand the relationship of experience. *Intentionality* reflects the meaning of the phenomenon as derived from both the subjective and the objective aspects of the experience. Intentionality refers to the total meaning of the object or phenomenon under study, which was always more than what was given in the perception of a single perspective (Giorgi, 1985).

A phenomenological design was appropriate in the particular study, because the study intended to construct meaning out of the lived experiences of those men in nursing in a way which explained what had contributed to them being attracted to nursing and being retained in nursing, when the nursing profession was perceived to be a female profession. The design assisted in illuminating the lived experiences of subjects and how they perceived the situation they found themselves in.

3.3. Research setting

The proposed study took place in three selected hospitals in the eThekwini district; one public hospital, one semi-private hospital and one private hospital. The researcher selected these three settings with specific characteristics under the assumption that context was to play a major role in the way gender roles were going to be defined or perceived.

3.4. Population and sample

The population consisted of male student nurses (51) and all those who were qualified as nurses (82). Table 1 shows the distribution of male nurses according to their different categories. Male student nurses had to have at least a minimum experience of two years in training. All male nurses working as nurses formed part of the population.

Hospital	Male student Nurses	RN's	EN's	ENA's	**Total**
Public	40	18	26	27	**111**
Private	3	3	2	1	**9**
Semi-Private	8	1	3	1	**13**
Total	**51**	**22**	**31**	**29**	**133**

Table 3.4.1: Research population

3.5. Sampling

Purposive sampling was used to select male nurses for interviews from the public hospital. The intention was to sample at least eight per group (eight male student nurses and eight male

nurses). The two focus groups (one for the students and one for the qualified nurses) were limited to at least twelve per group. The reason for this action was to gain various experiences from the different categories of male nurses because their levels of experience in the profession were not the same, and further to that, there may have been some changes that caused improvements as the nursing professional practice and education program continued enrolling male nurses. The aim was to strengthen the quality of the study. All male student nurses and male nurses from private and semi-private hospitals were requested to participate (convenience sampling) because the pool was too limited. They were requested to be part of the focus groups and were interviewed as well. In public hospitals, theoretical sampling was also undertaken depending on whether there was a need to do so until theoretical saturation was reached, as stated in Glaser and Strauss (1967). The final sample size depended on theoretical saturation.

3.6.Sample analysis

According to Glaser and Strauss (1967, p.45), "A sociologist begins the research with a partial framework of local concepts, designating a few principal or gross features of the structure and processes in the situations that he will study." In this case, the sample analysis was to be male nursing students who were doing their second, third and fourth year of academic study. The rationale was that such students had a longer exposure to nursing experiences which would thus allow them to make a greater contribution to the study. All qualified male nurses were selected. It was believed that those qualified male nurses had more experience and could thus contribute

additional information to the study, which, once again, would help to achieve the purpose of the comparison and contrast of the description of the lived experiences (Glaser and Strauss, 1967, p.49).

3.7. Data collection

During the process of inquiry, the researcher had to use bracketing, intuiting and describing. The researcher started by conducting individual unstructured interviews. Unstructured interviews are conducted more like normal conversations, but in a more free-flowing and purposeful way (Bless & Higson-Smith, 1997). Individual interviews had to be conducted before focus groups to avoid contamination of the data that was possible if focus groups were conducted before individual interviews. The interviews were audio-taped with the permission of the interviewees. The interviewees were briefed first about the study and their rights before they participated in the study. The interviews were conducted in a private space that was available in the institution during the process of data collection. The interviews were to take about 30 minutes each.

The researcher conducted two focus groups per institution; one for male student nurses and one for qualified male nurses. Focus groups, as a field research tool, allow participants to express their views freely, and allow the researcher to explore detailed data within a short space of time (Polit & Beck, 2007). Although there were to be a number of focus groups in different settings, the researcher intended to ask similar questions. There were specific questions for student nurses' focus groups and specific questions for male nurses, irrespective of the setting. During

the focus groups, the participants were asked to share their thoughts and opinions at the same time, and were to have a range of answers to the same questions. This action allowed the researcher to discover new information concerning particular problems, and to explore in detail some of the explanations or descriptions given by respondents. The researcher also made memos during the data collection process to record the whole process.

3.8. Data analysis

Data collected from the personal interviews and focus groups were to be transcribed verbatim then verified by a second person to ensure trustworthiness. The software package NVIVO Version 15 was used to organise data. The process used was to be followed by line-by-line analysis, where the researcher read each line and created meaning from that information. This was coupled with a close examination of phrase-by-phrase in order to gain a real understanding and to enhance the ability to interpret meaningful lived experiences by male nurses as stated in Strauss and Corbin (1990). This led to the formulation of themes that were to be analysed further to come up with categories or essences (the term used in phenomenological research). Free imaginative variation was used to apprehend essential relationships between the essences, which meant that the elements or relationships and connections between the categories or essences were be analysed and grouped as sub-categories under a category/essence as stated in Spielberg (1975) and Streubert and Carpenter (1995). According to Steubert and Carpenter (1995), the process of analysing the hermeneutics bridging the gap between what was familiar to gender-related

experiences of male nurses and what was not familiar continues until an exhaustive description is reached. From these two categories, the researcher described and explained the gender-related experiences of male nurses in a way that achieved interpretative understanding of male nurses in their lived experiences.

In data analysis the process followed a line-by-line analysis whereby the researcher read each line and derived meaning from that information. This was coupled by a close examination of the data phrase-by-phrase in order to gain real understanding and the ability to interpret meaningful lived experiences. Free imaginative variations were used to apprehend essential relationships between the essences (Strauss and Corbin,1990).

According to Streubert and Carpenter, (1995) the process of analysing the hermeneutic bridges the gap between what was familiar to gender-related experiences of male nurses and what was not familiar until an exhaustive description is reached. From these categories, the researcher was able to describe the gender-related experiences in a way that achieved an interpretative understanding of male nurses in their lived experiences.

The approach which was used was phenomenological, based on Merleau-Ponty's existentialist phenomenological method and occurred as described by Giorgi (1985) who states that existentialist phenomenology is characterised by four qualities; description, reduction, essences and intentionality. **Description** means that the phenomenon under study is described as experienced, it is not explained. **Reduction** means that the taken-for-granted assumptions and presuppositions about the phenomenon are temporarily suspended or bracketed. **Essence r**efers to the core meaning of any given phenomenon that makes it what it is. Gerrish and Lacey (2006)

state that the search for essences, essential themes of essential relationships involves the exploration of the phenomenon by using processes of free imagination, intuition and reflection. The researcher searches for those essences which are context-related. The phenomenologist's advise that arriving at the essence or essential structure of the phenomenon is not the final step, but is a way in which we can understand the relationship of experience. **Intentionality** reflects the meaning of the phenomenon as derived from both the subjective and the objective aspects of the experience. Intentionality is the total meaning of the object or phenomenon under study, which is always more than what is given in the perception of a single perspective (Giorgi,1985 in Streubert and Carpenter, 1995).

During data analysis the researcher followed seven procedural steps namely:

Reading the entire description of experiences to get a sense of the whole, re-reading the description, identifying the transcription units of experiences, clarifying and elaborating on the meanings by relating them to each other and to the whole, reflecting constituencies in the concrete language of the subject, transforming the concrete language or concepts of science, and lastly, integrating and synthesising the insight into a descriptive structure of meaning of experience (Giorgi, 1985 in Streubert and Carpenter, 1995).

Codes and coding were formulated. Code refers to symbols or abbreviations used to classify words or phrases in the data, and coding means categorising data. In this study the codings were employed during the later examination of data when the researcher was engaged in trying to define the domain of the study (Burns and Grove, 2005, p.548).

3.9. Data management and storage

A coding system was used to maintain confidentiality. Interview transcripts were coded. The information was saved on a computer with a special login code known only to the researcher. Documents used to transcribe data were to be kept under lock and key for a period of three years. Tapes used to record interviews were locked in a safe place which was damp and dust-free. Data was to be disposed of in accordance with institutional policies, e.g. after three years it may be disposed of by shredding or incineration.

3.10. Ethical considerations

The researcher was required to: -

- Obtain ethical approval from the University of KwaZulu-Natal Ethics' Committee.
- Obtain ethical clearance from the KwaZulu-Natal Department of Health Research Unit
- Obtain permission from the KwaZulu-Natal College of Nursing Principal
- Obtain permission from the Prince Mshiyeni Memorial Hospital Chief Executive Officer (CEO) and the Prince Mshiyeni Memorial Nursing Campus Principal
- Obtain informed consent from the participants

In order to observe the principles underlying the protection of human rights, the Nuremberg ethical code of 1947 will be used. The emphases on the guidelines used to protect the rights of the participants during research study were outlined as follows:-

- **Respect for person** – every individual has the right to self-determination. This means that an individual has the right to voluntarily decide whether or not to participate in the study without the risk of any penalty, and s/he was free to withdraw from the study any time s/he so desired.

- **Beneficence** – the researcher should do only good and should cause no harm to the subjects.

- **Justice** – the subjects had the right to fair selection, treatment, privacy, anonymity and confidentiality.

- **Anonymity** – refers to the act of keeping the individuals' identity confidential in relation to their participation in the research.

- **Privacy** – means that the data should not be collected without the subjects' knowledge and consent.

- **Confidentiality** – means that the research data should not be shared with outsiders, but should be kept under lock and key and that only people involved in the research should have access to the data (Brink, 2006).

3.11. Academic rigour/trustworthiness

Sandelowski (1986) in Rose et al. (1994, p.1123 -1129) states that in research methodology "It is important to assess rigour in terms of its credibility, consistency and congruency with the value of discipline concerned". In qualitative research, reliability refers to **credibility,** meaning trustworthiness, whereas validity means "being true with data", saying "what you think it is saying". Rose (1994) states further that the process of ensuring trustworthiness in phenomenology is by the use of self-reflexivity. The researcher needed to see the situation of the male nurses' experiences as "a lay-person", and needed to be careful not to apply any intuitive knowledge to what was presented by the participants. The researcher could return to the participants after data collection and ask whether there were any further reflections to add to the exhaustive description given by the participants on what they experienced as gender-related factors. The content added or deleted by the participants was to be incorporated into the revised description. The researcher finally requested a negative description of phenomena experiences by male nurses. The idea behind this is that the researcher could be provided with an opportunity to compare and contrast the data previously obtained from the participants (Streubert and Carpenter,1995, p.46).

The second aspect of ensuring trustworthiness is **dependability**, which refers to the stability of data in the study. This required an auditor. The inquiry auditor – generally a peer, followed the process and procedures used by the researcher in the study to determine their acceptability. The researcher in this study ensured dependability by conducting data quality checks or audits, peer

review coding and consulted qualitative research expert. The qualitative research expert monitored the data collection process, and the analysis and interpretation of the data.

The third aspect of **confirmability** guaranteed that the findings, conclusions, recommendations were supported by data. The experiences by male nurses as participants was to reach a point of saturation when a point of repetition of previously collected data by the researcher occurred. According to Beck, in Streubert and Carpenter, (1995, p.21) during the interview of the participants, the researcher will reach a repetition of the "salient points". In this study, confirmability was ensured by taking detailed field notes, by taping and transcribing interviews verbatim to identify variations in responses and by making field notes available for audit checks and verification. This process following the data collection phase where the field notes were made available to interviewees for cross checking and validation.

The fourth aspect was **transferability** which referred to the application of study to the context from which it was derived. (Lincoln and Guba, 1985 in Brink, 2006, p.125). Transferability is based on the assumption that the findings derived from research in a particular context will also apply in other similar contexts. To ensure that the study is applicable to the context under study, the researcher used purposive sampling, gave a detailed description of the context or setting and provided detailed descriptions of the whole process of the research study, including the research procedures and findings to enhance transferability to other similar contexts.

3.12. Conclusion

It was important that purposive sampling was used to select the male nurses for the interviews from the public hospital because the population was large. The researcher was to ensure that a proper sample analysis was carried out so that there was a wide enough selection of participants who would also provide sufficient experiences in order to ensure rich data. Lastly, academic rigour was ensured in order to guarantee credibility of the findings.

CHAPTER 4

Data analysis

4.1. Introduction

The findings discussed in this chapter emanated from the data that was collected qualitatively from 37 male nurses working in private and public hospitals. The themes were discovered through emersion in data collected from information obtained through interviews. The process of data analysis included the examination of words. During data analysis, the volume of data was reduced to facilitate the examination of words by eliminating data that was not in line with the purpose of the study. To re-iterate, the purpose of the study was to explore gender-related constructs that influence the recruitment and retention of men in nursing as experienced by male nurses in three selected hospitals in the eThekwini district. Data analysis phase concluded with the process of bringing order, structure and meaning to the mass of data collected. This was grouped into categories.

4.2. Findings

Four categories were emerged from data sources and these included; (a) journey into the nursing profession, (b) experiences of male nurses in the nursing profession,(b) retention of male

nurses in the nursing profession, and (4) strategies to be used to recruit and retain male nurses with greater success.

4.2.1 Journey into the nursing profession

The journey into the nursing profession reflects how participants were attracted or recruited to the nursing profession. This was formulated as the main category and was named category A. A number of themes emerged under this category and sub-themes. These included (a) motivational factors which entailed (a) passion for the nursing profession and (b) pull factors.

4.2.2.1 Motivational factors

According to data sources, participants were motivated to join the nursing profession by either internal or external motivators. External motivation included motivation from family or close family members, such as mother, aunt or uncle where were either nurses or who experienced good and quality care while they were in hospital or nurses themselves. Internal motivation included passion for nursing as a career, societal circumstances that led to the development of passion for nurse. For example other developed passion when they were doing hospital visits as part of the church activities community work or youth groups and admired people who made a difference in other people's lives. Other respondent came to nursing due to economic circumstances but they later developed interest in nursing

As indicated earlier the respondents experienced several influences or motivators that drew or attracted them to join the nursing profession. The greater portion of their motivation emanated from various members in their families.

Respondent 3, (p.7) reported, "*I was motivated by my uncle. I ran fast in studying nursing career from Pupil Nurse to Enrolled Nurse for two years to the Bridging Course (R683) Program. I did almost all of my training in the private sector (institutions*).

Respondent 8, (p.24) reported, "*I was motivated by my mother who was a nurse. I underwent my training at the Private College where my mother paid my college bills.*"

Respondent 2, (p.16) reported, "*I was motivated by my aunt who was a nurse.*"

It was noticed that one of the respondents, R**espondent 1**, (p.3) did not want to express or be specific as to who had actually motivated him to join the nursing profession, but merely said, "*I was motivated by a **female professional nurse** to join the nursing profession.*"

Passion for the nursing profession: Some of the respondents reported having self-passion for the nursing profession.

Respondent 2, (p.5) indicated, "*I had self-motivation while I was at Secondary School. I saw an advert in a local newspaper and I applied for a Comprehensive Course and was accepted.*"

Respondent 7, (p.22) reflected a different response when he said that his passion grew when he saw the casualties from the community who were injured, some sustaining severe burns. Some of those casualties only received treatment very late. From those experiences the respondent reported, "*It came from my heart that I must be part of the help (health team).*"

Respondent 1, (p.34) also reflected a different response, but this was related more to the effect of a professional awareness of a nursing career or professional development. He reported that he had trained before and had worked as an Enrolled Nurse in An African Township erected as a Poly Clinic. According to his report he terminated his service as an Enrolled Nurse after being accepted in a Comprehensive Program. He stated, "*I had motivation when I saw the Advert for a Comprehensive Course Program. I applied and was accepted.*"

Although **Respondent 5** (p.56) had a **similar response** to that of **Respondent 1** (p.34) in continuing education, Respondent 5's reflection was more about being a neophyte in the sense that he obtained motivation from his neighbours after finishing the Home-Based care tuition, however **Respondent 1** was already an Enrolled Nurse.

The two respondents reported that they experienced a passion for nursing when visiting the sick in the hospitals, supporting them, and offering them prayers in order to provide spiritual healings and sustain them with hope.

Respondent 2, (p35): "*I was motivated by Church Chances Slim when we were serving people in the community. We were visiting patients in the hospitals to enhance their support and bring hope. I eventually applied when the advert came out and I was accepted.*"

Respondent 7, (p.49) had a similar exposure to R**espondent 2**, although he did not mention any attachment to any voluntary organisation. He reported, *"I was visiting patients in the hospitals and offering up prayers for them, then I began to have a passion for a nursing career."*

The **two respondents, 3 and 5** reported that they were motivated by a white lady when working with the trade unions, while one reported that he had assisted this lady at her house. The type of assistance rendered remained undisclosed by the respondent. Although the respondent did not reveal much relating to his experiences of his journey into the nursing profession, at least he was open about his conclusions regarding the nursing profession, and seemed to really understood the gap in his career path.

The following comments were made by the respondents:

Respondent 3: *"I was interested in medicine but there were financial constraints. I was assisting a white lady at her house at the time and she motivated me to do nursing. She gave me the money to pay for a two-year course at a Private Nursing School."* He further expressed his perceptions of nursing and said, *"I thought nursing as a health career was a basic foundation of medicine, whereby you could change to medicine whenever you were ready to do so. Eventually I understood the gap in my knowledge and about my career." (p.54)*

Respondent 5:*"I was motivated by a white lady when I worked for the trade union." (p.11)*

Pull factors of the nursing profession: The majority of the respondents reflected that **socio-economic problems** were the driving forces which made their entry into the programmes they would have chosen, other than nursing problematic. Due to those problems they ended up with nursing as a lucrative profession. One needs to understand that in their cases, nursing became their second or third option. It was thus detected that these types of respondents had no passion at all for nursing as a professional career. The problems were that many parents were unable to finance the education of their sons.

Respondent 6 reported that his intentions were to study medicine, but that he had had financial constraints.

Respondent 4, (p.9) reported, *"I had no passion for nursing at first, but only for dentistry, however the dentistry course was very expensive."*

Although R**espondent 4 was unable to access the** training for dentistry because of a lack of funds, it was revealed that he had tried engineering, but had dropped out. According to his report, he selected nursing later on and said, *"My intentions were to work with health institutions."* (p.9)

Respondent 1 reflected a different pull factor of nursing which pertained to issues of safe employment. According to his report he had been working in industry and was motivated by his wife to join the nursing profession as an Enrolled Nursing Assistant. He stated, "*In nursing I had a lot of protection from job lay-offs*." (p.14)

4.2.2 Experiences of men in nursing

The experiences of men in nursing were identified as **category B.** All of the respondents agreed with the statement that **nursing was a female-dominated** profession and was thus recognised as a feminine profession. The men in nursing were reflected as unmanly because they had adopted a profession for females. Nursing, as a profession, was femininely gender-skewed which meant it was not male-friendly, yet the concept of gender literally means male or female. Five gender issues were formulated as themes: (a) Gender identity, (b)gender stereotypes, (c) gender relations, (d) gender discrimination on becoming male nurses and (e) gender role conflict

4.2.2.1 Gender identity

Nurses in the profession identified themselves as females and males with a clear biological description. In this study, the male nurses were the minority (less) yet their female counterparts were the majority. **Respondents 1, 3 and 4** had similar comments:

Respondent 1: "*Although I am not clear about the figures, from general observations the number of male nurses in the hospital is less than that of females.*" *(p.3)*

Respondent 3: *"Female nurses are many in the nursing profession."* *(p.9)*

One of these respondents (**Respondent 4**) based his quotation on the Nursing Education Program and stated, "*All the Lecturers were females, there was no male who could be identified as a role model. I met only one male nurse when I was in the clinical field.*" (p.*11)*

Respondent 2 who entered the nursing profession in 2003 and was admitted into the Comprehensive course (R425) Programme commented that, "*We [men] were many in nursing training, about 15 male nurses compared to 23 female counterparts.*" It was the first time that such a number of male nurses had been admitted for training in that rural hospital. He stated that such comments usually emerged, "*What happened in the army?*" *(p.6)*

From such responses uttered by the respondents, it was noticed that the entrance of men into nursing was controlled in such a way that male nurses were not intended to reach great numbers. The outcome of such a practice always kept men in nursing as the minority. Some of the male nurses were commonly affected by being in a feminine profession in such a way that attrition ensued. This was confirmed by **Respondent 4** who confessed that he had once experienced attrition upon entering the nursing profession, but later made up his mind to return to the profession again.

Respondent 4 "*I terminated within one week because I was fed-up.*"

"*After a while I made a decision and came back.*" *(p.55)*

According to the perceptions of the respondents, the nursing history and nursing curriculum contributed to shaping nursing as a profession for females.

Nursing history and nursing curriculum were formulated as the **sub-themes.**

Nursing history: Nursing history showed that nursing was started by females as indicated in all the nursing books. There was no reference to male nursing historians. The nature of that reflection completely excluded men from the nursing profession.

These comments were made by the respondents:

Respondent 1: *"The history in books reported that the nursing profession was started by certain nursing figures."* (p.41)

Nursing curriculum: The nursing curriculum was highlighted as one of the influential factors that greatly impacted on keeping nursing as a feminine profession because it kept reinforcing the nurse as being of feminine gender, and never highlighted men as part of the gender concept in nursing practice or nursing education. Such influences caused the communities to become socialised to the fact that every nurse was female. One respondent recounted that even the hospital staff who consisted of non-health-related professionals still transferred such a socialisation to the hospitals.

The following were comments from the respondents:

Respondent 1: *"Community members and other staff members in the hospital address the male registered nurses as* ***sisters,*** *and use the pronoun* ***she*** *when referring to a male nurse."* *(p.4)*

Respondent 1 who was an Enrolled Nurse (p.21) stated, *"Nursing books talked about nurses as females, and most of the pictures in those books showed female nurses."*

One of the concerns of the respondent was that no men in nursing had been shown in any of the pictures that pertained to caring except for doctors who were regarded as superior to nurses.

It was further noted by almost all of the respondents that females in nursing were not only in the majority, but also dominated in all three selected hospitals. The females as nurses were **powerful,** and owned the hierarchical positions as top managers. They **controlled** all the situations in the specialised nursing sectors.

It was hard for men in nursing to be controlled by women in the workplace, while according to gender socialisation in society, men were in control of women. So the men in nursing found it difficult to be instructed by females as to how to do the work.

The male students as learners found it difficult to understand that men in nursing were not empowered to be leaders, yet they themselves were heads of their families. In the nursing profession, men commonly fell under the authority of the registered female nurses. Male nurses currently have some opportunities to occupy authorative functions, but very few males are commonly found distributed among the ward units.

Respondent 1 (p.3-4) commented, "*Female nurses are really dominating in the nursing profession. They are in nursing positions despite the fact that others are even junior to us as males. Males in nursing remain in positions of bedside nursing.*"

The interpretation was that the images of female dominance were uncertain and created negative impressions on the male student nurses. When perceiving such nature men in nursing were degraded or were not coping with the nursing standards during care delivery.

4.2.2.2 Gender stereotypes

There were perceptions that the method of strategising males to work had strong emphases of stereotyping. The stereotype was such that it blocked the interests of other staff members in the nursing profession. Male nurses were often allocated to special nursing sections and this was done according to the needs and demands of those wards, not according to the interests of the nurses who had to work in those units. Although these men could be well-suited to certain roles classified by gender due to their physical strength, they were still entitled to move out of these departments if they had no passion for working in those units. **Respondent 4** who was working in a Trauma unit complained, "*Working in the Trauma unit was a stereotypical allocation. I decided to leave the unit and work with the babies.*" (p.12)

Stereotypical allocation

The respondent reported that he loved to work in the children's wards but experienced frustrations when placed in that unit because other nurses regarded it as unmanly for a male nurse to work in the chidren's ward, because working in the wards involved a lot of light work which did not require the physical strength which men naturally possess. It was generally concluded that the physical power which characterised men was a natural gift.

The respondent commented as follows:

"*Deep in my heart I love babies.*"

"*I was regarded as not fit and as an intruder when working in the children's ward."(p.12)*

It was noted that at some stages the directors had their own considerations in selecting individual nurse professionals for allocations, to such an extent that they blocked the nurse professionals' interests. The outcomes of that kind of practice created negative feelings in the respondents, but in the long run, the male nurses survived just because they had focused on their goals.

The gender stereotype extended to the point that their female counterparts were, at times, nagging the male nurses. They did not trust them as colleagues. They followed them and spied on them during working hours, particularly when men worked in the female wards. There were assumptions assigned as belief systems that men in nursing adopted inappropriate behaviours. It was strongly assumed that males had tendencies to sexually harass or abuse females including female patients, and, oppositionally, that the male nurses were 'gay'.

Respondent 2 claimed that the female nurses were inquisitive and very suspicious particularly when male nurses worked in the female wards. In his report there were such comments: "*The female nurses were sometimes nagging male nurses. They follow every step made by the male nurses. They were inquisitive and very suspicious saying that they never trust males.*" (p.20)

Mistrust: According to **Respondent 4** the male nurses were not only mistrusted by their female counterparts, but these indiviuals even stressed that some male nurses were 'gay'. Currently, there are also suspicions that some men might be dangerous to minor children. The young boys were cautioned to be aware of strangers, and there were feelings that such information was

transferred to the hospitals when the patients were hospitalised. The 'gay' labels ascribed to male nurses exacerbated their situation and affected them emotionally.

Community perceptions: According to their reports, community members continuously used the label indicating that male nurses were gay. **Respondent 4** stated, "*I am still affected by the community stereotype which still refers to male nurses as gay.*" (p.35)

When male nurses entered the nursing profession they were mocked by their friends in the community who indicated that they had chosen the wrong profession, or must have decided to change their gender. The comments from R**espondent 4** were as follows: "*I was a community leader before I entered the nursing profession. It was very difficult for me to be a male nurse. I was mocked by my friends... a wrong profession. Are you gay, or changing your gender as well?*" (p.55)

It was noted from background information that when men were well-known in the community there were feelings of doubt, and many confrontations ensued which indicated that such men were wrong to enter the nursing profession. This further informed the background image that nursing was not a profession for men, but was only for women. Men in the nursing profession were mistrusted and degraded as not being real men.

Respondent 8 stated that the job was more feminine and funny. His friends were laughing at him and saying, "*It is not like you*!" (p.60) He reported that as a male he felt belittled when he received such messages from his friends and added, "*You need to be strong and know your goals.*"

Invasion by female counterparts: In the Nursing Educational Programme, **Respondent 4** argued that in the classrooms some of his female counterparts treated male nurses as females merely because they had joined the nursing profession, however the lecturers were supportive and responded positively with strong supportive statements, "*We are looking for more males in the nursing profession.*" (p.35)

4.2.2.3 Gender discrimination on becoming male nurses

A number of sub-themes emerged under this theme. These included lack of female nurses as role models, leadership positions, isolation, discrimination in relation to paternity leave and discrimination in relation to continuing education opportunities,

Lack of male nurses as role models: In Nursing Education and Nursing Practice there were no male nurses who served as role models. In the Nursing Education Programmme all of the lecturers were female. In clinical nursing it was stated that one institution had at least one male nurse who was working as a clinical instructor, but there were no male nurses in leadership positions.

The following comments came from the focus group:-

"There was no male identity as a role model."

Leadership positions: There were many concerns from the respondents that gender discriminations which were visited against male nurses emanated from the leadership positions. It was reported that males were pushed aside and ignored even if they qualified for such leadership positions. The great concerns of the respondents were that there was no gender equity, their roles as males kept them at the bedside of the patients.

"Most of the senior nurses in leadership positions are female nurses."

"You will find that even sisters more junior than you are promoted to leadership positions."

Isolation: Isolation was noted to be a part of the discrimination in the sense that their female counterparts barred males from their discussion at certain times when they were in the classrooms. Some respondents commented, *"You will feel unhappy because you will not gain much from that study. They had gender stories which were feminine."*

The respondents viewed these as gossip. Their concern was that, as males in the group, they felt isolated and withdrawn from the rest of the class.

The respondents from other institutions further stated their concerns about isolation and said that, when they were placed on night duty, being in the minority as they were further reduced and redistributed them. It was thought that when males were together they were likely to cause chaos.

The following were comments from the respondents:

"In the classrooms the female nurses grouped themselves separately from the minority group of male nurses."

"I had feelings of not belonging, of being isolated, I felt self-pity and was not happy ... I realised that I had misled myself by choosing the nursing profession."

Discrimination in relation to paternity leave: The respondents reported that they felt discriminated against by lacking the benefit of paternity leave. Their female counterparts were offered maternity leave even if they were unmarried, yet male nurses were not considered eligible for paternity leave. In such areas males felt that there was a gender barrier because such leave could be very important for them as well. Their comments were the following:-

Comments by the focus group: *You need to have proof of the pregnancy."*

"You need to be seen ....as female counterparts are..., how can this be against nature?"

The interpretation of the respondents reflected that the males were ironically informed they could not produce any proof of the pregnancy they were reporting.

Discrimination in respect of continuing education opportunities: There were barriers preventing the selection of male nurses for training opportunities. The policy regarding training that was adopted mixed male nurses who were in the minority with the majority of their female counterparts. Their concern was that there was no gender equity in the selection process, and that this continued decreasing the numbers of male nurses who were not progressing in the nursing

profession. They complained that they were kept at a lower level of employment for a long time because the waiting list for further education was too long.

The following were comments from the respondents.

"The waiting list for further training was too long!"

"There is no gender equity as far as training is concerned."

4.2.2.4 Gender relations

It was regarded as a means of social interaction of all nurses as gender groups during their interaction with patients. In order for social interaction to occur, the entire nursing staff was to be allocated, according to their skills of work, needs and work demands**, however** allocation was used as a sub-theme for gender relations.

In the Nursing Practice the wards were found to be the core of nursing which provided clinical exposure**.** The allocation of the respondents was discovered by the researcher during verbal interviews as their natural settings of roots experiences. The allocation of the respondents at the public hospital was utilised by the researcher as theoretical sampling. The reasons were that these respondents made up a bigger population, and the aim was to establish the credibility and authenticity of the findings. The findings prompted the researcher to do rechecking with the respondents for affirmation and clarifications on the root experiences of men in nursing.

Based on the table below, the themes and sub-themes that were formulated were matched and compared to those of the private and semi-private hospitals using the **characteristics** of the Public participants in **Table 1**. The core concepts in their relations were based on **communication** and were focused on the **patients, nurses and doctors.** It was observed that though the respondents did not have the same level of experience, the root of their lived experience had more or less the same weight.

Work allocation had the by-product of being a **theme,** yet also remained the **sub-theme of gender relations.** Allocation which occurred in the hospitals was also considered to occur by gender. The males were allocated to tough and demanding units like orthopaedics, casuality, theatre and psychiatry as indicated in Table 4.1.

Work allocation: The respondents were not evenly distributed because they were a minority group and, in their reports, they emphasised that they were not considered to the same degree as their female counterparts. It was observed that almost all males were placed in the heavy-duty wards which demanded physical strength during delivery of patient care. Although other male nurses did not come up with these concerns, the majority kept on stating that they were working in the heavy-duty wards such as the Orthopaedic Out-Patient Department. The patients were many and the procedure for applying Plaster of Paris (POP) was heavy and dirty. According to **Respondent 3** (p.34), the female nurses did not want to apply the POP and complained,

"The procedure is heavy and dirty. It is ideal for male nurses because they have physical power."

Table 4.1. Allocation of participants in the Public Hospital

Units	No. of participants	Description of category	Training programme/experience
Casualty	1	R/N	Trained before 1986
Casualty	1	R/N	R425
Orthopaedics	1	R/N	R2175, R683
ICU	1	R/N	R425
Theatre	1	R/N	R2175, R683
Medical	1	R/N	R2176, R2175, R683
Medical	2	E/N	R2175
ICU	1	E/N	R2175
Ortho OPD	3	EN	R2175
Psychiatry	2	E/N	R2175
Psychiatry	2	ENA	R2176
Ortho OPD	2	ENA	R2176
Ortho OPD	1	ENA	Advanced Technician

Male nurses faced a lot of demands for them to do the heavy jobs. **Respondent 4** (p.23) stated, "*We are needed for physical lifting of the heavy, violent patients and for carrying the heavy equipment. Some of the patients are psychiatric patients and are violent.*"

The male nurses stated that the female nurses were afraid to give care to violent patients. The male nurses thus served as bodyguards and were required to protect their female counterparts

when the patients were violent. **Respondent 2** (p.20) who worked in the Female Ward had a serious and unusual concern and stated, "*I became psychologically affected if a female had a problem in such a way that I took it home.*" From this it could be observed that although the male nurses were rotated during training, when placed in the Female Wards, they worked because they had no options, although some male nurses preferred to work in the male wards.

Characteristics: The respondents were assertive; they asked questions about certain issues. They assumed that they might not be liked by their superiors because of their characteristics, however the respondents were liked and preferred by the doctors, irrespective of gender. They claimed that the reasons they were favoured by doctors were because they were committed, focused, respected others, had integrity and were honest. They compared themselves to their female counterparts who were found to be very irritable, sometimes reflecting negative attitudes towards others, and who were also more sympathetic than empathetic in some situations.

The following comments were made by **Respondent 1** (p.4):

"*Male nurses are assertive, ask questions on certain issues.*"

"Male nurses are liked and favoured by the doctors irrespective of gender."(p.4-5)

Communication: The respondents reported that they experienced good communication with male patients to the extent that male patients were able to discuss their problems easily since this occurred on a man-to-man basis.

The comments from **Respondent 2,** "*A male patient feels it is easy to explain his problems like sexual dysfunction to a male nurse. It is not easy for a father to say to his daughter that he has a sexual problem.*" (p.7)

According to their reports, it was noticed that, although there was good communication with the female patients in the end, this was initially difficult, but steadily progressed well with **adaptation.** One of the strongest reasons was the patients' fear of being treated by a caregiver of a different sex.

The comments from **Respondent 3** were as follows:

"*The female patients do not want to be treated by a male nurse... they are afraid.*"

" *'I am okay,' said a female patient when care was to be given by a male nurse.*" *(p.34)*

4.2.2.5 Gender role conflict

When male nurses were delegated to procedural tasks they were observed to be more task-oriented and committed to their work. Although some others reported that, as males, it was difficult to be allocated duties by female nurses as their superiors, they ended up accepting the situation. They had concerns that, at some point, they were asked to run errands which were not mainly related to their scope of practice. It was understood that the reasons were that they were faster than their female counterparts.

When the respondents worked with the Doctors they were sometimes praised for their good work. Their nursing superiors often failed to recognise such appraisals. Some of their female counterparts were found to be jealous when male nurses were praised in such a way that this was obviously detected as gender role conflict

Six **sub-themes** were formulated and these included (a) loss of respect and dignity, (b) insubordination,(c) exploitation, (d)discipline, (e)jealousy and (f) culture.

Loss of respect and dignity: The respondents revealed that they were over-tasked. As males, since they were more task-oriented and committed to their work, they simply accepted the tasks delegated to them. They complained that, at times, they realised that such delegation reflected some aspect of their being undermined by their female superiors.

"You will find yourself being called upon to do extra work just to dilute the unnecessary clashes among the staff."

"You will be asked to do errands."

They reported that there were people employed to do these types of jobs, but that these errands could not always wait. The reasons for sending males on errands were explained as emanating from the female nurses in charge of the units, *"Boys are quick and more flexible, while their female counterparts are fragile with remarkable changes in attitude." You will realise that you are being sent away, yet your younger female counterpart is never requested to perform such errands."*

The respondents highlighted that such reflections were regarded by them as a loss of respect and dignity for male nurses.

When a male was focused and committed to his work his female counterparts became jealous. This was noticed when a male was praised by his superiors for good performance.

Respondent 3: "*I was confronted by my female counterpart, she shouted, screamed, and insulted me and said, 'You are loved, favoured just because you are male'.*"

"*I was very happy when I was taken to do further training.*"

"*Female nurses are moody, can bear grudges and are very jealous.*" (p.45)

Insubordination: The respondents had concerns that they worked well with the Doctors and were sometimes praised for their good work. Their nursing superiors often failed to recognise such appraisals. The enrolled Nurses and Enrolled Nurses Assistants as sub-categories experienced insubordination at work because of their scope of practice. **Respondent 3** explained, "*The female nursing service superiors compare the enrolled nurses with the other categories and with barely any recognition of their level of knowledge. They have experienced more insubordination because of the scope of practice.*" (p.23)

It was further claimed that the scope of practice contained restrictions on what work was described and analysed. According to the respondents' report they would be blocked and there would be no motivations on such back grounds from the superiors. Their feelings were interpreted in the sense that it was because they were juniors.

Exploitation: The respondents complained that they worked in heavy-duty wards. They were expected to lift heavy patients and work with the psychiatric patients who were violent. They

claimed that such activities involved them in some instances having to use physical force. It was reported that their female counterparts would even call male nurses to assist them and even to protect them. In particular, the female nurses were reported to be very fearful of working with the violent patients.

Respondent 4 stated, "*Call people with muscles.*"(p.23)

When working with female counterparts in heavy-duty wards it was common that these counterparts withdrew or completely disengaged themselves from certain duties. **Respondent 6** reported, "*You will get messages like I am sick today. My knee... is painful and my blood pressure is high.*" (p.26)

It was discovered that almost all the female counterparts irrespective of age groups had such tendencies. In such cases, the male nurses would do more work, felt tired and sustained work-related stress. According to the respondents' reports, their female counterparts presented with various physical problems while some were pregnant and needed support and protection from the male nurses. At some stages it was noted that there were tendencies to hold back, to be selective, and not to want to perform certain procedures.

Respondent 5 recalled, *"You will be referred to in a positive way with labels such as brother, my son, uncle when being asked to do them favours."*

"They will leave you working and say, 'Okay boys' while you are still busy with the job." (p.36)

Discipline: Discipline was earmarked by the respondents. One of the respondents reflected back on his time as a student and said that some of the female nurses needed male nurses to listen, focus and see things in the same way as they did. According to **Respondent 1,** when the male was assertive, comments were passed such as, "*Males like to argue with seniors, they never want to be proven wrong! You will then be reported to the Nursing College." (p.42).* He then stated that a male would be required to account for his actions which would be presented negatively.

Other responses were that in some instances males nurses were not treated as the equals of their female counterparts. They reported that if something was done wrong by a male nurse it would be addressed negatively, yet if the action or omission had been performed by a female nurse, it was addressed smoothly. **Respondent 2** stated, "*If a male did something wrong there would be words* like, '*He did that because he is a man'*, yet if it was a female the comment would be, 'She is a student'." (p.6) In such instances the male would feel offended. He reported that as a male he had to swallow his pain knowing clearly that he had not done anything wrong. He concluded by saying that, if in their group one male did something wrong, it was wrong for all the males in that group. The outcome was that they would all be called by the officials and would receive strong verbal discipline.

Jealousy: Other respondents reported that when a male was focused and committed to his work, his female counterparts became jealous. It was noticed when a male was praised by his superiors for good performance, the jealousy could be so serious that it might contribute to staff attrition.

Respondent 3:"*I was confronted by a female counterpart. She shouted, screamed and insulted me and said, 'You are loved, favoured just because you are male'. I was very happy when I was taken to do further training.*"

"*Female nurses are moody, can bear grudges and are very jealous.*" (p.45)

Respondent 3 reported further, "*I had such bad experiences with a female counterpart so I was relieved to find new employment.*" (p.43)

Culture : It was noticed that although there were cultural diversities between cultural groups, some of the respondents were still affected by their cultural practices.

Perceptions of caring: The respondents commented that they had different socialisations on how men's roles were classified, and that these varied from society to society. In nursing, the roles prescribed for males clashed with their socialised roles in society. They reported that the nursing roles were not male-friendly. **Respondent 2** commented, "*Bathing a baby I experienced difficulties according to my knowledge of my cultural traditions from rural society that activities of such a nature were not included in the natural role of a man." (p.6)*

The procedures involving female patients and caring were not in line with his cultural expectations and created problems for him that made him think of dropping out. **Respondent 4** *stated, "I hated Midwifery because it provided no direction or support for African guys." (p.12)*

They reported that such **procedures** were not in line with the beliefs, norms and values for men in society. They denoted that such actions degraded the value system of men, however it

was never explained to what extent these activities were degrading, nor exactly how they degraded men.

Respondent 5 in his report stated, "*I was scared particularly to touch a female patient but later on I became confident.*" (p.69) He further stressed his point that in his culture it was not permissible to **touch** a female because this was perceived as being related to intimacy. When they were in the nursing profession this was why they felt uneasy. Furthermore, they explained that they also lagged behind until they were forced to engage with procedures by the clinical instructors. **Respondent 5** stated, *"Female patients still feel shy to be cared for by a male nurse. The female nurses were mainly supportive and did favours for male nurses. (p.69)*

4.2.3 Retention/factors that made male nurses remain in the nursing profession.

This was category C. This category was made up of the factors that influenced male nurses to stay in nursing and not move to other male dominated fields. Four themes were formulated, namely (a) nursing skills, (b) benefits of the nursing (c) profession, (d) support from others.

Nursing skills: Some of the respondents indicated that they stayed in nursing because of the wealth of skills they have acquired which are benefiting others. Long service as a nurse was also cited as others were facing retirement, as well sturdiness of nursing as a job.

Respondent 1 reported that he had long service and experience and had developed more nursing skills. "*I have been in the nursing service a long time and have more skills in the nursing profession. I think I must adjust to a nursing career.*" (p.4)

Some had long service while others felt that they were affected by ageing. Some were approaching retirement age.

Respondent 1 who was an Enrolled Nursing Assistant reported, "*It is now too late for me to continue with further training." (p.26)*

Further to that, some were afraid that should they leave their nursing careers, they would jeopardise their chances for a better income.

Respondent 5 (p.11-12), "*Staying in nursing depends on your individual background. You need to be strong in order to get through nursing. Nursing is a sturdy job.*" Their concerns were that they were frustrated in the nursing profession. There were strong feelings however that they were afraid of encountering new problems should they leave the nursing profession.

The majority of the respondents felt that it was better to develop within the nursing profession than to start a new career.

Respondent 4 reported that nursing was humanitarian and aimed at helping the community thus he had developed himself to help people. He further reported, "*My intentions are to see myself develop by doing research to improve the nursing profession, solving the problems of the nursing shortage and changing labels that have feminine names like sisters, matrons." (p.10)*

Respondent 1 who was an Enrolled Nurse still saw some hope when he reported, "*Due to Occupational Service (OSD), I have hopes for a positive future.*" (p.15)

He was looking forward to the chance to continue with further education to reach his desired status as a professional nurse.

Benefits of the nursing profession: The respondents said that they earned a living. The majority reported that they were breadwinners and were thus bound to support their loved ones. It was pronounced by the respondents that a nursing career was a guaranteed job for a professional person.

Respondent 4: *"Nursing is still paying my bills. (p.20)*

Comments by focus group: *"We have countless responsibilities as breadwinners." (p.32)*

Support from female counterparts: Although they experienced barriers from the female nurses as their counterparts, **Respondent 3** reported that some female nurses were supportive, empathising with them in such a way that they had a mutual understanding with one another. Those female counterparts were claimed by the respondents as having the spirit of "*ubuntu.*" *They were able to identify with the respondents if they had personal problems. It was stated that in difficult situations which involved emotional disturbances they provided supportive strategies.* (p.9) They highlighted the occasions when a male nurse was bereaved and other personal, emotional events.

Strategies to recruit and retain male nurses in a successful manner

This was **category D. The main recommendations focused in two areas (a)** recruitment of prospective male nurses and the (b) retention strategies targeting males.

4. 2.4. 1. Recruitment

Three **themes** were identified, namely (a) advertising, (b) positive influences and (c) school guidance.

Advertising: The respondents emphasised that there should be gender equity using affirmative action.

Respondent 1 reported, "*There should be gender equity, that is 50% females and 50% males. During selection, the Z83 forms must be used as a guide to detect male or female gender." (p.4)*

The marketers should use multimedia methods such as **television, radios and magazines.** Respondents stated that when using television as a marketing tool positive images that could show the importance of men in nursing should be emphasised. Males in nursing should serve as role models. One of the respondents expanded by saying,

Comments by focus group: *"In written articles, magazines should reflect males' points of interest."*

"Broadcasting on Television should be used for marketing so that the male role could be dramatized to attract male members of society." (p.42)

"*The marketers know these things*!"

Respondent 2: "*I suggest the use of pamphlets to recount and depict men in a nursing career.*" (p.53)

There were some additional points from other respondents who reported that local newspapers should be used. These should have pictures showing a male nurse carrying a baby, for example to display males acting in a caring manner.

4. 2.4.2. Positive influences

The respondents suggested **visiting schools** in order to influence learners to take up a nursing career after finishing their secondary education. The intention was to start the socialisation of learners regarding the nursing profession by giving them relevant information and answering the questions of learners face-to-face. The respondents should appear exemplary to the learners.

The respondents should further engage in **Street Telling,** addressing the communities about "**Men in Nursing**".

Respondent 3: *"Some better methods for recruiting men to nursing could be to visit the schools where there are learners, and to go out into the streets to tell the community/society about the need for men in nursing." (p.45)*

They were to tell the community that just because men have adopted a career in nursing does not mean that they are gay, but that their main intentions are to be committed to caring for and helping sick people.

Comments by focus group: "*The recruiting officers or people doing the marketing for nurses should engage in motivational talks with the communities, informing them that men in nursing do not enter the profession because they are gay. This should be stressed as a matter of urgency.*" (p.51)

In order to make the street-telling strategies effective, the respondents suggested initiating a positive Gathering **Forum** aimed at brainstorming the positive ways to ensure that nursing remained a noble profession. The respondents suggested O**pen Days** at both the hospitals and the colleges. The aims were to socialise prospective learners and instil positive influences before learners applied to join the nursing profession.

4. 2.4.3. School (career) guidance

The respondents emphasised the use of school guidance as a very important tool. They stated that proper guidance of learners at early stages of their learning would help the learners to know their direction right away. They would become more assertive about their choices, and would also be clear about their expectations of their prospective career. There should be a counsellor who could assess the learners early and channel them according to their interests towards their future career.

Respondent 1 reported, "*It will be important to start educating learners early at primary schools. Learners at this level need a firm explanation in order to gain positive knowledge about the nursing profession.*" (p.43)

4.2.4.4. Targeted retention strategies

Two themes were identified, namely (a) team-building, and (b) training opportunities.

Team-building: The respondents preferred to be part of a workers' group rather than a sub-categories groups. They suggested that the nursing scope of practice should be revised so that nurses could be part of the health team and work responsibly. Doctors should not be positioned as superior to nurses, but rather as team members in the health profession.

Respondent 2: "*It is important to have team-building, and this means that a coach is as important as a player. Nurses should be empowered not to wait for a doctor who is in training to decide when the nurses are trained and experienced.*" (p.7)

Training opportunities: Affirmative action should be taken regarding training opportunities. Males were in the minority but were also downtrodden by the policies and procedures which were long-winded and were not male-friendly. There was gender discrimination in the selection of trainees in the sense that their female counterparts were more frequently selected than the male nurses yet females were in the majority.

From the majority of the respondents and the focus group from the public hospital:

"*Regarding the policies and procedures to be followed when you are willing to upgrade with further training, the time span is too long and needs to be reviewed!*" (p.32)

It was thought that the policies and the procedure should be reviewed and should be more male-friendly.

4.2.4.5. Concerns

The respondents raised suggestions regarding improving working conditions. Some stated that they had long service as male nurses, but were unable to access Occupational Service Dispensation (OSD). They strongly emphasised the need to gain an incentive from the nursing service. Many respondents expressed concern that more male nurses should be available to work with male patients. The respondents emphasised the importance of strong morals. They felt that they were not well respected by their female counterparts.

The respondents demanded to be respected as males as well as people. They claimed that even if they worked with female nurses this did not mean that they should be treated as female nurses. The fact that they had entered nursing did not mean that they had changed their gender. The respondents further suggested having a recreation area within the premises of the institution so that extramural activities could be engaged in which could prevent work-related stress.

Lastly, the respondents had concerns that male nurses had a strong desire for promotion in the nursing profession. Their concerns were addressed as follows: they had no role models who were males in the nursing profession. Although male nurses were in the minority they were not in any leadership positions both in the Nursing Practice and in Nursing Education. Such a situation made the nursing profession more feminine and more stereotyped.

The following comments were made by the respondents:

"*I wish there were more male nurses to work with the male patients.*"

"There should be incentives for employees who are workers."

"There should be recreational areas for extramural activities within the institutions to prevent stress in the workplace."

4.3. Conclusion

During data analysis, the volume of data was reduced to facilitate the examination of the words. The data was classified according to categories, themes and sub-themes to attach meaning to the elements of data that were collected. The researcher was then able to describe the gender-related experiences in a way that would achieve interpretative understanding of male nurses through their lived experiences.

CHAPTER 5

Discussion and interpretation of Findings, Recommendations and Conclusion

5.1. Introduction

In this chapter the researcher interpreted the findings emanating from the study, stated the study limitations, and reflected the recommendations of the study and lastly drew conclusions based on the findings. The purpose of this study is to explore gender-related constructs that influence the recruitment and retention of men in nursing, as experienced by male nurses in three selected hospitals in the eThekwini district. The objectives of the study were to: (a) explore the issues of gender-related roles of male nurses in relation to those of female nurses in the nursing profession, (b) explore how the gender-related issues shaping male nurses affect their recruitment and retention in the nursing profession, and (c) describe how the strategies used by male nurses withstand their positive gender role in the nursing profession

5.2. Discussion and Interpretation of Findings

5.2.1. Issues of gender-related roles of male nurses in relation to those of female nurses in the nursing profession

Gender identity

Male nurses were identified as biologically masculine; in nursing it was found that nursing was a female-dominated profession, and therefore men in nursing were the minority. Since nursing was a female-dominated profession it was regarded as a feminine occupation. The participants confirmed, and further recognised that society had strong perceptions that nursing was a female profession. Some men feared that when they joined the nursing profession they would be regarded as 'not man enough'. Because the study was qualitative, figures were not collected, but comments from the participants emphasised the point that females in nursing were in the majority and were dominant. The participants stated that in meetings it was further generally observed that men in nursing were in the **minority**. The participants concluded that their female counterparts were in the majority spread throughout both the nursing education programme and in nursing practice.

What triggered the minds of the participants was that nursing history and the nursing curriculum contained indicators that commonly reflected that nursing was started by certain nursing figures who were identified as female role models, like Florence Nightingale. Many female nurse role models followed Nightingale. The nature of these reflections excluded men from the nursing profession. The participants declared that the nursing books and the nursing curriculum referred to nurses as female. The pictures of nurses in books, the names and titles, as well as the pronouns used in books referred to nurses as "she" and "her".

Kelly, Shoemaker and Steele (2008, p.5) confirmed that the male nurses were in the minority and stated that, "It was an after-thought that they included males in the nursing profession. "It is

still noticed that the community say that a female is just a nurse, and yet they confirm the description of a nurse when referring to a male by saying "a male nurse".

Nursing as a feminine profession **can be traced back historically** from the period of Nightingale. Nightingale made nursing into a women's profession and generalised that nursing was natural to female nurses because it was an extension of women's domestic roles (Evans, 2002, p.322-323).

When looking at men in nursing in terms of the study, it was observed that they were working under pressure because the field of work they had entered was feminine. As men in nursing it was found that their female counterparts were dominant, and were in possession of professional power. They led, gave directions and had control of the nursing profession. The men in nursing were working with the intention of assisting their female counterparts. Kelly et al. (2008, p.6) agreed with the statement saying that, "The males were assisting the female counterparts who were pregnant, and assisting with tasks that were inappropriate to the female nurses, like heavy tasks involving physical power which were then counted as extra jobs for men in nursing. Hart (2005, p.33) concurred with (Kelly, 2008) and states that it was noted in both nursing education and in the workplace, that the men in nursing were perceived as "muscles", so this confirmed the point that they were to assist the female nurses and work with the heavy tasks including violent patients.

Men in nursing as a minority, confirmed the fact that nursing was not a men-friendly profession. Men entered nursing to counteract the growing shortages of nurses. The nursing shortage was believed to be unique to demographics, deteriorating working conditions and increased use of technology in health care (Buerhous, Staiger, Aurebach, 2000; Valentino, 2002 in O'Lynn, 2004, p.229). Men in nursing were found to be a resource which could counter the shortage of nurses (Hart, 2005 and O'Lynn, 2004).

Gender stereotypes

Gender stereotypes exist and have been found to correspond to the allocation of the participants in the clinical setting. These stereotypes were of such a nature that they blocked the interests of other staff members in the nursing profession. As a result of their physical strength, male nurses were allocated to special nursing sections and this was done according to the needs and demands of those wards, not according to the male nurses' interest to work in those units. It was observed that some participants had no passion for working in such units.

When a male nurse was placed in the children's wards his actions were regarded by the other nurses as unmanly, and a male nurse was labeled as an '**intruder'.** The outcomes of this kind of practice created negative feelings among the participants. These gender stereotypes continued to the extent that female nurses were at times nagging the male nurses. They did not trust them as colleagues; they followed them and spied on them during their working period, particularly when the men worked in the female wards. There were assumptions that men in nursing behaved

inappropriately. It was strongly assumed that males had tendencies to sexually harass or abuse females including the female patients, or that the male nurses were 'gay'. The concept of men in nursing as gay gained strength from the perceptions of the participants. They claimed that even the community members had such feelings. The participants strongly addressed this concept and said that, at times, they were confronted by their colleagues and questioned as to whether they had changed their male status when they joined the nursing profession. The 'gay' labels ascribed to male nurses aggravated them and affected them emotionally.

Bond, Chan and Holroyd (2001, p.295) describe sex roles as "Cultural specific and characteristics that are shared by the public which are specifically reflected by the particular sex". A sex role stereotype is a major determinant of status, channelling people into particular occupational roles. Holroyd et al. (2002) state that, "The differences in characteristics and personality of men affect the performance of certain occupational roles". Some sex roles were observed as different, inappropriate for other genders, such as the assumption that females were passive, receptive, nurturing and caring, while males were aggressive, dominant, and held ambitions related to the armed forces.

In nursing, sex roles still hold traditional reflections in such a way that numerous studies still perceive the sex role as a reflection of gender inequality (Bond et al., 2002). This inequity raises questions as to why such situations prevail among the limited numbers of men in nursing, when in theory, and according to the law of South Africa, gender equity has been proclaimed in all areas of employment. Harding (2007) states that, "Men entering feminine occupations do not conform to the scripts of hegemonic masculinity." Men in nursing are suspected of not being real

men, and the thought is that there could be something wrong with them, they could be gay. Nordberg (2002) in Harding (2007, p.641) states that men in nursing have the attributes of otherness and become constructed as effeminate or homosexual. The reasons why men did not enter nursing were because they feared being branded as effeminate or gay by their peers and families (Harding, 2007, p.641).

Harding (2007) concurred with the current study that men in nursing opened themselves up to doubts of not being man enough and being gay. Men in nursing are also subject to suspicions of inappropriate behaviour, for example, where they were followed, even by their female colleagues when caring was carried out, particularly in respect of female patients. Whittock (2003) viewed the issues of sexuality and identity as incurring a lot of assurances by the interviewees, across all ages as well as ethnicities. This then became a sensitive subject for discussion, and it seemed inappropriate to ask the participants direct questions about their sexuality, however some participants perceived such issues in oblique ways. They had positive feelings about confirming their heterosexuality. Some interviewees wished to state their sexual orientation and referred to being married, as well as alluding to fairy guys (William and Heikes,1993 in Whittock, 2003).

Men in nursing or nursing leaders should consider the need for discourse around the fact that the presence of men in nursing does not mean that they are gay (Harding, 2007 and Phillips, 2006).

Gender barriers

In the nursing education and nursing practice there was a lack of male nurses as role models. Males were discriminated against from nursing leadership positions. The great concerns of the participants were that their female counterparts were quite often in power, yet the male nurses were kept at the patients bedsides. The findings from the study further highlighted that male students were isolated from their female counterparts, most particularly during discussions in the classrooms and when distribution was done in clinical practice. Stotts (2007) referred to the isolation of men in nursing as a common issue, and said that men in nursing did not get support from their nursing colleagues, particularly their female counterparts. The students were excluded from the academic group and were sometimes excluded in the clinical settings. Students reported that they had a fear of appearing to be silly or less academic when they were mixed with their female counterparts in the classrooms. Barriers in nursing were pervasive and consistent (O'Lynn, 2004, p.229). Grady and Stewardson (2008) concurred with O'Lynn (2004) and the male participants in the current study, that the barriers for men in the nursing profession existed to such an extent that there were no males in the faculty as role models.

MacDougall (1997) linked the theme of discrimination against male nurses to leadership positions and argues that, within nursing, it would appear that men assume the "positions of power in increasing numbers and tend to follow the traditional masculine path". Men being in power in nursing may have been perceived as a frightening prospect, as it was claimed that men might adopt a masculine traditional standpoint which could have a negative impact on care. MacDougall might, in this sense be criticised for using a feminist perspective which did not

provide a model of men's liberation. Men needed to be liberated and be given leadership positions. According to Bly in MacDougall (1997), "Men needed to be emotionally aware about re-embracing their masculinity".

Discrimination in terms of paternity leave and job opportunities

It was uncommon for participants to address paternity leave as a benefit, however this aspect needed to be readdressed by the nursing leaders in order to ensure a clear understanding and so that men could air their thoughts on the concept. It may be necessary that the leaders put policies and procedures in place, or re-visit these in order to achieve some stability that will cover the majority of the employees. The action of reviewing the policies and procedures is also required to address concerns about discrimination with regard to training opportunities.

Gender relations

The characteristics of the participants were found to be the core to initiating relationships. The men in nursing were assertive, and had a healthy respect for the members of the health team. They were liked by the doctors because they were committed to their tasks and stayed focused. When compared to their female counterparts they are honest, empathetic and exhibit integrity. In the study it was common for their female counterparts to be irritable and to exhibit mood swings as well as negative attitudes. It was noticed that the participants were liked by patients although it was common that they initially experienced difficulties with the female patients.

Milligan (2001) confirmed that the male nurses were "empathetic and reflected positive experiences which were satisfactory when they were caring for patients". It was noticed that the reflections of male nurses as participants emphasised the emotional load of practice and the sensitivity to cope with pressures. Evans (2002) affirmed that men caring had "Traits such as compassion, empathy and honesty as those which gave meaning to their lives as nurses". It was common that men had a sense of humour.

Hart (2005) confirmed that, "Irritability was the age-old problem of women in nursing". It was common that they were eating their young whether male or women. Hart (2005) further commented on the issues of perceptions and communication that, "The women nurses did not support each another".

Gender conflict

Nursing roles and societal roles clashed, the reasons being based on how the men had been socialised. It is thought that socialisation of gender roles reflects the values and the norms ascribed to men in society. The study found that men in nursing experienced difficulties when they were assigned duties by their female counterparts, however they ended up accepting the delegated tasks. It was common that the male student nurses were afraid when they were assigned to perform nursing procedures like baby bathing, bathing a female patient and vaginal swabbing. Touching a female patient was also a difficult encounter. It was clearly important for them to have received orientation or tuition regarding such activities. According to their concerns

it was very hard for an African guy to adopt such unusual roles to the extent that they experienced attrition.

Stotts (2006) states that, the nursing role and traditional gender roles are associated with the behavioural roles of female nurses. The reflection was that there are gender differences in terms of the role expectations by society because of stereotypical socio- cultural practice of what is regarded as normative. Participants, male students, expressed a need to interact more often with male role models in both academic and clinical settings to gain more support and inspiration during their training. The link between the nursing role and the traditional was observed when males were to deal with the technical aspect of nursing. Stotts (2006) further stated that, "The technical aspect of nursing made male nurses more congruent with their sex role". Such an aspect was directly associated with their sex role and was found to stimulate the male nurses' interests, however there was very little research to explore the reasons why this was so. According to Stotts (2006, p.331) it is stated that the reason men gained pleasure from technology was "socially gendered". Grady (2008) pointed out that, "The role stereotype was one of the main reasons why men were reluctant to enter the nursing profession".

Whittock (2003) stated that, "It was difficult for even the younger female nurse to perform intimate care for members of the opposite sex but this was accepted in the long run, however male patients were grateful for the presence of male nurses". Although there were tensions when caring for female patients, the female patient also ended up subject to the disjuncture between the **nursing role and traditional gender roles.** Most often, these were associated with behavioural roles associated with female nurses. The reflection was that there are gender differences in terms

of role expectations by society because of stereotypical socio-cultural practices of what is regarded as normative. Participants, male students, expressed a need to interact more often with male role models in both academic and clinical settings to gain more support and inspiration during their training. The link between the nursing role and the traditional was observed when males had to deal with the technical aspect of nursing. That aspect was directly associated with their sex role and was found to stimulate their interests, however there is very little research to explore the reasons why this is so. According to Stotts (2006, p 331), it is stated that the reason men gain pleasure from technology is "socially gendered."

Whittock (2003) stated, "It was difficult for younger female nurses to perform intimate care for a male patient but this was accepted in the long run, however currently, the male patients appreciate men in nursing and are very grateful for their presence and participation in caring. Holroyd et al. (2001) were not in favour of the socialisation of men in nursing and argued that, "The process operated more on the side of discouraging men from developing interests and behaviours which were to support their choice of a nursing occupation".

5.2.2. Gender-related issues shaping male nurses affect their recruitment and retention in the nursing profession

Men in nursing were in the **minority** compared to their female counterparts. When applying for the course, some reported that they [men] seemed to be many, although they were still few when compared to their female counterparts; however, on registration male applicants were far

fewer. It was assumed that they were **discouraged** at some stage, perhaps by seeing the majority of women during pre-registration, or they might have been discouraged by community members. It could also be assumed that they were afraid of being questioned or being labelled as feminine.

During interviews, some participants reported that they had suffered from a **lack of information** on how to apply. They had applied several times but had not received a positive response. The problem identified was the system which involved the use of an advert and its time of distribution. It was noticed that males received **no proper guidance** or lacked information about the nursing profession from a school going age, yet nursing was commonly regarded as a feminine career (Grady et al., 2008).

Socio-economic factors

According to reports from the participants the majority experienced various problems. They were **desperate,** unemployed and jobless. The responses from some were that they had experienced job lay-offs from industrial employment. Some participants commented that they could not gain access to work in their areas of interest like Medicine, Law, Engineering, Social Work and thus used nursing as a second option. They highlighted that their parents were unable to **afford** the tertiary education fees from other resources which had exorbitant funds/for other fields which levied exorbitant fees. From such a background it was clear that entering the nursing profession in that way affected their recruitment (Kelly et al., 2008).

O'Lynn (2004) concurred with the current study that men in nursing were in the minority and stated that, "Modern nursing does not have successful experience in recruiting men into the nursing profession". The main reasons were that nursing had a strong history of discouraging men from pursuing nursing as a career (Avery, 2001; Burtt, 1998; Christman, 1988a, 1988b and Gomez, 1994 in O'Lynn, 2004). Despite all that, the entry of men in nursing came at the same rate as what was expected. Grady and Stewardson (2008, p.314) state, "Some studies have pointed to several reasons why men may be reluctant to enter the nursing profession, including stereotypes and gender biases". It was discovered that the stereotypes and gender biases existed in the Nursing Programs because the faculty was composed of a gender-skewed, homogeneous group which consisted predominantly of women.

Retention

Men in nursing stated that they had skills in nursing, and that the nursing profession had benefits since it paid their monthly bills. Some participants stated that, although they had differences with their female counterparts, some of the female nurses were supportive and had a spirit of "*ubuntu*". Generally it was reflected that the participants had accepted the working conditions with their female counterparts. However some participants, particularly the students, had concerns that they somehow experienced a loss of respect and dignity when they were asked to perform errands despite the fact that there were people employed to do such jobs. This was claimed to be gender discrimination since their female counterparts were not involved, however,

according to the accounts received, the participants were more flexible than their female counterparts.

The participants had noted that exploitation occurred when they had a higher workload when mixed with female nurses who did not participate in heavy jobs, but they compromised with these situations for the good of the patients, even sometimes protecting their female counterparts from harm by violent patients.

Kelly et al. (2008) confirmed in their findings that nursing was a guaranteed job. According to the statement they presented, participants had been moving from job to job before they joined the nursing profession. One of the participants, as a supervisor, reported about 15,000 to 20,000 unique experiences of being fired from middle management. In Hart's (2005) quantitative study, ratings that reflected the retention of men in nursing were quoted as follows, "Financial security was 3, 76 and good benefits were rated at 3, 71". These ratings actually confirmed that nursing has job security with good benefits.

5.2.3. Strategies employed by male nurses to overcome pressures placed on their construction of masculinity

The participants encountered barriers in their gender-related experiences with their counterparts, but were found to **compromise** in order to adjust to the needs of the labour force. Some of the participants stated, "We have been in the service for a long time and we have skills in nursing". They were **committing** to the nursing service despite the fact that they were called

by various names like "sisters", "gay" and "muscles." Most of the participants indicated, "You need to be confident and stay focused on your goals".

The participants deliberately accepted with **confidence** their masculinity, took the initiative and committed to protecting their female counterparts against violent patients and assisted them with heavy patients in the units. Their passion for their patients was their strong motivation in the nursing profession. **Collaborative efforts** were suggested to be the ideal means for men to work jointly with one another. Men in nursing were to formulate a Male **Nursing Forum** that bound them together as a team to air their views and to share their experiences in nursing.

Other findings were that men in nursing wanted job opportunities. It was found that with men in the nursing profession being the minority, their chances of attaining job opportunities were so limited that they demanded the elimination of discrimination against men in leadership positions. The findings further revealed that they lacked male nurses as role models in leadership positions. They needed to be **listened t**o when they aired their views and to be considered accordingly as the minority group. Men in nursing wanted permission to continue with their education while in the workplace, but the policies and procedures which were in place were too restrictive and made it too time-consuming for them to attain that goal. According to them such policies and procedures had to be reviewed.

Advertisement

When the posts are to be advertised, **gender equity** should be considered whereby equal numbers or percentages of males and females ought to be accepted. Other suggestions were that

the selection of nurses during recruitment should take into consideration certain guidelines, such as the use of Z83 forms which show the gender of the applicants applying for a particular job.

Magazines and local newspapers were suggested as the best methods for advertising. In such publications there should be pictures showing men in nursing with positive and attractive messages. Further to advertising, the participants emphasised the importance of the media, and using radio and television broadcasting as one of the best methods of advertising. The participants stated, "The people in the marketing department have better skills in terms of constructing public images and can dramatise, persist and talk, so arousing people's interests... they know about these things!" The other suggestions which emanated from the participants were that the male nurses should be exemplary, and should shape the nursing profession to be men-friendly by being confident, competent, committed and showing passion for their work and their profession.

Guidance for the community and learners of school going age was suggested. In such sessions, actions involved school visits with the aim of addressing and orientating learners about their prospective professional goals. At some point the learners should be encouraged to come to the hospitals for career days to arouse their interest in the nursing profession. Men in nursing should join a **street-telling** activity, informing the community about men in nursing. They should be creative and employ tools such as plug cards and flags and speak out about the Needs of Men in Nursing!

The manager in the private hospital had to be booked in order for the researcher to gain permission to meet the participants when there were a large number of them, but the participants were never given time to meet the researcher despite prior arrangements being made. On the pre-arranged date, the manager spent a long time with the participants in the morning meeting, and thereafter they were assigned to routine duties. The researcher remained at the institution to meet the participants in their spare time which was during lunchtime.

5.4. Recommendations from the Study

Community

The community need to unpack their stereotypical perceptions of referring to males in a feminine way, using names like 'sister' and referring to men in nursing as 'gay'.

General education

There should be school counsellors and school guidance at primary and secondary schools to socialise the young boys and motivate them about nursing from an early age.

Nursing Education

Nursing Education leaders should revise books and curricula which still refer to a nurse as 'she' or 'her' since there are male nurses, because such labels personalise nursing to females.

The study concurred with the literature in the sense that advertising should emphasise the stability of employment in the field of nursing and its many high level skills sets. Career counsellors should be made aware of what nursing actually entails, and they should contribute to breaking the stereotypes. More people involved in nursing should participate in school visits. There should be advertisements in men's magazines (Hart, 2005 and Anthony, 2006). Evans (2002) states that, "Pamphlets should be made attractive and distributed to boys". The pamphlets should ensure that nursing is portrayed as gender-appropriate work for men.

5.3. Study limitations

This was the first study done in a South African context although various studies have been conducted internationally. It took a long time to gain ethical approval for the study within the semi-private institution because they had their own ethics committees which had unique policies and procedures to be followed by the researcher before approval of the study could be granted.

The venue for meeting the participants presented many limitations as, because the participants were not allowed to meet the researcher within the institution, the researcher had to organise a venue outside the premises independently.

In the private hospital, the venue provided to the researcher was inconvenient for listening and using an audio-tape. The venue given to the researcher was meant for patients' visitors and furthermore was set aside for staff relaxation during their lunch time. Therefore, the researcher had to make repetitive visits because the participants did not make up sufficient time to meet for the focus group. That incurred extra expenditure on the part of the researcher.

Nursing book covers should reflect males in nursing, and should not only portray female nurses. It is important that males are included in books to motivate them. During recruitment, there should be gender equity to ensure that males are not outnumbered by female nurses. There should be Open Days for males at the schools of nursing to attract them into the nursing profession. The leaders in Nursing Education and Nursing Practice need to brainstorm and put into action plans that will break through the gender barriers between male and female nurses in the nursing profession.

Nursing Practice

Males in nursing should have celebrations to make their days in nursing profession. The nursing leaders should create job opportunities for the nursing sub-categories. This should be achieved through continuous education. It is important that leaders revisit the policies and procedures used for selecting males for further education. The males as Registered Nurses should be empowered to obtain nursing leadership positions. This action will motivate male neophytes to have ambitions as future leaders.

Nursing Research

A quantitative study should be conducted in order to achieve a larger population nation-wide, as this study was only conducted at a district level.

5.5. Summary

The summary of the study shows that men in nursing have a place and their contribution is highly appreciated especially in areas where male masculinity is required. More importantly the perceptions about males in the nursing profession is changing in a positive manner with more male nurses being attracted to nursing for other reasons other than just financial benefits. Gender related discrimination against males was identified starting from the recruitment level, education and training- as the educators and teaching material is still biased towards females, the actual conditions of service and infrastructure is tailor-made for female nurses as well as functioning as males nurses in an environment that is female dominated. This study further showed that relationships between male and female nurses are still affected by stereotypes, gender barriers and gender role conflict. Although there are such conditions among both genders, men in nursing reported that they accepted the unusual situations, and compromised, becoming committed to the nursing service and working with confidence. This study suggested making collaborative efforts to adopt better strategies to attract more men to the nursing profession in the era where there is gross shortage of nurses nationally and internationally.

5.6. Conclusion

The nursing shortage is a worldwide concern, and a number of initiatives have been reported as attempting to address this challenge. The literature argues that males who are in the minority are an inadequately tapped source in an era of a gross shortage of nurses.

Nursing is affected by gender stereotypes, gender discrimination and gender conflict in male nurses' interactions with their female counterparts. It is found that the conflict is created by gender roles which have clashed with mens' traditional socio-cultural roles against nursing roles defined as feminine. The men in nursing however compromised, and suggested collaborative efforts to counteract such pressures against their masculine construction. The men in nursing as participants suggested strategies that would place their recruitment and retention in nursing in a more successful position.

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APPENDICES

5.9. APPENDIX A

TRANSCRIBED INTERVIEWS

RESPONDENT THREE

The researcher had to exhibit patience with this respondent. He asked to have enough time to write down the highlights of his response as he had many issues to voice which were related to this topic.

Response to question 1

He was influenced by his uncle. He applied and trained at McCord Hospital after an interview and passing a test. He was enrolled in a two-year programme and worked at Edendale Hospital after qualifying as an enrolled nurse. He then joined a Bridging Course leading to registration as a Registered Nurse at Michaelmas Nursing School within a short span of time. This was because he was able to convince the authorities of his interest in nursing studies. He is now a Registered Nurse waiting to do a Midwifery Course in Nursing Science.

Response to question 2

"Female nurses are many in the nursing profession. They like to assemble in the morning and pray for patients." According to the respondent, only the nurses pray in the workplace and he regarded that as a feminine tendency. He further stated that female nurses are often sympathetic to the loss of life, so much so that they even visit the relatives at home to offer them comfort. This is now a routine in the hospital. Although this may look strange, he confessed that it offers personal comfort to individuals who

are grieving. He stated that the female nurses who are seniors, "the aged" are harsh and sometimes irritable, "You may never know what has gone wrong."

When the researcher asked him about caring for patients, he reported that, "Caring is the same, the only problem that I have noticed is that they [female nurses] are moody, yet the male nurses are firm." When the researcher asked about the relationship between male nurses and doctors, he stated that doctors liked the males. He stated that he had noticed that even the female doctors like the male nurses. The reasons were that male nurses are respectful, tolerant and not lazy. The male nurses do not engage in a lot of debate with the doctors. When the question was posed about care of female patients, he stated that they are really scared to be treated by male nurses particularly for certain procedures, but that they get used to it when the process is explained, although at times the male nurses need female support on the nursing side. For some treatment, female patients prefer male nurses, "Male nurses do not yell." The patients' male relatives also have no objections when their female relatives are treated by male nurses. The respondent further stated that, although there are gender differences between the females and males as nurses, some female nurses have contributed to the stand of male nurses and are more supportive.

Response to question 3

Nursing is a challenging profession. Males as nurses kept experiencing new things on a daily basis. The female nurses at ground level, that is, bottom management, are protective of male nurses. They have "*ubuntu*" in such a way that they are very quick to

identify when a male nurse is experiencing problems. The respondent said, "They sometimes treated me like parents!"

Response to question 4

Affirmative action should be used. Male nurses should be considered as the first choice for selection. An Employment Assistance Program should be made viable and visible. Some males drink a lot of alcohol. Male nurses should not be listed right at the bottom of the list for training and development, the reason being that they are few compared to their female counterparts. When they are too far down the list, they sometimes become frustrated and do not see their way forward in the profession. Some may resort to heavy drinking because there is nothing much challenging them in their profession. The management must have meetings with male nurses in order to hear their voices regarding further training and listen to their problems. Male nurses in leadership positions are very scarce, if in fact there are any at all, the approximate figure is 1: 30 female leaders. The nurses as enrolled nursing assistants are forced to prepare food for patients and this is regarded as part of their duty allocation. When the male nurses suggest that this is the duty of a private company in the institution, stating that their scope of work is feeding the patients, their suggestions are viewed in a negative manner and they are not favoured by their superiors.

RESPONDENT FOUR

Response to question 1

He did not have a passion for nursing at first, but rather for dentistry. The training for dentistry was too far away and was expensive. His parents could not afford to allow him to enrol in a dentistry course. He first studied a course in engineering, but decided to leave the course because he had a passion to work in a health institution. He applied at Addington Campus where he did a four-year Comprehensive Course. When he qualified he worked in the Trauma unit at first, then later in a Paediatric ward and now he is in Intensive Care Unit 8.

Response to question 2

The lecturers were all females. There was no male who could be identified with as a role model. He met one male nurse when he was in the clinical field. Since he was the only male in the group, he became subject to much cross-questioning by people which made him doubt his presence in the nursing profession, but he performed well. When he was in midwifery, he had a lot of worries, as he hated midwifery because there was no direction or support for an African guy. He had a problem with his cultural belief which created a gender conflict. He thought of dropping out of the course but later resolved to persevere. His first work experience was in a Trauma unit. There was a male nurse who was his role model. He found that the female nurses tended to be moody and liked gossiping. He stressed the fact that there is a need for men to work in nursing because, "They are reliable, confident and can be trusted." In the Trauma unit there was a stereotypical allocation of staff and he decided to leave the unit to work with

babies. He stated, "Deep in my heart, I love babies." He further stated that when males are working in the children's wards they are regarded as not being fit to do so, and are seen as intruders in the nursing profession. "This is a stereotype."

When the researcher asked about caring, the respondent stated, "There are not many differences, it goes about individual personalities, but patients show more respect to male nurses." The researcher further asked the respondent about the relations between male nurses and doctors in caring for patients, and he responded by saying, "Doctors tend to respect male nurses, a male does not seek favours, generally males are assertive and have skills equal to their tasks, they commonly stand in the forefront in most situations in the workplace."

Response to question 3

The response was that the work is humanitarian and aims to help the community. He has passion and is currently content when he is at work. "I get to help people; this is what makes me stay." He further stated that his intention is to try to develop others, to do research in order to find solutions or better techniques to improve the nursing profession. In the nursing profession there is an ongoing shortage of nurses, and it is not clear why and what the real problems of the nursing shortage are. He further stated that some areas which needed attention were the names or labels given, such as "matrons, sisters, these are more feminine."

Response to question 4

There should be gender equity when nurses are to be trained or employed. Nurses need incentives in the workplace. There should be proper advertisement of posts. When asked by the researcher how this should be effected, he stated that he was not sure and was observed to undergo some emotional stress. The researcher decided to drop that issue. They went on further and he said, "There must be role models in higher positions and males are to be given leadership positions. He further stated that there should be changes in the laws so that policies would have to instate at least a minimum number of males, and that he expected to see a shift in the gender balance. According to his perceptions his intentions are, "To see that men in nursing are developed, empowered, encouraged in the nursing profession and given job opportunities, not only given manual work."

APPENDIX B

HEALTH
KwaZulu-Natal

Health Research & Knowledge Management sub-component
10 – 103 Natalia Building, 330 Langalibalele Street
Private Bag x9051
Pietermaritzburg
3200
Tel.: 033 – 3953180
Fax: 033 – 394 3782
Email.: hrkm@kznhealth.gov.za
www.kznhealth.gov.za

Reference : HRKM107/09
Enquiries : Mrs G Khumalo
Telephone : 033 – 3953189

18 September 2009

Dear Mr B Hlongwane

Subject: Approval of a Research Proposal

1. The research proposal titled '**Exploring gender related experiences of male nurses in selected hospitals at eThekwini District with specific reference to recruitment and retention of men in nursing**' was reviewed by the KwaZulu-Natal Department of Health.

   The proposal is hereby **approved** for research to be undertaken at **Prince Mshiyeni Memorial Hospital**.

2. You are requested to undertake the following:
   a. Make the necessary arrangement with identified facility before commencing with your research project.
   b. Provide an interim progress report and final report (electronic and hard copies) when your research is complete.

3. Your final report must be posted to **HEALTH RESEARCH AND KNOWLEDGE MANAGEMENT, 10-102, PRIVATE BAG X9051, PIETERMARITZBURG, 3200** and e-mail an electronic copy to hrkm@kznhealth.gov.za

For any additional information please contact Mrs G Khumalo on 033-3953189.

Yours Sincerely

Dr S.S.S. Buthelezi
Chairperson, Health Research Committee
KwaZulu-Natal Department of Health

APPENDIX C

COLLEGE OF NURSING (MON) SEP 14 2009 11:58/ST. 11:52/No. 0033947238 P 1

0033947238

HEALTH
KwaZulu-Natal

KWAZULU-NATAL COLLEGE OF NURSING
P/Bag X9089, Pietermaritzburg, 3200
Tel.: (033) 264 7800, Fax: (033) 394 7238
e-mail: lulama.mthembu@kznhealth.gov.za
www.kznhealth.gov.za

Enquiries: Mrs. S. Maharaj
Telephone: 033 – 264 7806
Date: 27 August 2009

Principal Investigator:
Mr. B. Hlongwane
School of Nursing
University of KwaZulu-Natal

Dear Sir/Madam

RE: PERMISSION TO CONDUCT RESEARCH AT PRINCE MSHIYENI MEMORIAL CAMPUS

I have pleasure in informing you that permission has been granted to you by the Principal of the KwaZulu-Natal College of Nursing to conduct research on:

"Exploring Gender Related Experiences of Male Nurses at Selected Hospitals in Ethekwini District with Specific Reference to Recruitment, and Retention of Men in Nursing"

Please note the following:

1) Please ensure that you adhere to all policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2) This Research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3) Please ensure this office is informed before you commence your research.
4) The KwaZulu-Natal College (Prince Mshiyeni Memorial Campus) will not provide any resources for this research.
5) You will be expected to provide feedback on your findings to the Principal of the KwaZulu-Natal College of Nursing.

Thanking You.
Sincerely

Dr. LL. Nkonzo-Mtembu
Principal:KwaZulu-Natal College of Nursing

APPENDIX D

HEALTH
KwaZulu-Natal

PRINCE MSHIYENI MEMORIAL HOSPITAL
Private Bag X07, MOBENI 4060
Mangosuthu Highway
OFFICE OF THE MEDICAL MANAGER
DR ISMAIL JAJBHAY
Tel: 031-9078304/17, Fax: 0866060372
E mail: ismail.jajbhay@kznhealth.gov.za
www.kznhealth.gov.za

Reference: EC 22.2009
Enquiries: Dr. IMS Jajbhay
Telephone: 031 907 8304
Date: 2009.09.10

TO: Bonginhlanhla Hlongwane

RE: LETTER OF SUPPORT TO CONDUCT RESEARCH AT PMMH

I have pleasure in informing you that PMMH has considered your application to conduct research on:
Exploring Gender Related experiences of Male Nurses in Selected Hospitals in eThekwini District with specific reference to Recruitment and Retention of Men in Nursing in our institution. We hereby support your research subject to DOH KZN guidelines.

Please note the following:

1. Please ensure that you adhere to all the policies, procedures, protocols and guidelines of the Department of Health with regards to this research.
2. This research will only commence once this office has received confirmation from the Provincial Health Research Committee in the KZN Department of Health.
3. Please ensure this office is informed before you commence your research.
4. The institution will not provide any resources for this research.
5. You will be expected to provide feedback on you finding to the institution.

Should the following requirements be fulfilled, a Permission/ Approval letter will follow.

- Full research protocol, including questionnaires and consent forms if applicable.
- Ethical approval from a recognized Ethics Committee in South Africa.

Thanking you.

Sincerely

MR. NBL GWALA
HOSPITAL MANAGER

APPENDIX E

Netcare St Augustine's Hospital
Tel: +27 (0) 31 268 5000
Fax: +27 (0) 31 201 4598
107 Chelmsford Road, Durban, 4001, South Africa
PO Box 30105, Mayville, 4058, South Africa
www.netcare.co.za

28th August 2009

BONGINHLANHLA HLONGWANE
Student: University of KwaZulu Natal
BB 1362
PO Umlazi
4031

Dear Mr Hlongwane

Research on "Exploring Gender Related Experiences of male nurses at selected hospitals in Ethekwini District with specific reference to Recruitment and Retention of Men in Nursing

It is with pleasure that we inform you that your application to conduct the above observational registry research at Netcare St Augustine's Hospital has been successful, subject to the following:

i. All information with regards to Netcare will be treated as confidential;
ii. Netcare's name will not be mentioned without written consent from the Academic Board of Netcare;
iii. Where Netcare's name is mentioned, the research will not be published without written consent from the Academic Board of Netcare;
iv. A copy of the research will be provided to Netcare once it is finally approved by the tertiary institution, or once complete;
v. All legal requirements with regards to patient rights and confidentiality will be complied with.

We wish you success in your research.

Yours faithfully

AUGUSTA DORNING
Hospital Manager

APPENDIX F

McCord Hospital
(Association Incorporated under Section 21)
Bringing Care, Hope & Excellence

Tel : +27 31 268 3700 Fax : +27 31 268 5705
Docex : 315 Durban Email : info@mccord.co.za
28 McCord Road Overport Durban 4001
P O Box 37587 Overport 4067 South Africa
www.mccord.org.za

23rd October 2009

Mr. Hlongwane

McCord Hospital
28 McCord Road
Overport
4001

Dear Mr. Hlongwane ,

Permission to utilize the respondents in our facility for research purposes

After discussion, Mrs ZE Mageba and I have decided to allow you to proceed with your research study through the methodologist set, though the questionnaire appears to be sparse

Since you are going to be a phenomenologist we hope you will achieve your goals

Wishing you success

Kindest Regards

.....
Mrs ZE Mageba
Director of Nursing Services
McCord Hospital

23-10-2009
Date

.....
Mrs TM Shezi
Principal/Nursing Services Manager
McCord Nursing School

23-10-2009
Date

APPENDIX G

UNIVERSITY OF
KWAZULU-NATAL

RESEARCH OFFICE (GOVAN MBEKI CENTRE)
WESTVILLE CAMPUS
TELEPHONE NO.: 031 – 2603587
EMAIL: ximbap@ukzn.ac.za

14 JULY 2009

MR. B HLONGWANE (208516480)
SCHOOL OF NURSING

Dear Mr. Hlongwane

ETHICAL CLEARANCE: "EXPLORING GENDER RELATED EXPERIENCES OF MALE NURSES AT SELECTED HOSPITALS IN ETHEKWINI DISTRICT WITH SPECIFIC REFERENCE TO RECRUITMENT AND RETENTION OF MEN IN NURSING"

I wish to confirm that ethical clearance has been granted for the above project, subject to:

1. Physical address being included on the informed consent document
2. Gate keeper permission being provided

This approval is granted provisionally and the final clearance for this project will be given once the above conditions have been met. Your Ethical Clearance Number is HSS/0250/09

Kindly forward your response to the undersigned as soon as possible

Yours faithfully

MS. PHUMELELE XIMBA
ADMINISTRATOR
HUMANITIES & SOCIAL SCIENCES ETHICS COMMITTEE

cc. Supervisor (Prof. NG Mtshali)
cc. Mr. S Roddy

APPENDIX H

INFORMED CONSENT FORM

Title of research: Exploring Gender Related Experiences of Male Nurses at Selected Hospitals in eThekwini District with specific reference to Recruitment and Retention of Men in Nursing

Name of research student: Bonginhlanhla Hlongwane
Address BB1362
Umlazi, 4031

Contact number: 0737235978
031 – 9090303 (H)

Purpose of the research: The purpose of this study is to explore gender related constructs that influence the recruitment and retention of men in nursing, as experienced by male nurses in three selected hospitals at eThekwini district

Please circle the appropriate answer

1. Have you read the participant information sheet YES/ NO
2. Have you had the opportunity to ask questions regarding this study YES/ NO
3. Have you received satisfactory answers to your questions? YES/ NO
4. Have you had an opportunity to discuss this study? YES/ NO
5. Have you received enough information about this study? YES/ NO
6. Who have you spoken to? .....
7. Do you understand the implications of your involvement in the study? YES/ NO
8. Do you understand that you are free to withdraw from the study?
   (a) At any time YES/ NO
   (b) Without having to give a reason for withdrawing YES/ NO
9. Did you agree to voluntarily participate in this study YES/ NO

Participants name (in block letters) .....

Signature ..... Date .....

Should you have any questions, please do not hesitate to contact my supervisor who will be able to assist you.

Supervisor: Prof N.G. Mtshali
School of Nursing
University of KwaZulu-Natal
Tel: 031-2602498
e-mail: mtshalin3@ukzn.ac.za

Research student: ..... Signature: .....

APPENDIX I

INFORMATION SHEET

Date:	04 April 2008
Name of research student: Contact number:	Bonginhlanhla Hlongwane 0737235978
Name of supervisor: Contact number:	Professor N.G. Mtshali 031-2602498
Name of department: Name of institution:	School of Nursing University of KwaZulu-Natal

Dear Participant
I am completing a research project as part of the requirements for the Masters Degree through the Faculty of Health Sciences, School of Nursing.

Title of the research: Exploring gender related experiences of male nurses in elected hospitals at eThekwini district with specific reference to recruitment and retention of male nurses.

Purpose of the research: The purpose of the research is to explore gender related construct that influence the recruitment and retention of men in nursing as experienced by the male nurses in the three selected hospitals at eThekwini district.

Description of the procedure:
Your participation is requested as you are representative of the population under study. As part of the research process, you will be required to share your experiences as a male nurse in a profession which is regarded as a female profession. You will be requested to also participate in the focus group interviews.

Ethical aspects
Please note that your identity and information will be treated with the utmost confidentiality.

Please feel free to ask any questions you may have so that you are clear about what is expected of you.
Please note that:

- you are free to *not* participate
- you are free to withdraw at any stage without repercussions
- your name will not be used nor will you be identified with any comment made when the data is published
- there will be no risks attached to your participation

Advantage to you as a respondent:
The findings of the study will be made available on completion.

Thank you.

APPENDIX J

7 Woodlands Road
Glenwood
DURBAN
4001

1 April 2011

Reg No. 2006/156780/23

To whom it may concern

EDITING OF RESEARCH THESIS IN PARTIAL FULFILLMENT OF A MASTER'S DEGREE IN NURSING OF BONGINHLANHLA HLONGWANE BY CATHERINE EBERLE

I hereby confirm that I was employed to edit the above document. I have an MA (Eng) from the University of Natal, and am frequently employed by students to provide this function.

I have edited the student's text and initiated changes with regard to spelling, punctuation, language, grammar and syntax. I have not edited content as I am not a subject expert. I have provided an Error Report which makes suggestions for changes, remedies for layout issued, clarification, etc. and provides examples of errors which I cannot rectify, but which need to be addressed prior to the document being deemed correct. This document requires extensive attention on the part of the student to be deemed correct in all aspects.

The student has indicated that he will make the necessary corrections and adjustments as deemed appropriate.

I trust that his document will then prove acceptable in terms of language and presentation.

Yours sincerely

CATHERINE P. EBERLE (MA)